

6TL0D7W18X  
26-07127

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

6TL0D7W18X

|                                                |                                             |                                              |                                    |                                           |                                  |                                                          |                           |
|------------------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|----------------------------------------------------------|---------------------------|
| Document Number Override                       |                                             | Primary Crash Document #                     |                                    | Agency Crash Number<br><b>26-07127</b>    |                                  | Investigating Officer/Deputy<br><b>DEPUTY K. MUELLER</b> |                           |
| Crash Date<br><b>07/05/2026</b>                |                                             | Crash Time<br><b>03:02 PM</b>                |                                    | Date Arrived<br><b>07/05/2026</b>         |                                  | Time Arrived<br><b>03:14 PM</b>                          |                           |
| Date Notified<br><b>07/05/2026</b>             |                                             | Time Notified<br><b>03:02 PM</b>             |                                    | Total Units<br><b>02</b>                  |                                  | Total Injured<br><b>00</b>                               | Total Killed<br><b>00</b> |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run        | <input type="checkbox"/> Lane Closure        | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed |                                  | <input type="checkbox"/> Reporting Threshold             |                           |
| <input type="checkbox"/> Government Property   | <input type="checkbox"/> Active School Zone |                                              | School Bus Related<br><b>NO</b>    |                                           | Tags                             |                                                          |                           |
| <input checked="" type="checkbox"/> Reportable |                                             | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    |                                           | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash                 |                           |

## Description

|                                       |                   |
|---------------------------------------|-------------------|
| Diagram                               | Reconstruction By |
| <p>NOT TO SCALE</p> <p>S Webb Ave</p> | Photos By         |
| Additional Information<br><b>NONE</b> |                   |

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS IN A PARKED POSITION. UNIT 2 TURNED AND WAS DRIVING SOUTH ON S WEBB AVE. UNIT 1 DROVE FROM ITS PARKED POSITION AS UNIT 2 WAS PASSING AND STRUCK UNIT 2. THE DRIVER OF UNIT 2 SAID IT APPEARED UNIT 1 WAS POSSIBLY PERFORMING A U TURN. THE DRIVER OF UNIT 1 SAID SHE DID NOT SEE UNIT 1 PRIOR TO LEAVING THE PARKED POSITION.

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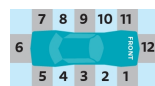
Location

|                                                                                          |                                       |                                   |
|------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| ON S WEBB AVE<br>130 FT S<br>OF N WEBB AVE<br>IN THE CITY OF REEDSBURG<br>IN SAUK COUNTY | Latitude<br><b>43.532148402</b>       | Longitude<br><b>-90.010131096</b> |
|                                                                                          | X Coordinate<br><b>256771.234375</b>  | Y Coordinate<br><b>4824314.5</b>  |
|                                                                                          | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|                                                           |                                          |                                                                       |               |
|-----------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|---------------|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      |                                          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><b>01 - ANGLE</b>                  |                                          | Light Condition<br><b>DAYLIGHT</b>                                    |               |
| Road Surface Condition(s)<br><b>DRY</b>                   |                                          | <b>NONE</b>                                                           |               |
| Environment Factor(s)<br><b>NONE</b>                      |                                          |                                                                       |               |
| Weather Condition(s)<br><b>CLEAR</b>                      |                                          |                                                                       |               |
| Animal Type                                               |                                          | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> |                                          | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land                                               |                                          | Access Control<br><b>NO CONTROL</b>                                   | Special Study |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>NON-JUNCTION</b> | Intersection Type<br><b>NOT AN INTERSECTION</b>                       |               |

