6TL0F3SSLN
26-09411

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0F3SSLN

Document Number Override	Primary Crash Document #	Agency Crash Number **26-09411**	Investigating Officer/Deputy **DEPUTY A. KING**	
Crash Date **08/29/2026**	Crash Time **09:03 AM**	Date Arrived **08/29/2026**	Time Arrived **09:11 AM**	
Date Notified **08/29/2026**	Time Notified **09:04 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
A. KING

Additional Information
PHOTOS

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

U1 WAS STATIONARY AT THE HY23 AND HY33 INTERSECTION. U1 WAS TURNING LEFT, EASTBOUND, ONTO HY33 WHEN THE OPERATOR FAILED TO YIELD RIGHT OF WAY TO U2. U2 OPERATOR ATTEMPTED TO AVOID COLLISION BY SWERVING TO THE RIGHT, BUT WAS UNABLE TO AVOID CONTACT AND STRUCK U1. U2 CONTINUED STRAIGHT INTO THE DITCH. U1 THEN SPUN AROUND AND CAME TO A REST IN THE TURNING DIVIDER AND HITTING THE POSTS WITHIN THE DIVIDER FOR THE HIGHWAY MARKINGS AND STOP SIGN. U1 OPERATOR STATED THEY HAD CHEST PAIN AS WELL AS SHOULDER PAIN. I WAS ABLE TO SEE A RECTANGULAR BRUISE IN THE SHAPE OF A SEATBELT. U2 OPERATOR STATED THEY HAD NO INJURIES AT THIS TIME. BASED ON STATEMENTS PROVIDED, U1 OPERATOR WAS ISSUED A CITATION FOR FAILURE TO YIELD RIGHT OF WAY FROM A STOP SIGN. CRIAG'S TOWING RECOVERED BOTH VEHICLES. REEDSBURG EMS TRANSPROTED U1 OPERATOR TO REEDSBURG HOSPITAL AND U2 OPERATOR WAS PICKED UP BY RESCUE PARTY.

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Location

INTERSECTION ON STH33 WB AT STH23 WB IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude **43.532308936**	Longitude **-89.89170458**
	X Coordinate **266341.5625**	Y Coordinate **4823992.5**
	Structure Type	

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) **WET**	Roadway Factor(s) **ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)**	
Environment Factor(s) **WEATHER CONDITIONS**		
Weather Condition(s) **RAIN**		
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 **FOUR-WAY INTERSECTION**

Closure Type **CLOSURE-ONE DIRECTION**		Reasons for Closure **LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS**	
Date Initial Lane/Rd Closed **08/29/2026**	Time Initial Lane/Rd Closed **09:11 AM**		
Date All Lanes Open **08/29/2026**	Time All Lanes Open **10:09 AM**	Date Scene Cleared **08/29/2026**	Time Scene Cleared **10:09 AM**

Unit Summary

UNIT 01

Unit Status **IN TRANSIT**		Vehicle Operating As Classification **D CLASS**		Unit Type **AUTOMOBILE**
Vehicle Type **(SPORT) UTILITY VEHICLE**				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 **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**				

UNIT 01 — Vehicle

License Plate Number **AYU5364**	Plate Type **AUT**	St **WI**	Country of Issuance **UNITED STATES**
Vehicle Identification Number **3C4NJDEB5MT521373**	Make **JEEP**	Year **2021**	Model **COMPASS**

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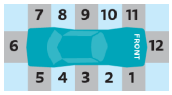
UNIT 01 — VEHICLE 01

Color: BLU - BLUE	Body Style: UT - SPORT UTILITY VEHICLE	Bus Use:
Initial Contact Point: 08 - LEFT SIDE REAR	Vehicle Damage: 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE	
Extent Of Damage: DISABLING DAMAGE		
Towed Due To Damage: TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By: CRAIGS TOWING	
What Driver Was Doing: LEFT TURN	Vehicle Factors: NOT APPLICABLE	
Driver Prior Action Other:		

