

6TL0FKD6Q2

26-07579

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number 26-07579		Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 07/14/2026		Crash Time 01:06 PM		Date Arrived 07/14/2026		Time Arrived 01:21 PM	
Date Notified 07/14/2026		Time Notified 01:07 PM		Total Units 02		Total Injured 00	Total Killed 00
☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed		☐ Reporting Threshold	
☐ Government Property		☐ Active School Zone		School Bus Related NO		Tags	
☒ Reportable		Crash Type DT4000 (STANDARD CRASH)		☐ Amended		☐ Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

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

ON JULY 14, 2026 AT APPROXIMATELY 1:06PM UNIT 2 WAS TRAVELING EAST BOUND ON USH 12 NEAR CTY HWY C. UNIT 1 PULLED OUT AND STRUCK UNIT 2 CAUSING IT TO TURN AND FACE THE OPPOSITE DIRECTION. UNIT 1 WAS REMOVED BY THE OWNER AND UNIT 2 WAS REMOVED BY EVERETTE'S TOWING. NO INJURIES WERE REPORTED.

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Location

ON CTHC 50 FT W OF USH12 EB IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.352735542	Longitude -89.764140507
	X Coordinate 275987.40625	Y Coordinate 4803697.5
	Structure Type	

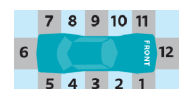
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	☐ Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AWH6693		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FMSK8DH9PGA30600		Make FORD	Year 2023	Model EXPLORER
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
		What Driver Was Doing ENTERING TRAFFIC LANE		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY				
01	01	Owner Name BEVERLY MIELKE (608) 643-8614		Owner Address E10109 PRAIRIE RD PRAIRIE DU SAC, WI 53578 , US		
Sequence Of Events						
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
UNIT	VEHICLE	Policy Holder				
		Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL BEVERLY MIELKE		
UNIT	INDIVIDUAL	Individual				
		DRIVER BEVERLY MIELKE (608) 643-8614		Citations Issued 1	Sex FEMALE	
		Date of Birth		Race WHITE		
		Address E10109 PRAIRIE RD PRAIRIE DU SAC, WI 53578 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	INDIVIDUAL	Safety Equipment		On Duty Crash		Safety Equipment
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
Distracted By Action NOT DISTRACTED						

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	001	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		PASSENGER RODNEY MIELKE (608) 643-8614			Citations Issued 0	Sex MALE	
					Date of Birth	Race WHITE	
		Address E10109 PRAIRIE RD PRAIRIE DU SAC, WI 53578 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury				Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	
Distracted By				Distracted By Source			
Distracted By Action							
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		

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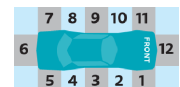
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	01	002	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition APPEARED NORMAL		
	01	Violations			
		UTC Number BL507720	Issue To? 001	Statute Number 346.06	Description FAILURE TO YIELD RIGHT OF WAY

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements		
		Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel SOUTHBOUND	☐ Pre CrashTire Mark	Speed Limit 55	Total Lanes 4
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
		Surface Type CONCRETE		Road Curvature STRAIGHT	Road Grade LEVEL	
		Truck Bus or HazMat NO				

UNIT	02	Vehicle			
		License Plate Number AMH9319	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3GNAXUEVXNL109000	Make CHEV	Year 2022	Model EQUINOX
		Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 04 - RIGHT SIDE REAR	Vehicle Damage 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER		
		Extent Of Damage DISABLING DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name AUSTEN WILLIAMS		Owner Address 2426 CLAY HOLLOW RD CUBA CITY, WI 53807 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL AUSTEN WILLIAMS	
03	Individual			
	DRIVER SARA WILLIAMS (608) 290-2272		Citations Issued 0	Sex FEMALE
	Date of Birth		Race WHITE	
	Address 2426 CLAY HOLLOW RD CUBA CITY, WI 53807 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
04	Safety Equipment		On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT			
02	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
003	Eye Protection		Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
003	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
003	Distracted By Action NOT DISTRACTED			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
02	003	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
		Individual					
		PASSENGER ELLIOT WILLIAMS (608) 290-2272			Citations Issued 0	Sex MALE	
					Date of Birth	Race WHITE	
		Address 2426 CLAY HOLLOW RD CUBA CITY, WI 53807 , US			Driver License Number		
		02	004	Safety Equipment		On Duty Crash	
Row 02 - SECOND ROW	Seat Position 07 - LEFT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury				Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED			
Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	
Distracted By				Distracted By Source			
Distracted By Action							
02	004	Non Motorist		Striking Unit #	Location		

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UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
	PASSENGER ANTHONY CRAWLEY (608) 957-5690		Citations Issued 0	Sex MALE
Address 420 E. KELLY STREET CUBA CITY, WI 53807 , US		Date of Birth	Race WHITE	
Driver License Number				
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By			
	Distracted By Source			
Distracted By Action				
UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location
	Prior Action			

UNIT	INDIVIDUAL				
		Action			
		Action Other			To/From School
		Drug & Alcohol			
		Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			