Unit Summary

|                                                           |                                                 |                                                                     |                                          |                                                       |                                                                                       |                                                      |                 |                                             |
|-----------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|---------------------------------------------|
| UNIT                                                      | 01                                              | Unit Status<br><b>IN TRANSIT</b>                                    |                                          | Vehicle Operating As Classification<br><b>D CLASS</b> |                                                                                       | Unit Type<br><b>AUTOMOBILE</b>                       |                 |                                             |
|                                                           |                                                 | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                      |                                          |                                                       |                                                                                       | Operating As Endorsements                            |                 |                                             |
|                                                           |                                                 | Total Occs<br><b>1</b>                                              | Train/Bus # Recorded                     | Total # Citations Issued<br><b>1</b>                  | Total Trailers<br><b>0</b>                                                            | Total HazMat Types<br><b>0</b>                       |                 |                                             |
|                                                           |                                                 | Insurance?<br><b>YES</b>                                            | Direction Of Travel<br><b>SOUTHBOUND</b> | <input type="checkbox"/> Pre CrashTire Mark           | Speed Limit<br><b>25</b>                                                              | Total Lanes<br><b>2</b>                              |                 |                                             |
|                                                           |                                                 | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |                                          | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                                                                                       | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                 |                                             |
|                                                           |                                                 | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          |                                          | Traffic Control<br><b>NO CONTROL</b>                  |                                                                                       | Traffic Control Inoperative/Missing<br><b>NO</b>     |                 |                                             |
|                                                           |                                                 | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |                                          | Road Curvature<br><b>STRAIGHT</b>                     |                                                                                       | Road Grade<br><b>LEVEL</b>                           |                 |                                             |
|                                                           |                                                 | Truck Bus or HazMat<br><b>NO</b>                                    |                                          |                                                       |                                                                                       |                                                      |                 |                                             |
|                                                           |                                                 | UNIT                                                                | 01                                       | VEHICLE                                               | <b>Vehicle</b>                                                                        |                                                      |                 |                                             |
|                                                           |                                                 |                                                                     |                                          |                                                       | License Plate Number<br><b>TOMATA</b>                                                 | Plate Type<br><b>AUT</b>                             | St<br><b>WI</b> | Country of Issuance<br><b>UNITED STATES</b> |
| Vehicle Identification Number<br><b>1C4BJWDG7GL342067</b> | Make<br><b>JEEP</b>                             |                                                                     |                                          |                                                       | Year<br><b>2016</b>                                                                   | Model<br><b>WRANGLER U</b>                           |                 |                                             |
| Color<br><b>RED - RED</b>                                 | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> |                                                                     |                                          |                                                       | Bus Use                                                                               |                                                      |                 |                                             |
| Initial Contact Point<br><b>11 - LEFT FRONT CORNER</b>    | Vehicle Damage<br><b>11 - LEFT FRONT CORNER</b> |                                                                     |                                          |                                                       |  |                                                      |                 |                                             |
| Extent Of Damage<br><b>MINOR DAMAGE</b>                   |                                                 |                                                                     |                                          |                                                       |                                                                                       |                                                      |                 |                                             |

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CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

