

6TL0FV1GG7
25-08902

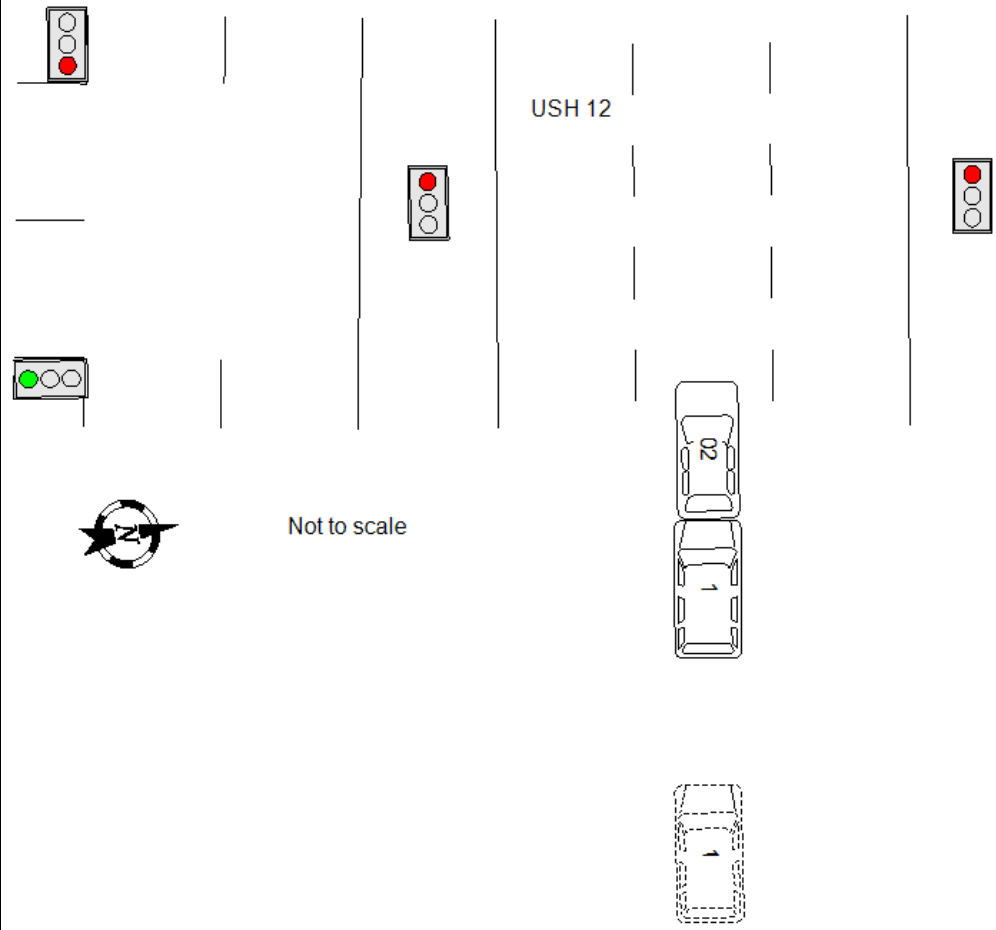
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 25-08902		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 08/24/2025		Crash Time 02:32 PM		Date Arrived 08/24/2025		Time Arrived 03:10 PM	
Date Notified 08/24/2025		Time Notified 03:04 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 J. HAMMERMEISTER #319
		Additional Information PHOTOS

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 2 WAS STOPPED AT A RED TRAFFIC LIGHT. THE OPERATOR OF UNIT 1 WAS NOT ABLE TO STOP IN ENOUGH TIME AND REAR-ENDED UNIT 2. THE OPERATOR OF UNIT 1 LEFT THE SCENE AND DID NOT REPORT THE ACCIDENT TO LAW ENFORCEMENT. THE OPERATOR OF UNIT 1 WAS LOCATED AND ADMITTED TO REAR-ENDING UNIT 2. NO REPORTED INJURIES.

