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26-07407

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 26-07407		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 07/11/2026		Crash Time 08:14 AM		Date Arrived 07/11/2026		Time Arrived 08:20 AM	
Date Notified 07/11/2026		Time Notified 08:15 AM		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 I GALVAN
	Additional Information PHOTOS

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

UNIT 1 WAS TURNING RIGHT FROM LINN ST ONTO W PINE ST. UNIT 2 WAS TURNING LEFT FROM LINN ST TO W PINE ST. UNIT 2 TURNED INTO HER LANE, INSIDE LANE WHILE UNIT 1 TURNED TOO WIDE, ENTERED UNIT 2 LANE AND STRUCK UNIT 2. UNIT 2 WAS FORCED ONTO THE MEDIAN. UNIT 1 CONTINUED BUT PULLED INTO A NEARBY PARKING LOT. NO INJURIES REPORTED. UNIT 1 OPERATOR CITED FOR DEVIATION FROM DESIGNATED LANE. PHOTOS WERE TAKEN OF BOTH UNITS. BOTH UNITS WERE REMOVED BY THEIR OWNERS.

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Location

ON STH136 SB 80 FT S OF STH33 SB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474577398	Longitude -89.768916102
	X Coordinate 276050.15625	Y Coordinate 4817242.5
	Structure Type NO STRUCTURE	

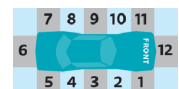
Crash Scene

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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	☐ Pre CrashTire Mark	Speed Limit 30	Total Lanes 6	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number OPE967		Plate Type AUT	St IA	Country of Issuance UNITED STATES
	Vehicle Identification Number 3GKALXEGXRL281268		Make GMC	Year 2024	Model TERRAIN
	Color RED - RED		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT		
	Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions IMPROPER TURN, FAILED TO KEEP IN DESIGNATED LANE			
01	Owner Name WILLIAM NEWMAN (319) 333-1090		Owner Address 1071 CHAMBERLAIN DR IOWA CITY, IA 52240 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
01	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		INDIVIDUAL WILLIAM NEWMAN	
01	Individual			
	DRIVER WILLIAM NEWMAN (319) 333-1090		Citations Issued 1	Sex MALE
			Date of Birth	Race WHITE
	Address 1071 CHAMBERLAIN DR IOWA CITY, IA 52240 , US		Driver License Number STATE: IOWA COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
01	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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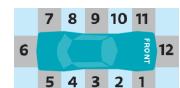
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UNIT INDIVIDUAL	01	001	Non Motorist		Striking Unit #	Location	
			Prior Action				
			Action				
	Action Other					To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
	Drug Type						
	Individual Condition APPEARED NORMAL						
	Violations						
01		UTC Number BK261163	Issue To? 001	Statute Number 346.13(3)	Description DEVIATION FROM DESIGNATED LANE		

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 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	☐ Pre Crash Tire Mark	Speed Limit 30	Total Lanes 6	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

02	Vehicle				
	License Plate Number AGD4562		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KL77LKEP4TC080815		Make CHEV	Year 2026	Model TRAX
	Color GRN - GREEN		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 02 - RIGHT SIDE FRONT				



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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
		What Driver Was Doing LEFT TURN	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name PAULA TRIGLETH (608) 434-2974	Owner Address 638 11TH ST BARABOO, WI 53913 , US	
		Sequence Of Events		
UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	INDIVIDUAL PAULA TRIGLETH	
		Individual		
		DRIVER PAULA TRIGLETH (608) 434-2974	Citations Issued 0	Sex FEMALE
UNIT	INDIVIDUAL	Date of Birth	Race WHITE	
		Address 638 11TH ST BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
UNIT	INDIVIDUAL	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
UNIT	INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier
		Hospital		Date of Death
				Time of Death

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UNIT INDIVIDUAL 02 002	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED			
	Non Motorist	Striking Unit #	Location	
	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				