|                                             |         |                                                                               |                                   |                                                                         |                               |
|---------------------------------------------|---------|-------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|-------------------------------|
| UNIT                                        | VEHICLE | Towed Due To Damage<br><b>NOT TOWED</b>                                       |                                   | Vehicle Removed By<br><b>OPERATOR</b>                                   |                               |
|                                             |         | What Driver Was Doing<br><b>LEAVING A PARKED POSITION</b>                     |                                   | Vehicle Factors                                                         |                               |
|                                             |         | Driver Prior Action Other                                                     |                                   | <b>NOT APPLICABLE</b>                                                   |                               |
|                                             |         | Driver Actions<br><b>FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE</b> |                                   |                                                                         |                               |
| 01                                          | 01      | Owner Name<br><b>JULIE PORTER</b><br><b>(608) 616-2227</b>                    |                                   | Owner Address<br><b>923 PINE AVE</b><br><b>HILLSBORO, WI 54634 , US</b> |                               |
|                                             |         | <b>Sequence Of Events</b>                                                     |                                   |                                                                         |                               |
| UNIT                                        | 01      | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                        |                                   |                                                                         |                               |
|                                             |         | Event                                                                         |                                   |                                                                         |                               |
|                                             |         | Event                                                                         |                                   |                                                                         |                               |
|                                             |         | Event                                                                         |                                   |                                                                         |                               |
| UNIT                                        | 01      | <b>Policy Holder</b>                                                          |                                   |                                                                         |                               |
|                                             |         | Insurance Company<br><b>ALLSTATE-INS-CO</b>                                   |                                   | INDIVIDUAL<br><b>JULIE PORTER</b>                                       |                               |
|                                             |         | <b>Individual</b>                                                             |                                   |                                                                         |                               |
|                                             |         | DRIVER<br><b>JULIE PORTER</b><br><b>(608) 616-2227</b>                        |                                   | Citations Issued<br><b>1</b>                                            | Sex<br><b>FEMALE</b>          |
| UNIT                                        | 01      | Date of Birth                                                                 |                                   | Race<br><b>WHITE</b>                                                    |                               |
|                                             |         | Address<br><b>923 PINE AVE</b><br><b>HILLSBORO, WI 54634 , US</b>             |                                   | Driver License Number                                                   |                               |
|                                             |         | On Duty Crash                                                                 |                                   | Safety Equipment                                                        |                               |
|                                             |         | <b>Safety Equipment</b>                                                       |                                   | <b>SHOULDER &amp; LAP BELT</b>                                          |                               |
| 01                                          | 001     | Row<br><b>01 - FRONT ROW</b>                                                  | Seat Position<br><b>07 - LEFT</b> | Helmet Compliance                                                       |                               |
|                                             |         | Helmet Use                                                                    |                                   | Tint Compliance                                                         |                               |
|                                             |         | Eye Protection                                                                |                                   | Airbag<br><b>NON DEPLOYED</b>                                           |                               |
|                                             |         | <b>Injury</b>                                                                 |                                   | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Ejected<br><b>NOT EJECTED</b> |
|                                             |         | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                            |                                   | Trapped/Extricated<br><b>NOT TRAPPED</b>                                |                               |
| Medical Transport<br><b>NOT TRANSPORTED</b> |         | EMS Agency Identifier                                                         |                                   | EMS Run #                                                               |                               |
| Hospital                                    |         | Date of Death                                                                 |                                   | Time of Death                                                           |                               |
| <b>Distracted By</b>                        |         | Distracted By Source<br><b>UNKNOWN</b>                                        |                                   |                                                                         |                               |
| Distracted By Action<br><b>UNKNOWN</b>      |         |                                                                               |                                   |                                                                         |                               |

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
3 of 7

Crash Date **07/05/2026**  
Crash Time **03:02 PM**

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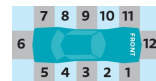
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

|                          |                                         |                  |                             |                                                       |                      |
|--------------------------|-----------------------------------------|------------------|-----------------------------|-------------------------------------------------------|----------------------|
| UNIT<br>INDIVIDUAL<br>01 | <b>Non Motorist</b>                     |                  | Striking Unit #             | Location                                              |                      |
|                          | Prior Action                            |                  |                             |                                                       |                      |
|                          | Action                                  |                  |                             |                                                       |                      |
|                          | Action Other                            |                  |                             |                                                       |                      |
|                          | To/From School                          |                  |                             |                                                       |                      |
|                          | <b>Drug &amp; Alcohol</b>               |                  | Suspected Alcohol Use<br>NO | Suspected Drug Use<br>NO                              |                      |
|                          | Alcohol Test Given<br>TEST NOT GIVEN    |                  | Alcohol Test Type           |                                                       | Alcohol Test Results |
|                          | Drug Test Given<br>TEST NOT GIVEN       |                  | Drug Test Type              |                                                       | Drug Test Results    |
|                          | Drug Type                               |                  |                             |                                                       |                      |
|                          | Individual Condition<br>APPEARED NORMAL |                  |                             |                                                       |                      |
| <b>Violations</b>        |                                         |                  |                             |                                                       |                      |
| 01                       | UTC Number<br>BL488441                  | Issue To?<br>001 | Statute Number<br>346.18(5) | Description<br>FAIL/YIELD RT/WAY FROM PARKED POSITION |                      |

