

6TL0F1BQBT

26-08784

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 26-08784		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 08/13/2026		Crash Time 04:05 PM		Date Arrived 08/13/2026		Time Arrived 04:17 PM	
Date Notified 08/13/2026		Time Notified 04:05 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
KROLIKOWSKI

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

UNIT 1 WAS SOUTHBOUND ON CO RD C WHEN IT LEFT THE ROADWAY TO ITS RIGHT. AFTER DOING SO, IT COLLIDED WITH A POWER POLE WHICH BROKE THE POWER POLE. UNIT 1 THEN CONTINUED DOWN THE EMBANKMENT AND CAME TO REST. THE BROKEN POWER POLE CAUSE POWER LINES TO FALL ON THE ROADWAY THAT UNIT 2 ENCOUNTERED. THESE POWER LINES SCRAPED THE DRIVER'S SIDE A PILLAR AND ROOF OF UNIT 2.

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Location

ON CTHC SB 0.70 MI S OF FREEDOM RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY	Latitude 43.348845049	Longitude -89.849911326
	X Coordinate 269021.25	Y Coordinate 4803499.5
	Structure Type	

Crash Scene

First Harmful Event UTILITY POLE		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		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	
Closure Type FULL CLOSURE		Reasons for Closure OTHER	
Date Initial Lane/Rd Closed 08/13/2026	Time Initial Lane/Rd Closed 04:17 PM		
Date All Lanes Open 08/13/2026	Time All Lanes Open 05:07 PM	Date Scene Cleared 08/13/2026	Time Scene Cleared 05:07 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 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel SOUTHBOUND	☐ Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With UTILITY POLE		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 DOWNHILL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number BBD6913		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number JTHBA30G955090746		Make LEXS	Year 2005	Model ES		

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UNIT	VEHICLE	Color TAN - TAN	Body Style SD - SEDAN	Bus Use
		Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 04 - RIGHT SIDE REAR, 12 - FRONT	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By	
		What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions FAILURE TO CONTROL		
01	01	Owner Name BRENT KAST (608) 570-0880	Owner Address S8205 COUNTY ROAD C NORTH FREEDOM, WI 53951 , US	
		Sequence Of Events		
01	01	Event DITCH		
	02	Event UTILITY POLE		
	03	Event EMBANKMENT		
	04	Event		
UNIT	INDIVIDUAL	Individual		
		DRIVER BRENT KAST (608) 570-0880	Citations Issued 2	Sex MALE
			Date of Birth	Race WHITE
		Address S8205 COUNTY ROAD C NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury NO APPARENT INJURY		Airbag DEPLOYED-CURTAIN
		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
UNIT INDIVIDUAL	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
	PASSENGER BRYNLEIGH L KAST		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address S8205 COUNTY ROAD C NORTH FREEDOM, WI 53951 , US		Driver License Number	
	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	
UNIT INDIVIDUAL	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		Alcohol Test Results
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
Violations						
01	01	UTC Number BL508749	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	
02	01	UTC Number BL508748	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL	

Unit Summary

UNIT	02	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 0	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 OTHER FIXED OBJECT		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 RIGHT		Road Grade UPHILL		
		Truck Bus or HazMat NO						
		Vehicle						
		02	02	License Plate Number CMTNS		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number JTDKARFU3L3106921			Make TOYT	Year 2020	Model PRIUS			

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UNIT VEHICLE	Color BLU - BLUE	Body Style HB - HATCHBACK	Bus Use
	Initial Contact Point 13 - TOP	Vehicle Damage 13 - TOP	
	Extent Of Damage MINOR DAMAGE		
	Towed Due To Damage NOT TOWED	Vehicle Removed By	
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name ALICE MIRAMONTES (608) 481-6277	Owner Address S8891 COUNTY ROAD G PLAIN, WI 53577 , US	
UNIT 02	Sequence Of Events		
	Event OTHER FIXED OBJECT		
	Event		
	Event		
	Event		
UNIT 02	Policy Holder		
	Insurance Company GEICO-CASUALTY-CO	INDIVIDUAL ALICE MIRAMONTES	
UNIT INDIVIDUAL	Individual		
	DRIVER ALICE MIRAMONTES (608) 481-6277	Citations Issued 0	Sex FEMALE
		Date of Birth	Race HISPANIC
	Address S8891 COUNTY ROAD G PLAIN, WI 53577 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	Safety Equipment		
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
	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 003	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	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	
02 003	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	PASSENGER ZACHARY BANDERA		Citations Issued 0		Sex MALE	
			Date of Birth		Race WHITE	
	Address 11248 BARNETT VALLET RD SEBASTOPOL, CA 95472 , US		Driver License Number STATE: CALIFORNIA 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			
02 004	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	

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UNIT INDIVIDUAL 02 004	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 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				
Property Owner				
PROP OWNER 01	ORGANIZATION/COMPANY ALLIANT ENERGY		Address 4902 N BILTMORE MADISON, WI 53707 1077, US	
	Fixed Objects Struck			
01	Striking Unit 01	Struck Object UTILITY POLE	Structure Number	Damage Tag Number