Driver Actions: FAILED TO YIELD RIGHT-OF-WAY

UNIT 01 — VEHICLE 01

Owner Name: JASON ANDRITSCH (262) 233-0515	Owner Address: 230 SPRING LN DELAVAN, WI 53115 , US

Sequence Of Events

01 Event: MOTOR VEH IN TRANSPORT	
02 Event:	
03 Event:	
04 Event:	

UNIT 01 — Policy Holder

Insurance Company: PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL: JASON ANDRITSCH

UNIT 01 — INDIVIDUAL 001 — Individual

DRIVER: JASON ANDRITSCH (262) 233-0515	Citations Issued: 1	Sex: MALE
	Date of Birth:	Race: ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN
Address: 230 SPRING LN DELAVAN, WI 53115 , 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: 07 - LEFT	
Helmet Use:	Helmet Compliance:	
Eye Protection:	Tint Compliance:	

Injury

Injury Severity: POSSIBLE INJURY	Airbag: DEPLOYED-COMBINATION	
Ejected: NOT EJECTED	Ejection Path: NOT EJECTED/NOT APPLICABLE	Trapped/Extricated: NOT TRAPPED
Medical Transport: EMS GROUND	EMS Agency Identifier: 6001024	EMS Run #:

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UNIT 01 — INDIVIDUAL 001

Hospital	Date of Death	Time of Death
REEDSBURG AREA MED CTR		

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	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

Violations — 01

UTC Number	Issue To?	Statute Number	Description
BK261775	001	346.18(3)	FAIL/YIELD RIGHT/WAY FROM STOP SIGN

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	WESTBOUND	☐	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	NO CONTROL	NO

Surface Type	Road Curvature	Road Grade
BLACKTOP (BITUMINOUS)	STRAIGHT	LEVEL

Truck Bus or HazMat
NO

Vehicle

License Plate Number	Plate Type	St	Country of Issuance
TL1447	LTK	WI	UNITED STATES

02

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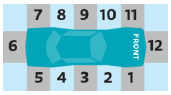
UNIT 02 VEHICLE

Vehicle Identification Number	Make	Year	Model
1GTSKVE30AZ182931	GMC	2010	SIERRA

Color	Body Style	Bus Use
GRY - GRAY	PK - PICKUP	

Initial Contact Point	Vehicle Damage
12 - FRONT	12 - FRONT

Extent Of Damage: DISABLING DAMAGE



Towed Due To Damage	Vehicle Removed By
TOWED DUE TO DISABLING DAMAGE	CRAIGS TOWING

What Driver Was Doing	Vehicle Factors
GOING STRAIGHT	NOT APPLICABLE

Driver Prior Action Other:

UNIT 02 VEHICLE

Driver Actions: NO CONTRIBUTING ACTION

UNIT 02 02

Owner Name	Owner Address
GREGORY MANSON (608) 852-3274	1211 TEMPLE DR MOUNT HOREB, WI 53572 , US

Sequence Of Events

01	MOTOR VEH IN TRANSPORT
02	DITCH
03	
04	

UNIT Policy Holder

Insurance Company	INDIVIDUAL
PROGRESSIVE-CLASSIC-INS-CO	GREGORY MANSON

UNIT INDIVIDUAL Individual

DRIVER	Citations Issued	Sex
GREGORY MANSON (608) 852-3274	0	MALE
	Date of Birth	Race: WHITE

Address	Driver License Number
1211 TEMPLE DR MOUNT HOREB, WI 53572 , US	STATE: WISCONSIN COUNTRY: UNITED STATES

Safety Equipment

On Duty Crash	Safety Equipment
	SHOULDER & LAP BELT

Row	Seat Position
01 - FRONT ROW	07 - LEFT

Helmet Use	Helmet Compliance

Eye Protection	Tint Compliance

02 002 *Injury*

Injury Severity	Airbag
NO APPARENT INJURY	DEPLOYED-COMBINATION

Ejected	Ejection Path	Trapped/Extricated
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED

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UNIT 02 — INDIVIDUAL 002

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

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**