

6TL0D5DZ3S

25-08515

# 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 <b>25-08515</b>		Investigating Officer/Deputy <b>DEPUTY J. HUNTER</b>	
Crash Date <b>08/14/2025</b>		Crash Time <b>08:49 AM</b>		Date Arrived <b>08/14/2025</b>		Time Arrived <b>08:53 AM</b>	
Date Notified <b>08/14/2025</b>		Time Notified <b>08:49 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>DEPUTY J. HUNTER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS S/B ON HY BD, APPROACHING THE ROUNDABOUT. UNIT 2 WAS USING THE ROUNDABOUT TO TRAVEL W/B ON N. REEDSBURG RD. OPERATOR OF UNIT 1 DID NOT SEE UNIT 2, AND ENTERED THE ROUNDABOUT. UNIT 1 STRUCK UNIT 2, CAUSING DAMAGE. BOTH VEHICLES WERE OPERABLE AND REMOVED FROM THE SCENE BY THEIR OWNERS.

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## Location

ON N REEDSBURG RD 261 FT W OF CTHBD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.53245668</b>	Longitude <b>-89.778851153</b>
	X Coordinate <b>275461.375</b>	Y Coordinate <b>4823698</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>ROUNDBOUT</b>	

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>ASX2303</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>KL7CJLSB6KB893984</b>		Make <b>CHEV</b>	Year <b>2019</b>	Model <b>TRAX</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>11 - LEFT FRONT CORNER</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>STARTING IN ROAD</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, LOOKED BUT DID NOT SEE</b>		
01	01	Owner Name <b>ANGELINE KAMINSKI (608) 383-9039</b>	Owner Address <b>163 WHITETAIL BLVD BARABOO, WI 53913 , US</b>	
		<b>Sequence Of Events</b>		
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	INDIVIDUAL <b>ANGELINE KAMINSKI</b>	
01	001	<b>Individual</b>		
		DRIVER <b>ANGELINE KAMINSKI (608) 383-9039</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>163 WHITETAIL BLVD BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use	Helmet Compliance	
01	001	Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
01	001	Hospital	Date of Death	Time of Death
		<b>Distracted By</b>		
		Distracted By Source <b>UNKNOWN</b>		
		Distracted By Action <b>UNKNOWN</b>		

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UNIT INDIVIDUAL	01	001	<b>Non Motorist</b>		Striking Unit #	Location	
			Prior Action				
			Action				
	Action Other					To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results		
	Drug Type						
	Individual Condition <b>APPEARED NORMAL</b>						
	<b>Violations</b>						
01		UTC Number <b>BG110403</b>	Issue To? <b>001</b>	Statute Number <b>346.06</b>	Description <b>FAILURE TO YIELD RIGHT OF WAY</b>		

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

02	02	<b>Vehicle</b>			
		License Plate Number <b>305072F</b>	Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTZF1821XNA95778</b>	Make <b>FORD</b>	Year <b>1999</b>	Model <b>F150</b>
		Color <b>BLU - BLUE</b>	Body Style <b>PK - PICKUP</b>		Bus Use
		Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>			



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UNIT	VEHICLE	Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>03 - RIGHT SIDE MIDDLE</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		Owner Name <b>JAMES GRAY (608) 628-8459</b>	Owner Address <b>W6235 W BUSH RD PARDEEVILLE, WI 53954 , US</b>		
		<b>Sequence Of Events</b>			
UNIT	VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	VEHICLE	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	INDIVIDUAL <b>JAMES GRAY</b>		
UNIT	VEHICLE	<b>Trailer/Towed</b>			
		Trailer Plate #	Plate Type	Make <b>UNK</b>	State
UNIT	TRAILER	Unit Type <b>RECREATIONAL</b>	INDIVIDUAL <b>JAMES GRAY (608) 628-8459</b>	Address <b>W6235 W BUSH RD PARDEEVILLE, WI 53954 , US</b>	
		Vehicle Identification Number			
UNIT	INDIVIDUAL	<b>Individual</b>			
		DRIVER <b>JAMES GRAY (608) 628-8459</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>W6235 W BUSH RD PARDEEVILLE, WI 53954 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT	INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	
		Safety Equipment			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
UNIT	INDIVIDUAL	Eye Protection		Tint Compliance	

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02	002	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>			
			Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
			Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
			Hospital		Date of Death		Time of Death	
		<b>Distracted By</b>	Distracted By Source <b>UNKNOWN</b>					
			Distracted By Action <b>UNKNOWN</b>					
			<b>Non Motorist</b>	Striking Unit #		Location		
				Prior Action				
		UNIT	INDIVIDUAL	Action				
				Action Other				
To/From School								
<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>			Suspected Drug Use <b>NO</b>				
	Alcohol Test Given <b>TEST NOT GIVEN</b>			Alcohol Test Type		Alcohol Test Results		
Drug Test Given <b>TEST NOT GIVEN</b>				Drug Test Type		Drug Test Results		
Drug Type								
Individual Condition <b>APPEARED NORMAL</b>								