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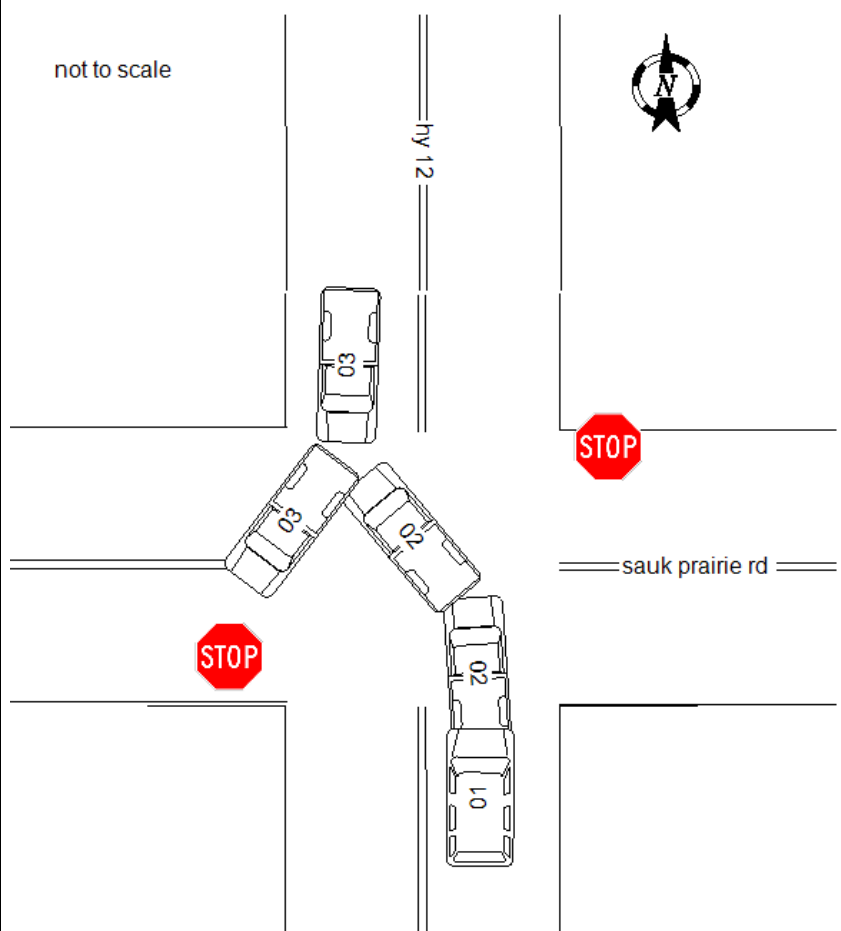
26-07889

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK 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 26-07889		Investigating Officer/Deputy DEPUTY K. MCCARTY	
Crash Date 07/22/2026		Crash Time 01:18 PM		Date Arrived 07/22/2026		Time Arrived 01:27 PM	
Date Notified 07/22/2026		Time Notified 01:20 PM		Total Units 03		Total Injured 02	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
not to scale 	Photos By KM 9130
	Additional Information NONE, PHOTOS

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

UNIT 1 WAS NORTHBOUND ON USH 12 JUST SOUTH OF SAUK PRAIRIE RD. UNIT 2 WAS ALSO NORTHBOUND IN FRONT OF UNIT 1 ATTEMPTING TO TURN WESTBOUND ONTO SAUK PRAIRIE RD FROM USH 12. UNIT 2 CAME TO A STOP IN THE NORTHBOUND LANE WAITING FOR AN OPPORTUNITY TO NEGOTIATE TURN. UNIT 1 OPERATOR WHEN ASKED STATED SHE WAS TRAVELING APPROXIMATELY 60 MPH AND "LOOKED DOWN" JUST PRIOR TO IMPACTING UNIT 2 FROM THE REAR. UNIT 1 OPERATOR STATED SHE WAS ATTEMPTING TO GRAB A DRINK. UNIT 2 REAR WAS STRUCK BY THE FRONT OF UNIT 1. UNIT 2 THEN WAS MOVED FORWARD INTO THE SOUTH BOUND LANES, DUE TO THE IMPACT WITH UNIT 1, WHERE IT STRUCK UNIT 3 HEAD ON. ALL THREE VEHICLE SUSTAINED DISABLING DAMAGE AND WERE TOWED BY EVERETTE'S TOWING. OPERATOR AND PASSENGER IN UNIT 1 WERE TAKEN BY EMS GROUND TO SAUK PRAIRIE HOSPITAL WHERE THEY WERE SEEN FOR SUSPECTED MINOR INJURIES. UNIT 1 OPERATOR ID'D BY WI LICENSE AND WAS CITED FOR INATTENTIVE DRIVING. OPERATORS OF UNIT 2 AND UNIT 3 WERE UNINJURED AND WERE DRIVEN AWAY FROM THE SCENE.