Unit Summary

|            |                                                              |                                   |                                                |                     |                                               |                                      |
|------------|--------------------------------------------------------------|-----------------------------------|------------------------------------------------|---------------------|-----------------------------------------------|--------------------------------------|
| UNIT<br>02 | Unit Status<br>IN TRANSIT                                    |                                   | Vehicle Operating As Classification<br>D CLASS |                     | Unit Type<br>AUTOMOBILE                       |                                      |
|            | Vehicle Type<br>(SPORT) UTILITY VEHICLE                      |                                   |                                                |                     | Operating As Endorsements                     |                                      |
|            | Total Occs<br>2                                              | Train/Bus # Recorded              | Total # Citations Issued<br>0                  | Total Trailers<br>0 | Total HazMat Types<br>0                       |                                      |
|            | Insurance?<br>YES                                            | Direction Of Travel<br>SOUTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br>25   | Total Lanes<br>2                              |                                      |
|            | Most Harmful Event: Collision With<br>MOTOR VEH IN TRANSPORT |                                   | Special Function<br>NO SPECIAL FUNCTION        |                     | Emergency Motor Vehicle Use<br>NOT APPLICABLE |                                      |
|            | Traffic Way<br>TWO-WAY, NOT DIVIDED                          |                                   | Traffic Control<br>NO CONTROL                  |                     | Traffic Control Inoperative/Missing<br>NO     |                                      |
|            | Surface Type<br>BLACKTOP (BITUMINOUS)                        |                                   | Road Curvature<br>STRAIGHT                     |                     | Road Grade<br>LEVEL                           |                                      |
|            | Truck Bus or HazMat<br>NO                                    |                                   |                                                |                     |                                               |                                      |
|            | <b>Vehicle</b>                                               |                                   |                                                |                     |                                               |                                      |
|            | 02                                                           | License Plate Number<br>BDL6974   |                                                | Plate Type<br>AUT   | St<br>WI                                      | Country of Issuance<br>UNITED STATES |
|            | Vehicle Identification Number<br>2GNAXNEV8L6107334           |                                   | Make<br>CHEV                                   | Year<br>2020        | Model<br>EQUINOX                              |                                      |
|            | Color<br>BLK - BLACK                                         |                                   | Body Style<br>UT - SPORT UTILITY VEHICLE       |                     | Bus Use                                       |                                      |
|            | Initial Contact Point<br>03 - RIGHT SIDE MIDDLE              |                                   |                                                |                     |                                               |                                      |



