

6TL0GHS271
26-09488

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0GHS271

Document Number Override		Primary Crash Document #		Agency Crash Number 26-09488		Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 08/31/2026		Crash Time 03:26 PM		Date Arrived 08/31/2026		Time Arrived 03:26 PM	
Date Notified 08/31/2026		Time Notified 03:26 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
Not to scale US HY 14 E/b at HY 60  Google Maps		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.

UNITS 1 AND 2 WERE E/B ON HY 14. BOTH INTENDED TO PROCEED E/B PAST THE LEFT TURN ONTO HY 60. OPERATOR OF UNIT 2 ADVISED THERE WAS A VEHICLE IN FRONT OF HER THAT RAPIDLY APPLIED ITS BRAKES, AND CAME TO A STOP TO ALLOW ONCOMING TRAFFIC TO PASS BEFORE TURNING LEFT. OPERATOR OF UNIT 2 RAPIDLY APPLIED HER BRAKES TO AVOID A COLLISION WITH THE VEHICLE IN FRONT OF HER. OPERATOR OF UNIT 1 ATTEMPTED TO STOP WHEN SHE REALIZED UNIT 2 WAS STOPPING, BUT UNIT 1 WAS NOT ABLE TO STOP IN TIME TO AVOID A COLLISION. RESPONDING DEPUTY WAS IN THE IMMEDIATE VICINITY FOR AN UNRELATED VEHICLE ACCIDENT AND DIRECTED UNITS 1 AND 2 TO A NEARBY PARKING LOT DUE TO BEING A TRAFFIC HAZARD.

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Location

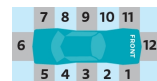
ON USH14 EB 64 FT W OF STH60 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189219159	Longitude -90.070124514
	X Coordinate 250520.75	Y Coordinate 4786404.5
	Structure Type	

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 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 (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	☐ 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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	UNIT 01 VEHICLE 01	Vehicle				
		License Plate Number AZF5827		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 3GYFNHE33DS642539		Make CADI	Year 2013	Model SRX		
Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
Initial Contact Point 12 - FRONT		Vehicle Damage 10 - LEFT SIDE FRONT, 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 OWNER	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions SPEED TOO FAST/COND, FOLLOWING TOO CLOSE, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	01	Owner Name RAIA MEYER (608) 632-7708		Owner Address 8201 KLEVENVILLE RILEY RD VERONA, WI 53593 , US	
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
01	01	Policy Holder			
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		INDIVIDUAL RAIA MEYER	
		Individual			
		DRIVER RAIA MEYER (608) 632-7708		Citations Issued 1	Sex FEMALE
01	01	Date of Birth		Race WHITE	
		Address 8201 KLEVENVILLE RILEY RD VERONA, WI 53593 , US		Driver License Number	
		On Duty Crash		Safety Equipment	
		Shoulder & Lap Belt			
01	01	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
01	01	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 UNKNOWN	
01	01	Distracted By Action UNKNOWN			

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UNIT	INDIVIDUAL	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 KEON MEYER JR (608) 632-7708		Citations Issued 0	Sex MALE
		Date of Birth		Race	
		Address 8201 KLEVENVILLE RILEY RD VERONA, WI 53593 , US		Driver License Number	
		On Duty Crash		Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	CHILD RESTRAINT SYSTEM - REAR FACING	
		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					
Non Motorist		Striking Unit #	Location		

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **08/31/2026**
Crash Time **03:26 PM**

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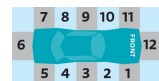
UNIT INDIVIDUAL	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition APPEARED NORMAL				
	Individual				
	UNIT INDIVIDUAL	PASSENGER NYARA MCINTOSH (608) 632-7708		Citations Issued 0	Sex FEMALE
Address 8201 KLEVENVILLE RILEY RD VERONA, WI 53593 , US		Date of Birth	Race		
Driver License Number					
Safety Equipment		On Duty Crash			
Safety Equipment		CHILD RESTRAINT SYSTEM - REAR FACING			
Row 02 - SECOND 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				
	Distracted By Action				
	Non Motorist				
	Striking Unit #		Location		
	Prior Action				

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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 Type	
		Drug Test Given TEST NOT GIVEN		Drug Test Results	
		Drug Type			
01	003	Individual Condition APPEARED NORMAL			
		Violations			
UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS	
		Unit Type AUTOMOBILE		Operating As Endorsements	
		Vehicle Type (SPORT) UTILITY VEHICLE			
		Total Occs 1		Train/Bus # Recorded	
		Total # Citations Issued 0		Total Trailers 0	
		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel EASTBOUND	
		☐ 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 CURVE RIGHT			
Road Grade LEVEL					
Truck Bus or HazMat NO					
UNIT	02	Vehicle			
		License Plate Number APT8736		Plate Type AUT	
		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 1GNEVJKWXXKJ218983		Make CHEV	
		Year 2019		Model TRAVERSE	
		Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE	
		Bus Use			
		Initial Contact Point 06 - REAR		Vehicle Damage	
		Extent Of Damage DISABLING DAMAGE		04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER	



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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By OWNER	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions UNKNOWN			
02	02	Owner Name SARA SUARDINI (815) 222-7567		Owner Address 10818 BLUE MOUNTAIN AVE BLUE MOUNDS, WI 53517 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	02	Policy Holder			
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		INDIVIDUAL ZACHARY SUARDINI	
		Individual			
		DRIVER SARA SUARDINI (815) 222-7567		Citations Issued 0	Sex FEMALE
UNIT	03	Date of Birth		Race WHITE	
		Address 10818 BLUE MOUNTAIN AVE BLUE MOUNDS, WI 53517 , US		Driver License Number	
		On Duty Crash		Safety Equipment	
		Safety Equipment		SHOULDER & LAP BELT	
UNIT	04	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection		Airbag NON DEPLOYED	
		Injury		NO APPARENT INJURY	
02	004	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 UNKNOWN	
Distracted By Action UNKNOWN					

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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				