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Location

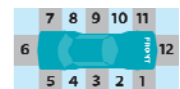
ON USH12 WB 529 FT S OF IH90 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.568260978	Longitude -89.778357256
	X Coordinate 275634.25	Y Coordinate 4827673
	Structure Type NO STRUCTURE	

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) CLOUDY			
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 YES	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status HIT AND RUN		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 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 3		
	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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE 01	Vehicle					
		License Plate Number RMK204		Plate Type AUT	St MN	Country of Issuance UNITED STATES	
Vehicle Identification Number JA4ATWAA3RZ074196		Make MIT	Year 2024	Model ECLIPSE CR			
Color SIL - SILVER (ALUMINUM)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use			
Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT					
Extent Of Damage FUNCTIONAL DAMAGE							



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01	Owner Name EAN HOLDINGS LLC		Owner Address 14002 E 21ST ST STE 1500 TULSA, OK 74134 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02				
03				
04				
UNIT	Policy Holder			
	Insurance Company STATE-FARM-CLASSIC-INS-CO		INDIVIDUAL MARY MC KILLIP	
	Individual			
	DRIVER MARY MC KILLIP (608) 436-7436		Citations Issued 1	Sex FEMALE
UNIT	Date of Birth		Race WHITE	
	Address 231 RAILROAD ST APT 113 ROCK SPRINGS, WI 53961 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
01	Helmet Use		Safety Equipment RESTRAINT USE UNKNOWN	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Airbag NOT APPLICABLE	
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	
001	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT APPLICABLE	
	Hospital		EMS Agency Identifier	
	Date of Death		EMS Run #	
	Time of Death			
01	Distracted By		Distracted By Source	
	Distracted By Action			

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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		Suspected Drug Use	
		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 NOT OBSERVED					
		Individual					
		PASSENGER ARLENE GOTOWITZ (608) 436-7436			Citations Issued 0	Sex FEMALE	
					Date of Birth	Race WHITE	
		Address 231 RAILROAD ST APT 105 ROCK SPRINGS, WI 53961 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment		On Duty Crash		Safety Equipment	
01	002	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	RESTRAINT USE UNKNOWN			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE	
		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	

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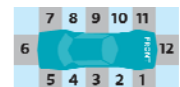
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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
			Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
			Drug Type			
			Individual Condition NOT OBSERVED			
	01	Violations				
		UTC Number BM654028	Issue To? 001	Statute Number 346.67(1)	Description HIT AND RUN	

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 4	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 3	
		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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO					

UNIT	02	Vehicle				
		License Plate Number GLP652		Plate Type LTK	St MN	Country of Issuance UNITED STATES
		Vehicle Identification Number JTEAAAAH4MJ032148		Make TOYT	Year 2021	Model VENZA
		Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 06 - REAR		Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
		Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name YEVGENIY KHARAM (651) 335-4514		Owner Address 315 HARBOR LN N PLYMOUTH, MN 55447 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02				
03				
04				
UNIT	Policy Holder			
	Insurance Company AMERICAN-SELECT-INS-CO		INDIVIDUAL YEVGENIY KHARAM	
	Individual			
	DRIVER YEVGENIY KHARAM (651) 335-4514		Citations Issued 0	Sex MALE
UNIT	Date of Birth		Race AMERICAN INDIAN OR ALASKAN NATIVE	
	Address 315 HARBOR LN N PLYMOUTH, MN 55447 , US		Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES	
02	Safety Equipment		On Duty Crash	
	Safety Equipment			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
003	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 #
02	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
02	003	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					
02	004	Individual Condition APPEARED NORMAL					
		Individual					
		PASSENGER ALEKSANDRA KHARAM (763) 898-7002			Citations Issued 0	Sex FEMALE	
		Date of Birth			Race		
02	004	Address 315 HARBOR LN N PLYMOUTH, MN 55447 , US			Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES		
		Safety Equipment			On Duty Crash		
		Row 01 - FRONT ROW			Seat Position 09 - RIGHT		
		Shoulder & Lap Belt SHOULDER & LAP BELT			Safety Equipment		
02	004	Helmet Use			Helmet Compliance		
		Eye Protection			Tint Compliance		
		Injury			Injury Severity NO APPARENT INJURY		
		Airbag NON DEPLOYED			Ejected NOT EJECTED		
02	004	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		
		Hospital			Date of Death		
		Time of Death			EMS Run #		
02	004	Distracted By					Distracted By Source
		Distracted By Action					
02	004	Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO				
02	004	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 ALICE KHARAM		Citations Issued 0	Sex FEMALE	
		Address 315 HARBOR LN N PLYMOUTH, MN 55447 , US		Date of Birth	Race	
		Driver License Number				
02	005	Safety Equipment		On Duty Crash		
		Row 02 - SECOND ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02	005	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 02	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			
		UNIT 02	INDIVIDUAL 006	PASSENGER GREGORY KHARAM	
				Date of Birth	Race
Address 315 HARBOR LN N PLYMOUTH, MN 55447 , US				Driver License Number	
Safety Equipment				On Duty Crash	
				Safety Equipment BOOSTER SEAT	
Row 02 - SECOND 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					

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 Given TEST NOT GIVEN	Drug Test Type	Drug Test Results			
		Drug Type					
		Individual Condition APPEARED NORMAL					
		02	006				