

6TL0DKRB2Z
25-06868

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 25-06868	Investigating Officer/Deputy DEPUTY R. BARNES	
Crash Date 07/04/2025		Crash Time 06:16 PM	Date Arrived 07/04/2025	Time Arrived 06:19 PM	
Date Notified 07/04/2025		Time Notified 06:16 PM	Total Units 02	Total Injured 00	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
<p>Diagram by: Ryan Barnes On 07/04/25 Not To Scale</p>		Photos By J. DAVIS 9161
		Additional Information PHOTOS
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		
UNIT 1 STOPPED FROM THE STOP SIGN ON HIGHWAY W AT HWY 113. OPERATOR OF UNIT 1 DID NOT SEE UNIT 2 GOING NORTHBOUND ON HIGHWAY 113 AND PULLED FRO THE STOP SIGN, STRIKING UNIT 2.		

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Location

INTERSECTION ON WATER ST/ STH113 NB AT CTHW WB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.452709959	Longitude -89.715068372
	X Coordinate 280326.3125	Y Coordinate 4814670.5
	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) 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 FOUR-WAY INTERSECTION	

Unit Summary

UNIT	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 WESTBOUND	<input type="checkbox"/> 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	Vehicle						
	VEHICLE	License Plate Number EZ16244		Plate Type AUT	St IL	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2GKALMEK8E6169165		Make GMC	Year 2014	Model TERRAIN	
		Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT C			
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 LOOKED BUT DID NOT SEE			
01 01	Owner Name YISEL C RASCHERI SANCHEZ		Owner Address 6212 S TALMAN AVE FL 1 CHICAGO, IL 60629 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company AMERICAN ALLIANCE		INDIVIDUAL YISEL RASCHERI SANCHEZ	
UNIT INDIVIDUAL	Individual			
	DRIVER YISEL RASCHERI SANCHEZ		Citations Issued 1	Sex FEMALE
			Date of Birth	Race HISPANIC
	Address 6212 S TALMAN AVE FL 1 CHICAGO, IL 60629 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
01 001	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	
01 001	Injury		Injury Severity NO APPARENT INJURY	
			Airbag DEPLOYED-COMBINATION	
	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
	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					
	01	001	Violations			
UTC Number B1589748			Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN	

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 2		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel NORTHBOUND		<input type="checkbox"/> Pre Crash Tire 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 NO CONTROL				Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade DOWNHILL			
		Truck Bus or HazMat NO											

02	02	Vehicle								
		License Plate Number AYP6311			Plate Type AUT		St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 4S4GUHT6XR3786706			Make SUBA		Year 2024	Model CROSTREK		
		Color GRN - GREEN			Body Style UT - SPORT UTILITY VEHICLE			Bus Use		
		Initial Contact Point 10 - LEFT SIDE FRONT								



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UNIT VEHICLE	Vehicle Damage		02 - RIGHT SIDE FRONT, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER	
	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Removed By OPERATOR	
	Towed Due To Damage NOT TOWED		Vehicle Factors	
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name AMY DELONG		Owner Address 1130 COLLEGE AVE BARABOO, WI 53913 , US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT VEHICLE	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL AMY DELONG	
UNIT INDIVIDUAL	Individual			
	DRIVER ASIA DUBRAY		Citations Issued 0	Sex FEMALE
	Date of Birth		Race WHITE	
	Address 1130 COLLEGE AVE BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	Ejection Path
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 INDIVIDUAL	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		
UNIT INDIVIDUAL	Individual	
	PASSENGER SHYLEEN NIEVES	Citations Issued 0 Sex FEMALE
		Date of Birth Race HISPANIC
	Address 149 ORANGE ST #2 MANCHESTER, NH 03104 , US	Driver License Number STATE: NEW HAMPSHIRE COUNTRY: UNITED STATES
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT SHOULDER & LAP BELT
	Helmet Use Helmet Compliance	
	Eye Protection Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY Airbag NON DEPLOYED
UNIT INDIVIDUAL	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

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UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use	
			NO	NO	
	02	003	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					