6TL0GHS273
26-09877

WISCONSIN MOTOR VEHICLE CRASH REPORT

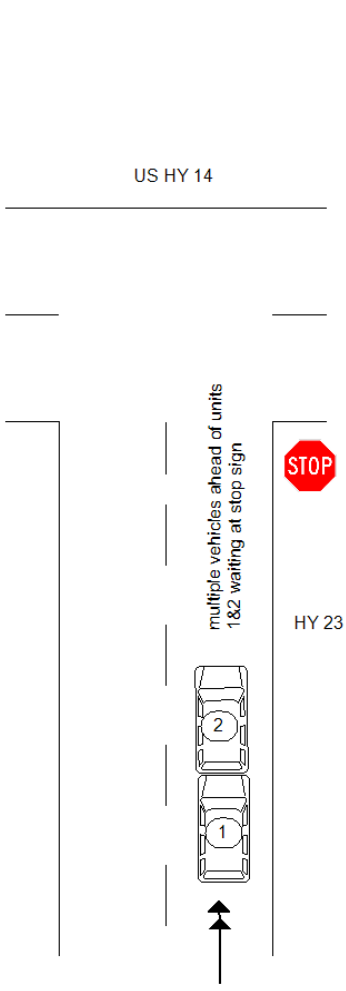
SAUK COUNTY SHERIFFS DEPARTMEN
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL0GHS273

Document Number Override	Primary Crash Document #	Agency Crash Number **26-09877**	Investigating Officer/Deputy **DEPUTY J. HUNTER**	
Crash Date **09/10/2026**	Crash Time **01:16 PM**	Date Arrived **09/10/2026**	Time Arrived **01:28 PM**	
Date Notified **09/10/2026**	Time Notified **01:16 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
DEPUTY HUNTER

Additional Information
PHOTOS

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

UNIT 2 WAS STOPPED IN A LINE OF CARS, ON HY 23 WAITING TO TURN ONTO US HY 14. UNIT 1 WAS BEHIND UNIT 2. OPERATOR OF UNIT 1 TOOK HER FOOT OFF THE BRAKE AND ROLLED INTO UNIT 2, CAUSING DAMAGE. OPERATOR OF UNIT 1 DENIED BEING DISTRACTED. OPERATOR OF UNIT 2 ADVISED SHE LOOKED IN HER MIRROR IMMEDIATELY UPON BEING STRUCK AND OBSERVED THE DRIVER OF UNIT 1 LEANED OVER TOWARD HER PASSENGER SEAT LOOKING DOWN.

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Location

INTERSECTION ON STH23 EB AT USH14 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.185126356	Longitude -90.064440933
	X Coordinate 250965.96875	Y Coordinate 4785933
	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	Junction Location	Intersection Type
NO	INTERSECTION	T-INTERSECTION

Unit Summary

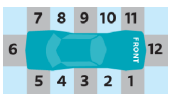
UNIT 01

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE
Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements
Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
Insurance? YES	Direction Of Travel NORTHBOUND	☐ Pre CrashTire Mark	Speed Limit 30	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 WK8973	Plate Type LTK	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1GNALBEK4DZ113878	Make CHEV	Year 2013	Model EQUINOX LS
Color WHI - WHITE	Body Style LL - CARRYALL		Bus Use
Initial Contact Point 12 - FRONT	Vehicle Damage 00 - NO DAMAGE		
Extent Of Damage NO DAMAGE			



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UNIT 01 — VEHICLE 01

Towed Due To Damage: **NOT TOWED**	Vehicle Removed By: **OPERATOR**
What Driver Was Doing: **GOING STRAIGHT**	Vehicle Factors: **NOT APPLICABLE**
Driver Prior Action Other:	
Driver Actions: **SPEED TOO FAST/COND, FOLLOWING TOO CLOSE, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER**	
Owner Name: **MARY CROOK (608) 583-4871**	Owner Address: **4176 HIGH POINT RD SPRING GREEN, WI 53588 , US**

Sequence Of Events

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

Policy Holder

UNIT 01

Insurance Company: **PROGRESSIVE-ADVANCED-INSURANCE-CO**	INDIVIDUAL: **MARY CROOK**

Individual

UNIT 01 — INDIVIDUAL 001

DRIVER: **MARY CROOK (608) 583-4871**		Citations Issued: **1**	Sex: **FEMALE**
		Date of Birth:	Race: **WHITE**
Address: **4176 HIGH POINT RD SPRING GREEN, WI 53588 , 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: **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: **UNKNOWN**	
Distracted By Action: **OTHER ACTION (LOOKING AWAY FROM TASK ETC)**	

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UNIT 01 — INDIVIDUAL 001

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
BP124724	001	346.57(2)	UNREASONABLE AND IMPRUDENT SPEED

Unit Summary

UNIT 02

Unit Status	Vehicle Operating As Classification	Unit Type
IN TRANSIT	D CLASS	AUTOMOBILE

Vehicle Type	Operating As Endorsements
(SPORT) UTILITY VEHICLE	

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	NORTHBOUND	☐	30	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	STOP SIGN	NO

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

Truck Bus or HazMat: NO

Vehicle

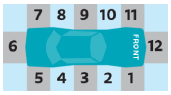
UNIT 02 — 02

License Plate Number	Plate Type	St	Country of Issuance
BDY2924	AUT	WI	UNITED STATES

Vehicle Identification Number	Make	Year	Model
1C4SDJCT5SC511813	DODG	2025	DURANGO

Color	Body Style	Bus Use
BLK - BLACK	UT - SPORT UTILITY VEHICLE	

Initial Contact Point: 06 - REAR



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UNIT 02 VEHICLE

Extent Of Damage: **MINOR DAMAGE**	Vehicle Damage: **06 - REAR**
Towed Due To Damage: **NOT TOWED**	Vehicle Removed By: **OPERATOR**
What Driver Was Doing: **UNKNOWN**	Vehicle Factors: **NOT APPLICABLE**
Driver Prior Action Other:	

Driver Actions: **NO CONTRIBUTING ACTION**

Owner Name: **KASSIDY KADOUSEK** **(608) 475-1712**	Owner Address: **30537 COUNTY HWY O** **RICHLAND CENTER, WI 53581 , US**

Sequence Of Events

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

UNIT 02 INDIVIDUAL

Policy Holder

Insurance Company: **STATE-FARM-GENERAL-INS-CO**	INDIVIDUAL: **KASSIDY KADOUSEK**

Individual

DRIVER: **KASSIDY KADOUSEK** **(608) 475-1712**	Citations Issued: **0**	Sex: **FEMALE**
	Date of Birth:	Race: **WHITE**
Address: **30537 COUNTY HWY O** **RICHLAND CENTER, WI 53581 , 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

002

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 02 — INDIVIDUAL 002

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**