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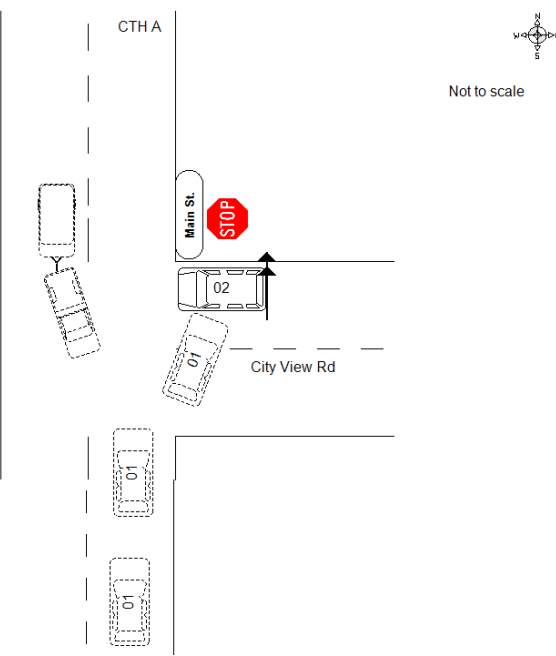
26-08704

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 26-08704		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 08/11/2026		Crash Time 01:43 PM		Date Arrived 08/11/2026		Time Arrived 01:49 PM	
Date Notified 08/11/2026		Time Notified 01:44 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 S. MESSNER
	Additional Information PHOTOS

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

ON 08/11/2026, I WAS DISPATCHED TO CITY VIEW ROAD AND CTH A IN THE TOWN OF BARABOO FOR A TWO-VEHICLE TRAFFIC CRASH. DISPATCH INFORMED ME THERE WERE TWO VEHICLES INVOLVED WITH PARTIAL ROAD BLOCKAGE AND UNKNOWN ON INJURIES. UNIT 1 OPERATOR STATED HE WAS TRAVELING N/B ON CTH A WHEN HE CRESTED A HILL AND SAW A TRUCK AND TRAILER TRAVELING S/B ON CTH A STARTING TO TURN LEFT ONTO CITY VIEW RD AND THEN STOPPED HALFWAY IN HIS LANE. UNIT 1 OPERATOR STATED HE TRIED TO SLOW DOWN BY BRAKING BUT WAS UNABLE TO DO SO AND STRUCK UNIT 2 WHICH WAS SITTING AT THE STOP SIGN ON CITY VIEW RD. UNIT 1 OPERATOR STATED THE PERSON DRIVING THE TRUCK AND TRAILER STOPPED BUT THEN LEFT PRIOR TO LAW ENFORCEMENT. UNKNOWN AND THE MAKE AND MODEL OF THE TRUCK. UNIT 2 OPERATOR STATED SHE WAS SITTING AT THE STOP SIGN ON CITY VIEW ROAD WHEN UNIT 1 STRUCK THE SIDE OF HER VEHICLE. UNIT 2 OPERATOR STATED SHE DID NOT KNOW IF THE TRUCK AND TRAILER WERE THE CAUSE OF THE ACCIDENT. I SPOKE WITH A WITNESS VIA PHONE. THE WITNESS STATED HE WAS TRAVELING S/B ON CTH A FOLLOWING BEHIND THE TRUCK AND TRAILER. THE WITNESS STATED THE TRUCK AND TRAILER BEGAN TO TURN LEFT ONTO CITY VIEW RD BUT THEN HESITATED WHEN THE TRUCK SAW UNIT 1. THE WITNESS STATED THE TRUCK AND TRAILER WERE IN UNIT 1 LANE WHICH CAUSED UNIT 1 TO SWERVE AND ENDED UP STRIKING UNIT 2. THE WITNESS STATED HE SPOKE WITH THE PERSON IN THE TRUCK AND TRAILER BUT DID NOT GET A NAME. THE WITNESS COULD NOT REMEMBER A MAKE OR MODEL OF THE TRUCK AND TRAILER. BOTH VEHICLES WERE TOWED. UNIT 1 OPERATOR ADMITTED HE DID NOT HAVE INSURANCE ON THE

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VEHICLE, UNIT 1 OPERATOR WAS EXPLAINED AND ISSUED A CITATION FOR OPERATOR A MOTOR VEHICLE WITHOUT INSURANCE.

