

6TL0F3SSJ7

25-06314

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 25-06314		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 06/22/2025		Crash Time 12:20 PM		Date Arrived 06/22/2025		Time Arrived 12:29 PM	
Date Notified 06/22/2025		Time Notified 12:21 PM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

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

U2 WAS STATIONARY AT THE STOP LIGHTS WHEN U1 WAS STOPPED BEHIND THEM. U1 BEGAN MOVING FORWARD WHILE U2 WAS STILL STATIONARY. U1 THEN TAPPED U2, THERE WAS NO PAINT OR SCRATCH TRANSFER OR ANY DENTS ON EITHER VEHICLE. OPERATOR OF U2 STATED HE HAD GOTTEN A HEAD ACHE FROM THE COLLISION AND WAS CONCERNED ABOUT HAVING A CONCUSSION. DELLS-DELTON EMS WAS REQUESTED AND TRANSPORTED OPERATOR OF U2 TO ST. CLARE HOSPITAL. OCCUPANTS OF U1 STATED THEY DID NOT HAVE ANY INJURIES. OPERATOR OF U1 STATED HE THOUGHT IT TURNED GREEN THE VEHICLE AHEAD OF HIM WAS MOVING. OPERATOR OF U1 ESTIMATED THE SPEED TO BE ABOUT 10MPH OR LESS WHEN HE COLLIDED WITH U2. PLATT'S TOWING RESPONDED AND REMOVED U2 FROM THE SCENE AS IT WAS A ROAD HAZARD. U1 WAS REMOVED FROM THE SCENE BY THE OPERATOR.

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Location

ON USH12 WB 526 FT S OF IH90 WB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.568266634	Longitude -89.778357314
	X Coordinate 275634.28125	Y Coordinate 4827674
	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-RELATED	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 7	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 5	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number CD21502		Plate Type AUT	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 5FNRL38756B462047		Make HOND	Year 2006	Model ODYSSEY
	Color SIL - SILVER (ALUMINUM)		Body Style MV - MINI VAN		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage		
	Extent Of Damage NO DAMAGE		00 - NO DAMAGE		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01	Owner Name SYED ALI (630) 397-8439		Owner Address 238 SHOREWOOD DR GLENDALE HEIGHTS, IL 60139 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
04	Policy Holder			
	Insurance Company FIRST-CHICAGO-INSURANCE-CO		INDIVIDUAL SYED ALI	
UNIT INDIVIDUAL	Individual			
	DRIVER MURAD ALI (630) 397-8439		Citations Issued 0	Sex MALE
	Address 238 SHOREWOOD DR GLENDALE HEIGHTS, IL 60139 , US		Date of Birth	Race
	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
01	Safety Equipment		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 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 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
01	001	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 SYED ALI (630) 397-8439			Citations Issued 0	Sex MALE	
					Date of Birth	Race	
		Address 238 SHOREWOOD DR GLENDALE HEIGHTS, IL 60139 , US			Driver License Number		
		01	002	Safety Equipment		On Duty Crash	
Row 01 - FRONT 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							
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action		
		Action		
01	002	Action Other		To/From School
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO		
01	002	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
01	002	Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
01	002	Drug Type		
		Individual Condition		
01	002	APPEARED NORMAL		
		Individual		
01	INDIVIDUAL	PASSENGER SYED ALI (630) 397-8439	Citations Issued 0	Sex MALE
			Date of Birth	Race
01	INDIVIDUAL	Address 238 SHOREWOOD DR GLENDALE HEIGHTS, IL 60139 , US	Driver License Number	
		Safety Equipment		
01	003	On Duty Crash	Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	CHILD RESTRAINT SYSTEM - REAR FACING
01	003	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	003	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
01	003	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
01	003	Distracted By		
		Distracted By Source		
01	003	Distracted By Action		
		Non Motorist		
01	003	Striking Unit #	Location	
		Prior Action		

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UNIT 01	INDIVIDUAL 003	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 SYEDA FATIMA (630) 397-8439		Citations Issued 0
Address 238 SHOREWOOD DR GLENDALE HEIGHTS, IL 60139 , US		Date of Birth	Race	
Driver License Number				
UNIT 01	INDIVIDUAL 004	Safety Equipment		On Duty Crash
		Safety Equipment SHOULDER & LAP BELT		
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	
		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
		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 01	INDIVIDUAL 004	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 KURSOON MURAD (630) 457-6672		Citations Issued 0	Sex MALE
		Address 238 SHOREWOOD DR GLENDAL HEIGHTS, IL 60139 , US		Date of Birth Race	
UNIT 01	INDIVIDUAL 005	Driver License Number			
		Safety Equipment			
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		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					
Non Motorist		Striking Unit #	Location		
Prior Action					

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UNIT 01	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			
		Individual			
		PASSENGER SYEDA FATIMA (630) 237-6888		Citations Issued 0	Sex FEMALE
		Address 238 SHOREWOOD DR GLENDALE HEIGHTS, IL 60139 , US		Date of Birth	
Driver License Number		Race			
UNIT 01	INDIVIDUAL 006	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 03 - THIRD 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	
		Distracted By Action			
Non Motorist	Striking Unit #		Location		
	Prior Action				

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UNIT 01	INDIVIDUAL 006	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 SYEDA FATIMA (630) 397-8439		Citations Issued 0	Sex FEMALE
		Address 238 SHOREWOOD DR GLENDAL HEIGHTS, IL 60139 , US		Date of Birth	
UNIT 01	INDIVIDUAL 007	Driver License Number		Race	
		Safety Equipment			
		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
		Row 03 - THIRD ROW	Seat Position 09 - RIGHT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Airbag NON DEPLOYED	
		Injury Severity NO APPARENT INJURY			
		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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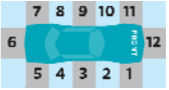
WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
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UNIT 01 007	INDIVIDUAL	Action					
		Action Other			To/From School		
		Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					

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 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 5	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 02 VEHICLE	02	License Plate Number AHE5110				Plate Type AUT	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number 3FA6P0SU4KR104408				Make FORD	Year 2019	Model FUSION				
		Color SIL - SILVER (ALUMINUM)				Body Style SD - SEDAN			Bus Use			
		Initial Contact Point 06 - REAR				Vehicle Damage 00 - NO DAMAGE						
		Extent Of Damage NO DAMAGE										
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG				Vehicle Removed By PLATTS WRECKER						
		What Driver Was Doing GOING STRAIGHT				Vehicle Factors						
		Driver Prior Action Other				NOT APPLICABLE						

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UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
		Owner Name ELAINA MEIER (414) 254-9559	Owner Address 874 SKY RIDGE DR MADISON, WI 53719 , US	
UNIT	02	Sequence Of Events		
		01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
UNIT	04	Event		
		Policy Holder		
		Insurance Company AMERICAN-FAMILY-INS-CO	INDIVIDUAL ELAINA MEIER	
		Individual		
UNIT	INDIVIDUAL	DRIVER ELAINA MEIER (414) 254-9559	Citations Issued 0	Sex FEMALE
			Date of Birth	Race
		Address 874 SKY RIDGE DR MADISON, WI 53719 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		
02	008	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		Airbag
		Injury Severity POSSIBLE INJURY		NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport EMS GROUND	EMS Agency Identifier 6000123	EMS Run #
Hospital ST CLARE HOSP		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				

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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		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					
02	008	NOT OBSERVED					