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|                    |                                                                     |                                                    |                                                                                               |                                          |
|--------------------|---------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------|
| UNIT<br>VEHICLE    | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                        |                                                    | Vehicle Damage<br><b>03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER</b> |                                          |
|                    | Towed Due To Damage<br><b>NOT TOWED</b>                             |                                                    | Vehicle Removed By<br><b>OPERATOR</b>                                                         |                                          |
|                    | What Driver Was Doing<br><b>GOING STRAIGHT</b>                      |                                                    | Vehicle Factors                                                                               |                                          |
|                    | Driver Prior Action Other                                           |                                                    | <b>NOT APPLICABLE</b>                                                                         |                                          |
| UNIT<br>VEHICLE    | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                     |                                                    |                                                                                               |                                          |
|                    | Owner Name<br><b>BILLIE RYNEARSON<br/>(608) 963-2522</b>            |                                                    | Owner Address<br><b>268 SOUTH AVE<br/>REEDSBURG, WI 53959 , US</b>                            |                                          |
| UNIT<br>02         | <b>Sequence Of Events</b>                                           |                                                    |                                                                                               |                                          |
|                    | Event<br><b>MOTOR VEH IN TRANSPORT</b>                              |                                                    |                                                                                               |                                          |
|                    | Event                                                               |                                                    |                                                                                               |                                          |
|                    | Event                                                               |                                                    |                                                                                               |                                          |
|                    | Event                                                               |                                                    |                                                                                               |                                          |
| UNIT<br>02         | <b>Policy Holder</b>                                                |                                                    |                                                                                               |                                          |
|                    | Insurance Company<br><b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>    |                                                    | INDIVIDUAL<br><b>HEATHER WHITEHEAD</b>                                                        |                                          |
| UNIT<br>INDIVIDUAL | <b>Individual</b>                                                   |                                                    |                                                                                               |                                          |
|                    | DRIVER<br><b>HEATHER WHITEHEAD<br/>(608) 415-1237</b>               |                                                    | Citations Issued<br><b>0</b>                                                                  | Sex<br><b>FEMALE</b>                     |
|                    | Address<br><b>E4078 W HILLPOINT RD<br/>HILLPOINT, WI 53937 , US</b> |                                                    | Date of Birth                                                                                 | Race<br><b>WHITE</b>                     |
|                    | Driver License Number                                               |                                                    |                                                                                               |                                          |
| UNIT<br>002        | <b>Safety Equipment</b>                                             |                                                    |                                                                                               |                                          |
|                    | On Duty Crash                                                       |                                                    | Safety Equipment                                                                              |                                          |
|                    | Row<br><b>01 - FRONT ROW</b>                                        | Seat Position<br><b>07 - LEFT</b>                  | <b>SHOULDER &amp; LAP BELT</b>                                                                |                                          |
|                    | Helmet Use                                                          |                                                    | Helmet Compliance                                                                             |                                          |
|                    | Eye Protection                                                      |                                                    | Tint Compliance                                                                               |                                          |
|                    | Injury<br><b>NO APPARENT INJURY</b>                                 |                                                    | Airbag<br><b>NON DEPLOYED</b>                                                                 |                                          |
|                    | Ejected<br><b>NOT EJECTED</b>                                       | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |                                                                                               | Trapped/Extricated<br><b>NOT TRAPPED</b> |
|                    | Medical Transport<br><b>NOT TRANSPORTED</b>                         |                                                    | EMS Agency Identifier                                                                         | EMS Run #                                |
|                    | Hospital                                                            |                                                    | Date of Death                                                                                 | Time of Death                            |

