

6TL0GHS26X

26-08607

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 26-08607		Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 08/09/2026		Crash Time 12:32 PM		Date Arrived 08/09/2026		Time Arrived 12:34 PM	
Date Notified 08/09/2026		Time Notified 12:32 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 not to scale Walgreens West Baraboo Your Way Ln STOP 01 02 Linn St.	Reconstruction By
	Photos By DEPUTY HUNTER
	Additional Information PHOTOS

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

UNIT 1 WAS EXITING THE WALGREEN'S PARKING LOT/YOUR WAY LN AND STOPPED AT THE STOP SIGN, WAITING TO TURN LEFT ONTO LINN ST. TO GO EAST. UNIT 2 WAS TRAVELING W/B ON LINN ST. AN AMBULANCE WAS TRAVELING WITH LIGHTS AND SIRENS ACTIVATED, W/B ON LINN ST. UNIT 2 PULLED TO THE RIGHT AND HAD ITS RIGHT TURN SIGNAL ACTIVATED. UNIT 2 ALLOWED THE AMBULANCE TO PASS AND THEN RESUMED TRAVEL W/B ON LINN ST. UNIT 1 OBSERVED THE AMBULANCE PASS AND SAW UNIT 2 WAS SLOWED WITH ITS RIGHT TURN SIGNAL ACTIVATED. OPERATOR OF UNIT 1 BELIEVED UNIT 2 WAS TURNING RIGHT INTO WALGREEN'S/ONTO YOUR WAY LN, AND BEGAN TURNING LEFT TO TRAVEL E/B. UNIT 2 CONTINUED TRAVELING W/B ON LINN ST. UNIT 2 WAS NOT ABLE TO AVOID A COLLISION. THE FRONT PASSENGER CORNER OF UNIT 2 STRUCK THE FRONT DRIVER'S CORNER OF UNIT 1.

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Location

ON LINN ST. 221 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474828577	Longitude -89.76973492
	X Coordinate 275984.875	Y Coordinate 4817273
	Structure Type NO STRUCTURE	

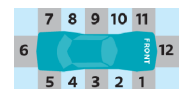
Crash Scene

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		OTHER	
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	Intersection Type T-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 15	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					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number M2M57		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number WA18NAF49LA064907		Make AUDI	Year 2020	Model A4 ALLROAD
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 11 - LEFT FRONT CORNER		
Extent Of Damage FUNCTIONAL DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	Owner Name B HUNT (608) 963-8483		Owner Address 324 VALLEY GLEN CT BARABOO, WI 53913 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Event			
	Event			
03	Event			
	Event			
04	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company TRI-CORE		INDIVIDUAL B HUNT	
UNIT	Individual			
	DRIVER B HUNT (608) 963-8483		Citations Issued 1	Sex FEMALE
01	Date of Birth		Race WHITE	
	Address 324 VALLEY GLEN CT BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
01	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
01	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
001	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED	
001	EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death	
001	Time of Death		Distracted By Source UNKNOWN	
	Distracted By		Distracted By Action UNKNOWN	

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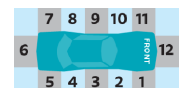
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UNIT INDIVIDUAL	01	001	Non Motorist		Striking Unit #	Location	
			Prior Action				
			Action				
	Action Other					To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		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 BP124707	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN		

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 5	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 35	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 TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		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 VU8423		Plate Type LTK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3GTU2NEC5JG556765		Make GMC	Year 2018	Model SIERRA
	Color BLK - BLACK		Body Style PK - PICKUP		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER				



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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	01 - RIGHT FRONT CORNER	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions OTHER CONTRIBUTING ACTION		
02	02	Owner Name MICHAEL BREWER (608) 867-3037	Owner Address 507 PARK ST POYNETTE, WI 53955 , US	
		Sequence Of Events		
UNIT	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	02	Event		
		Event		
		Event		
		Event		
UNIT	03	Event		
		Event		
		Event		
		Event		
UNIT	04	Event		
		Event		
		Event		
		Event		
UNIT	04	Policy Holder		
		Insurance Company GEICO-ADVANTAGE-INSURANCE-CO	INDIVIDUAL MICHAEL BREWER	
		Individual		
		DRIVER MICHAEL BREWER (608) 867-3037	Citations Issued 0	Sex MALE
UNIT	INDIVIDUAL	Date of Birth	Race WHITE	
		Address 507 PARK ST POYNETTE, WI 53955 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
02	002	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
02	002	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

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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 KELLY BREWER		Citations Issued 0	Sex FEMALE	
		Date of Birth		Race WHITE		
		Address 507 PARK ST POYNETTE, WI 53955 , 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		
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	Distracted By Action			
	Non Motorist	Striking Unit #	Location	
		Prior Action		
	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				
Individual				
PASSENGER NOVALYNN R BREWER (608) 867-3037		Citations Issued 0	Sex FEMALE	
Date of Birth	Race			
Address 507 PARK ST POYNETTE, WI 53955 , US	Driver License Number			
UNIT	Safety Equipment	On Duty Crash	Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	BOOSTER SEAT
	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		

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		Prior Action					
		Action					
		Action Other					To/From School
02	004	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 KINLEY BREWER (608) 867-3037			Citations Issued 0	Sex FEMALE	
					Date of Birth	Race	
		Address 507 PARK ST POYNETTE, WI 53955 , US			Driver License Number		
		02	005	Safety Equipment		On Duty Crash	
Row 02 - SECOND ROW	Seat Position 08 - MIDDLE						
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	005	Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action			
		Action			
02	005	Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
02	005	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	005	Drug Type			
		Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	Individual			
		PASSENGER BOWEN BREWER (608) 867-3037		Citations Issued 0	Sex MALE
02	006	Date of Birth		Race	
		Address 507 PARK ST POYNETTE, WI 53955 , US		Driver License Number	
02	006	Safety Equipment		On Duty Crash	
		Row 02 - SECOND ROW		Seat Position 09 - RIGHT	
02	006	Helmet Use		CHILD RESTRAINT - TYPE UNKNOWN	
		Eye Protection		Helmet Compliance	
02	006	Tint Compliance		Airbag NON DEPLOYED	
		Injury		Injury Severity NO APPARENT INJURY	
02	006	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
02	006	Hospital		Date of Death	Time of Death
		Distracted By		Distracted By Source	
02	006	Distracted By Action			
		Non Motorist		Striking Unit #	
02	006	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			