Location

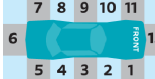
ON CITY VIEW RD 31 FT E OF EAST ST/ CTHA NB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.489102288	Longitude -89.738625116
	X Coordinate 278553.3125	Y Coordinate 4818775
	Structure Type NO STRUCTURE	

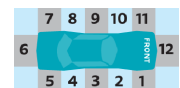
Crash Scene

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	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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel NORTHBOUND	☐ Pre CrashTire Mark	Speed Limit 45	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 STRAIGHT		Road Grade HILLCREST	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number BCY2730		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KMHTC6AD8CU080231		Make HYUN	Year 2012	Model VELOSTER
	Color YEL - YELLOW		Body Style CP - COUPE		Bus Use
	Initial Contact Point 12 - FRONT		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 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 CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name KEVIN RAYMOND POLAKOWSKI (608) 617-1787		Owner Address 125 9TH ST # 9 BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	DRIVER KEVIN POLAKOWSKI (608) 617-1787		Citations Issued 1	Sex MALE
	Address 125 9TH ST # 9 BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment			
01 001	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 DEPLOYED-FRONT	
	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				
Non Motorist		Striking Unit #	Location	

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UNIT 01	INDIVIDUAL	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				
		Individual				
		PASSENGER ADRIANA BEAR		Citations Issued 0	Sex FEMALE	
		Date of Birth	Race WHITE			
Address 125 9TH ST APT 9 BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT 01	INDIVIDUAL	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 NO APPARENT INJURY	Airbag DEPLOYED-FRONT	
		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 01	INDIVIDUAL	Non Motorist		Striking Unit #		
				Location		
		Prior Action				

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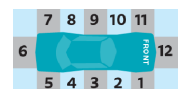
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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
		Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Violations			
		UTC Number BM656696	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE

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 CrashTire Mark	Speed Limit 35	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	VEHICLE	Vehicle					
				License Plate Number ZAE9508		Plate Type BOP	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1C4RJFAG7MC616253				Make JEEP	Year 2021	Model GRAND CHER			
Color WHI - WHITE				Body Style UT - SPORT UTILITY VEHICLE		Bus Use			
Initial Contact Point 09 - LEFT SIDE MIDDLE				Vehicle Damage 09 - LEFT SIDE MIDDLE					
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 STOP IN TRAFFIC		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name CATIGLENN NORTHCOTT (608) 432-4636		Owner Address 418 CHURCH ST WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company GEICO-GENERAL-INS-CO		INDIVIDUAL CATIGLENN NORTHCOTT	
UNIT INDIVIDUAL	Individual			
	DRIVER CATIGLENN NORTHCOTT (608) 432-4636		Citations Issued 0	Sex FEMALE
	Date of Birth		Race WHITE	
	Address 418 CHURCH ST WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	Safety Equipment		On Duty Crash	
	Safety Equipment		Shoulder & Lap Belt	
	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 DEPLOYED-SIDE
	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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UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location		
		Prior Action				
		Action				
		Action Other		To/From School		
02	003	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 LAILYNN NORTHSCOTT (608) 432-4636		Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
		Address 418 CHURCH ST WISCONSIN DELLS, WI 53965 , US		Driver License Number		
		02	004	Safety Equipment	On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING
Row 02 - SECOND ROW	Seat Position 09 - RIGHT					
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	004	Non Motorist	Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	004	Action Other		To/From School
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO		
02	004	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	004	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		PASSENGER NASH GRAACK Citations Issued 0 Sex MALE Date of Birth Race WHITE Address 418 CHURCH ST WISCONSIN DELLS, WI 53965 , US Driver License Number		
02	005	Safety Equipment On Duty Crash Safety Equipment CHILD RESTRAINT SYSTEM - REAR FACING		
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	
02	005	Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
02	005	Injury Injury Severity NO APPARENT INJURY Airbag DEPLOYED-SIDE		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
02	005	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
		Hospital		EMS Run #
02	005	Date of Death		
		Time of Death		
02	005	Distracted By Distracted By Source		
		Distracted By Action		
02	005	Non Motorist Striking Unit # Location		
		Prior Action		

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UNIT 02	INDIVIDUAL 005						
		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	GOVERNMENT SAUK COUNTY HWY DEPT (608) 356-3855		Address 620 STH 136 PO BOX 26 BARABOO, WI 53913 , US	

Fixed Objects Struck

01	Striking Unit 02	Struck Object TRAFFIC SIGN POST	Structure Number	Damage Tag Number 338056

Witness

WITN ESS 01	Individual COLIN BEBBER (608) 404-6345		Address E10245 FOREST RD BARABOO, WI 53913 , US		Date of Birth