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|                                                                            |                                   |                                                                                             |                                                                   |                                                      |
|----------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------|
| UNIT                                                                       | INDIVIDUAL                        | <b>Distracted By</b> <small>Distracted By Source</small><br>NOT APPLICABLE (NOT DISTRACTED) |                                                                   |                                                      |
|                                                                            |                                   | <small>Distracted By Action</small><br>NOT DISTRACTED                                       |                                                                   |                                                      |
|                                                                            |                                   | <b>Non Motorist</b>                                                                         | <small>Striking Unit #</small><br><br><small>Location</small><br> |                                                      |
|                                                                            |                                   | <small>Prior Action</small><br>                                                             |                                                                   |                                                      |
|                                                                            |                                   | <small>Action</small><br>                                                                   |                                                                   |                                                      |
|                                                                            |                                   | <small>Action Other</small><br>                                                             |                                                                   |                                                      |
|                                                                            |                                   | <small>To/From School</small><br>                                                           |                                                                   |                                                      |
|                                                                            |                                   | <b>Drug &amp; Alcohol</b> <small>Suspected Alcohol Use</small><br>NO                        |                                                                   |                                                      |
|                                                                            |                                   | <small>Suspected Drug Use</small><br>NO                                                     |                                                                   |                                                      |
|                                                                            |                                   | 02                                                                                          | 002                                                               | <small>Alcohol Test Given</small><br>TEST NOT GIVEN  |
| <small>Drug Test Given</small><br>TEST NOT GIVEN                           | <small>Drug Test Type</small><br> |                                                                                             |                                                                   | <small>Drug Test Results</small><br>                 |
| <small>Drug Type</small><br>                                               |                                   |                                                                                             |                                                                   |                                                      |
| <small>Individual Condition</small><br>APPEARED NORMAL                     |                                   |                                                                                             |                                                                   |                                                      |
| <b>Individual</b>                                                          |                                   |                                                                                             |                                                                   |                                                      |
| <small>PASSENGER</small><br>ZACHARY WHITEHEAD                              |                                   |                                                                                             |                                                                   | <small>Citations Issued</small><br>0                 |
| <small>Date of Birth</small><br>                                           |                                   |                                                                                             |                                                                   | <small>Sex</small><br>MALE                           |
| <small>Race</small><br>WHITE                                               |                                   |                                                                                             |                                                                   |                                                      |
| <small>Address</small><br>E4078 W HILLPOINT RD<br>HILLPOINT, WI 53937 , US |                                   |                                                                                             |                                                                   | <small>Driver License Number</small><br>             |
| 02                                                                         | 003                               |                                                                                             |                                                                   | <b>Safety Equipment</b> <small>On Duty Crash</small> |
|                                                                            |                                   | <small>Row</small><br>01 - FRONT ROW                                                        | <small>Seat Position</small><br>09 - RIGHT                        |                                                      |
|                                                                            |                                   | <small>Helmet Use</small><br>                                                               |                                                                   | <small>Helmet Compliance</small><br>                 |
|                                                                            |                                   | <small>Eye Protection</small><br>                                                           |                                                                   | <small>Tint Compliance</small><br>                   |
|                                                                            |                                   | <b>Injury</b> <small>Injury Severity</small><br>NO APPARENT INJURY                          |                                                                   | <small>Airbag</small><br>NON DEPLOYED                |
|                                                                            |                                   | <small>Ejected</small><br>NOT EJECTED                                                       | <small>Ejection Path</small><br>NOT EJECTED/NOT APPLICABLE        |                                                      |
|                                                                            |                                   | <small>Trapped/Extricated</small><br>NOT TRAPPED                                            |                                                                   |                                                      |
|                                                                            |                                   | <small>Medical Transport</small><br>NOT TRANSPORTED                                         |                                                                   | <small>EMS Agency Identifier</small><br>             |
|                                                                            |                                   | <small>EMS Run #</small><br>                                                                |                                                                   |                                                      |
|                                                                            |                                   | <small>Hospital</small><br>                                                                 |                                                                   | <small>Date of Death</small><br>                     |
| <small>Time of Death</small><br>                                           |                                   |                                                                                             |                                                                   |                                                      |
| <b>Distracted By</b> <small>Distracted By Source</small><br>               |                                   |                                                                                             |                                                                   |                                                      |

Wisconsin Motor Vehicle Crash  
Form DT4000

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Crash Date 07/05/2026  
Crash Time 03:02 PM

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|                                 |                                                |                                    |                                 |
|---------------------------------|------------------------------------------------|------------------------------------|---------------------------------|
| UNIT<br>INDIVIDUAL<br>02<br>003 | Distracted By Action                           |                                    |                                 |
|                                 | <b>Non Motorist</b>                            | Striking Unit #                    | Location                        |
|                                 | Prior Action                                   |                                    |                                 |
|                                 | Action                                         |                                    |                                 |
|                                 | Action Other                                   |                                    | To/From School                  |
|                                 | <b>Drug &amp; Alcohol</b>                      | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|                                 | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    | Alcohol Test Type                  | Alcohol Test Results            |
|                                 | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                     | Drug Test Results               |
|                                 | Drug Type                                      |                                    |                                 |
|                                 | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |