

6TL0F3SSLC

26-07699

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 26-07699		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 07/17/2026		Crash Time 10:10 AM		Date Arrived 07/17/2026		Time Arrived 10:37 AM	
Date Notified 07/17/2026		Time Notified 10:11 AM		Total Units 02		Total Injured 01	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
KING

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

U1 OPERATOR WAS WESTBOUND ON HY23 NEAR CTH P, LEAVING VILLAGE OF LAKE DELTON, WHEN THE OPERATOR STATED HE WAS LOOKING AWAY FROM THE ROAD AT THE BILLBOARDS WHEN HE LOOKED BACK AT THE ROAD HE SAW U2 STOPPED AHEAD OF HIM AND STRUCK U2. U1 OPERATOR STATED HE WAS NOT ON HIS PHONE. U1 OPERATOR STATED HE WAS NOT INJURED AND SAID HE HAD DASH CAM VIDEO AVAILABLE. U1 OPERATOR PROVIDED ME WITH THE VIDEO FOOTAGE AND I REVIEWED THE VIDEO. IN THE VIDEO RECEIVED FROM U1 OPERATOR, YOU CAN SEE THE VEHICLE ACCELERATE TO APPROXIMATELY 50MPH AND MAINTAIN THAT SPEED UNTIL THE VERY END WHEN THE OPERATOR OF U1 THEN APPLIED THE BRAKES RESULTING IN THE TIRES TO LOCK UP AND SQUEAL THEN STRIKING U2. U2 OPERATOR AND PASSENGERS INITIALLY STATED THEY WERE NOT INJURED BUT ONE OF THE PASSENGERS LATER STATED THEY WERE HAVING BACK AND HEAD PAIN, BUT DENIED AN AMBULANCE. THE OPERATOR OF U2 STATED HE WAS STATIONARY ON HY23 WITH HIS LEFT BLINKER ACTIVATED TO TURN INTO A DRIVEWAY AND WAS WAITING FOR AN OPPORTUNITY TO TURN. U2 OPERATOR STATED HE WAS ABOUT TO TURN WHEN THEY GOT STRUCK FROM BEHIND BY U1. U2 OPERATOR PROVIDED ME WITH WITNESS INFORMATION, ANGIE MEYER AND A PHONE NUMBER. I CONTACTED ANGIE AND SHE STATED SHE WAS TWO VEHICLES BEHIND U1, BUT WAS ABLE TO SEE THAT U1 WAS ACCELERATING AND DID NOT APPLY THE BRAKES PRIOR TO IMPACT. U1 OPERATOR WAS CITED FOR INATTENTIVE DRIVING AFTER REVIEWING THE EVIDENCE AND STATEMENTS COLLECTED. U1 WAS ISSUED THE CITATION AND U1 WAS REMOVED BY PLATT'S TOWING. U2 WAS REMOVED FROM THE SCENE BY THE OPERATOR.

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Location

ON STH23 WB 1204 FT N OF XANADU RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.585853212	Longitude -89.819545209
	X Coordinate 272374.34375	Y Coordinate 4829739
	Structure Type	

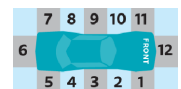
Crash Scene

First Harmful Event MOTOR VEH TRAN OTHER RDWY		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		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 NON-JUNCTION	Intersection Type NOT AN 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 WESTBOUND	☐ 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 TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AYS4078		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3HGGK5H87FM778514		Make HOND	Year 2015	Model FIT
	Color BLU - BLUE		Body Style HB - HATCHBACK		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE				



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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	01	Owner Name ROGER HIGBEE (608) 751-8062		Owner Address 1408 HONEYSUCKLE LN JANESVILLE, WI 53546 , US	
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
04	03	Event			
		Event			
		Event			
		Event			
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company STATE-FARM-GENERAL-INS-CO		INDIVIDUAL ROGER HIGBEE	
01	001	Individual			
		DRIVER CAYDIN HIGBEE (608) 751-8062		Citations Issued 1	Sex MALE
		Date of Birth		Race WHITE	
		Address 1408 HONEYSUCKLE LN JANESVILLE, WI 53546 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash	
		Safety Equipment		Shoulder & Lap Belt	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
		Helmet Use		Tint Compliance	
01	001	Eye Protection		Airbag	
		Injury		NO APPARENT INJURY	
		Injury Severity NO APPARENT INJURY		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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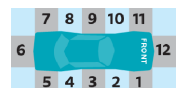
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UNIT INDIVIDUAL	01	001	Non Motorist		Striking Unit #	Location	
			Prior Action				
			Action				
	Action Other					To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		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 BK261748		Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING		

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 WESTBOUND	☐ Pre Crash Tire 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 TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

02	Vehicle				
	License Plate Number LZM254		Plate Type AUT	St MN	Country of Issuance UNITED STATES
	Vehicle Identification Number KM8JEC19RU175634		Make HYUN	Year 2024	Model TUCSON
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 06 - REAR				



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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	06 - REAR	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing LEFT TURN	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name JENNIFER SCHEELER (952) 412-2142	Owner Address 345 PARKVIEW LN S MAPLEWOOD, MN 55119 6915, US	
		Sequence Of Events		
UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company AMERICAN-FAMILY-INS-CO	INDIVIDUAL JENNIFER SCHEELER	
		Individual		
		DRIVER CHRISTOPHER HAWKINSON (952) 412-2142	Citations Issued 0	Sex MALE
UNIT	INDIVIDUAL	Date of Birth	Race	
		Address 345 PARKVIEW LN S MAPLEWOOD, MN 55119 6915, US	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES	
		Safety Equipment		
		On Duty Crash	Safety Equipment	
UNIT	INDIVIDUAL	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
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	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
02	002	Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		PASSENGER LILAH HAWKINSON (952) 412-2142		Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
		Address 345 PARKVIEW LN S MAPLEWOOD, MN 55119 6915, US		Driver License Number		
		Safety Equipment	On Duty Crash EMT/FIRST-RESPONDER		Safety Equipment CHILD RESTRAINT SYSTEM - REAR FACING	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02	003	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		

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UNIT	INDIVIDUAL	Distracted By Action		
		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
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
		Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		PASSENGER JENNIFER SCHEELER (612) 205-2688	Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
		Address 345 PARKVIEW LN S MAPLEWOOD, MN 55119 6915, US	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
			Row 02 - SECOND ROW	Seat Position 09 - RIGHT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED
			Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
Hospital	Date of Death	Time of Death		
Distracted By	Distracted By Source			
	Distracted By Action			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
		Suspected Alcohol Use		Suspected Drug Use		
02	004	Drug & Alcohol		NO	NO	
		Alcohol Test Given		Alcohol Test Type	Alcohol Test Results	
		TEST NOT GIVEN				
		Drug Test Given		Drug Test Type	Drug Test Results	
		TEST NOT GIVEN				
Drug Type						
Individual Condition						
APPEARED NORMAL						