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Location

ON USH12 WB 79 FT N OF SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.281968134	Longitude -89.759048516
	X Coordinate 276140.25	Y Coordinate 4795824.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type OTHER	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 07/22/2026	Time Initial Lane/Rd Closed 01:25 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 07/22/2026	Time All Lanes Open 01:44 PM	Date Scene Cleared 07/22/2026	Time Scene Cleared 02:43 PM

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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	☐ 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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number ACE4704		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1C4RJFCG3JC341876		Make JEEP	Year 2018	Model GRAND CHER		

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UNIT	VEHICLE	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage	
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
		Owner Name JULIE KAST	Owner Address S4472 WHEELER RD REEDSBURG, WI 53959 , US	
		Sequence Of Events		
		Event MOTOR VEH IN TRANSPORT		
UNIT	VEHICLE	Event		
		Event		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL JULIE KAST	
		Individual		
		DRIVER LARISSA CORNWELL	Citations Issued 1	Sex FEMALE
		Date of Birth	Race WHITE	
UNIT	INDIVIDUAL	Address 375 EAST ST APT #8 LOGANVILLE, WI 53943 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		
		On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
UNIT	INDIVIDUAL	Eye Protection	Tint Compliance	
		Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport EMS GROUND	EMS Agency Identifier 6000555	EMS Run #

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UNIT INDIVIDUAL	Hospital SAUK PRAIRIE HOSP		Date of Death		Time of Death	
	Distracted By		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)			
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)					
	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						
UNIT INDIVIDUAL	Individual					
	PASSENGER MADELYN KAST		Citations Issued 0		Sex FEMALE	
			Date of Birth		Race WHITE	
	Address S4472 WHEELER RD REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	Injury		Injury Severity SUSPECTED MINOR INJURY		Airbag DEPLOYED-FRONT	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND		EMS Agency Identifier 6000555		EMS Run #		
Hospital SAUK PRAIRIE HOSP		Date of Death		Time of Death		

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UNIT	INDIVIDUAL	Distracted By		Distracted By Source			
		Distracted By Action					
		Non Motorist	Striking Unit #	Location			
			Prior Action				
		Action					
		Action Other				To/From School	
		Drug & Alcohol	Suspected Alcohol Use		Suspected Drug Use		
			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							
01	002	Violations					
		UTC Number	Issue To?	Statute Number	Description		
		BK742558	001	346.89(1)	INATTENTIVE DRIVING		

Unit Summary

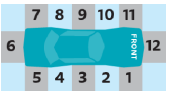
UNIT	02	Unit Status		Vehicle Operating As Classification		Unit Type	
		IN TRANSIT		D CLASS		TRUCK	
		Vehicle Type				Operating As Endorsements	
		UTILITY TRUCK/PICKUP TRUCK					
		Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
		1		0	0	0	
		Insurance?	Direction Of Travel	☐ Pre CrashTire Mark		Speed Limit	Total Lanes
		YES	NORTHBOUND			55	2
		Most Harmful Event: Collision With		Special Function		Emergency Motor Vehicle Use	
		MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION		NOT APPLICABLE	
Traffic Way		Traffic Control		Traffic Control Inoperative/Missing			
TWO-WAY, NOT DIVIDED		STOP SIGN		NO			
Surface Type		Road Curvature		Road Grade			
BLACKTOP (BITUMINOUS)		STRAIGHT		LEVEL			
Truck Bus or HazMat							
NO							
02	02	Vehicle					
		License Plate Number		Plate Type	St	Country of Issuance	
		DH44921		LTK	WI	UNITED STATES	
		Vehicle Identification Number		Make	Year	Model	
1FT8X3BT4HEE28059		FORD	2017	F350			

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UNIT	VEHICLE	Color WHI - WHITE	Body Style PK - PICKUP	Bus Use	
		Initial Contact Point 06 - REAR	Vehicle Damage 02 - RIGHT SIDE FRONT, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 10 - LEFT SIDE FRONT, 12 - FRONT		
		Extent Of Damage DISABLING DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By EVERETTS TOWING		
		What Driver Was Doing LEFT TURN	Vehicle Factors NOT APPLICABLE		
UNIT	VEHICLE	Driver Prior Action Other			
		Driver Actions NO CONTRIBUTING ACTION			
		Owner Name EVAN GASSER	Owner Address E8468 ELM RD SAUK CITY, WI 53583 , US		
UNIT	VEHICLE	Sequence Of Events			
		Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	VEHICLE	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO	INDIVIDUAL EVAN GASSER		
		Individual			
UNIT	INDIVIDUAL	DRIVER EVAN GASSER	Citations Issued 0	Sex MALE	
			Date of Birth	Race	
		Address E8468 ELM RD SAUK CITY, WI 53583 , 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	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
UNIT	VEHICLE	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	

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UNIT VEHICLE	Initial Contact Point 12 - FRONT		Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE				
	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		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
03	Owner Name HARVEY WOOD		Owner Address W11115 HAGEN LN BLK RIVER FALLS, WI 54615 , US		
Sequence Of Events					
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT INDIVIDUAL	DRIVER HARVEY WOOD		Citations Issued 0	Sex MALE	
			Date of Birth	Race WHITE	
	Address W11115 HAGEN LN BLK RIVER FALLS, WI 54615 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
03 004	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)			

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UNIT	INDIVIDUAL	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
		03	004	Alcohol Test Given TEST NOT GIVEN
Drug Test Given TEST NOT GIVEN	Drug Test Type			Drug Test Results
Drug Type				
Individual Condition APPEARED NORMAL				
Individual				
PASSENGER DIANE WOOD	Citations Issued 0			Sex FEMALE
	Date of Birth			Race WHITE
Address W11115 HAGEN LANE BLK RIVER FALLS, WI 54615 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment				On Duty Crash
03	005			Row 01 - FRONT ROW
		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					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use	
				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							
03	005	Drug Type					
		Individual Condition					
		APPEARED NORMAL					