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25-12189

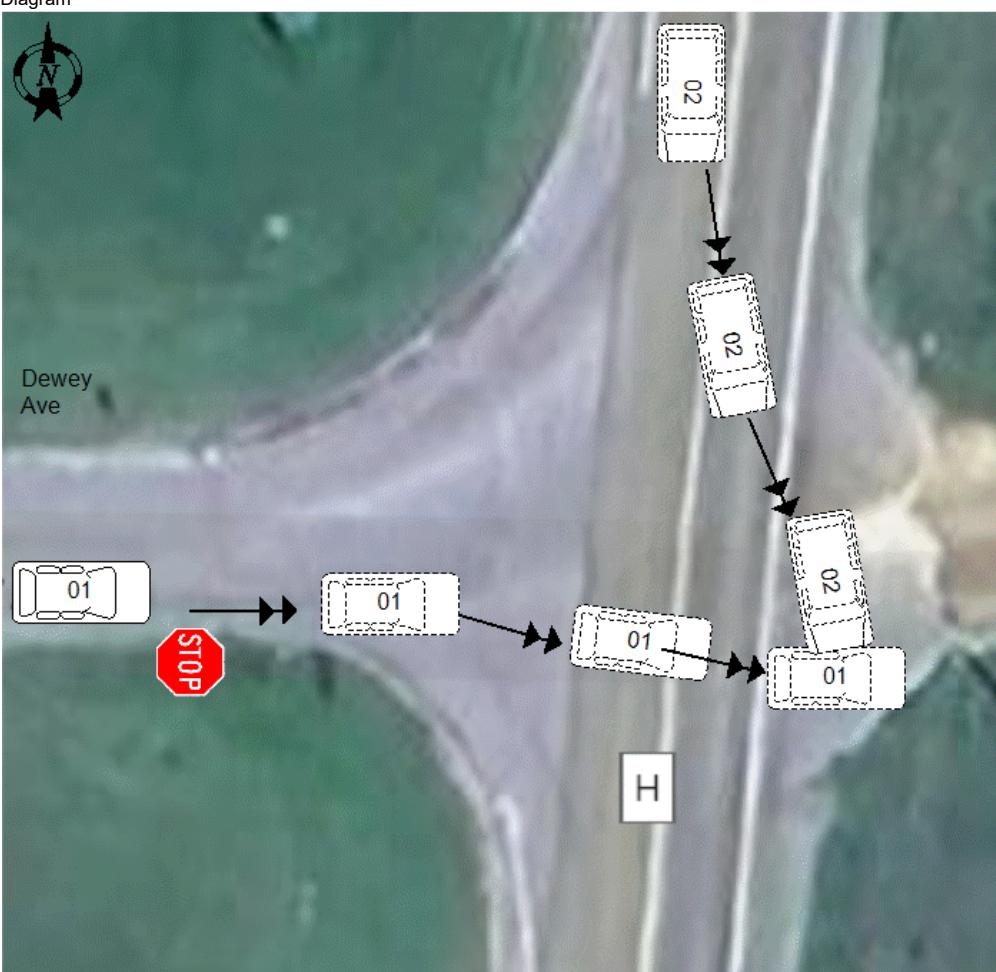
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 25-12189	Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 11/24/2025	Crash Time 07:32 AM	Date Arrived 11/24/2025	Time Arrived 07:48 AM	
Date Notified 11/24/2025	Time Notified 07:32 AM	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"/> 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 D KROLIKOWSKI
	Additional Information PHOTOS

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

UNIT 1 WAS STOPPED AT THE STOP SIGN ON DEWEY AVE PREPARING TO PROCEED ONTO CO RD H. AT THAT TIME, UNIT 2 WAS SOUTH BOUND ON CO RD H, APPROACHING THE INTERSECTION OF CO RD H AND DEWEY AVE. AT ONE POINT, UNIT 2 HAD THE RIGHT SIGNAL ACTIVATED, BUT CANCELED THE SIGNAL APPROXIMATELY 1/10 OF A MILE BEFORE THE INTERSECTION. THE DRIVER OF UNIT 1 PROCEEDED ONTO CO RD H AFTER SEEING THE SIGNAL. UNIT 2 CONTINUED SOUTH. BOTH UNITS ATTEMPTED TO AVOID A COLLISION BY MOVING TOWARD THE SOUTH EAST, BUT A COLLISION RESULTED.

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Location

INTERSECTION ON CTHH SB AT N DEWEY AVE IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.56222621	Longitude -89.9727519
	X Coordinate 259911.265625	Y Coordinate 4827546.5
	Structure Type NO STRUCTURE	

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)
Environment Factor(s) NONE	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 PARTIAL CONTROL
Special Study	
Within Interchange Area NO	Junction Location INTERSECTION
	Intersection Type T-INTERSECTION

Unit Summary

01 UNIT	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
	Insurance? YES	Direction Of Travel EASTBOUND	Total Trailers 0
		<input type="checkbox"/> Pre Crash Tire Mark	Total HazMat Types 0
			Speed Limit 45
	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		

Vehicle

01 UNIT 01 VEHICLE	License Plate Number AUJ9637	Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KMHL54AG5PU433855	Make HYUN	Year 2023	Model ELANTRA
	Color GRY - GRAY	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	09 - LEFT SIDE MIDDLE		

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UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE
	What Driver Was Doing ENTERING TRAFFIC LANE	Vehicle Factors NOT APPLICABLE	
VEHICLE	Driver Prior Action Other		
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
01	Owner Name JAMES DELORTA (708) 262-4858		Owner Address 128 THOMAS RD REEDSBURG, WI 53959 , US
	Sequence Of Events		
01	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company STATE-FARM-CLASSIC-INS-CO		INDIVIDUAL JAMES DELORTA
INDIVIDUAL	Individual		
	DRIVER JAMES DELORTA (708) 262-4858		Citations Issued 0 Sex MALE Date of Birth WHITE
01	Address 128 THOMAS RD REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment		Safety Equipment SHOULDER & LAP BELT
001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Use
	Eye Protection		Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-SIDE
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
Hospital		Date 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				

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 SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 LEVEL	
	Truck Bus or HazMat NO				
	Vehicle				
	License Plate Number AAU4877		Plate Type AUT	St WI	Country of Issuance UNITED STATES

UNIT 02 VEHICLE	Vehicle Identification Number KNDPUCAF5P7040230		Make KIA	Year 2023	Model SPORTAGE
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVE'S AUTO SERVICE		



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UNIT 02	VEHICLE 02	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE
		Driver Prior Action Other	
Driver Actions NO CONTRIBUTING ACTION			
02	02	Owner Name MACKENZIE REUTER (608) 415-3360	Owner Address 2210 MABEL CT REEDSBURG, WI 53959 , US
		Sequence Of Events	
01	Event MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
UNIT 02	Policy Holder		
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	INDIVIDUAL MACKENZIE REUTER	
INDIVIDUAL 02	DRIVER MACKENZIE REUTER (608) 415-3360	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address 2210 MABEL CT REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	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	
02	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT
	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		
	Non Motorist	Striking Unit #	Location

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UNIT	Prior Action			
	Action			
INDIVIDUAL 02 UNIT	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 PAISLEE M RUETER (608) 415-3360		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
Address 2210 MABEL CT REEDSBURG, WI 53959 , US		Driver License Number		
Safety Equipment	On Duty Crash EMT/FIRST-RESPONDER	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING		
Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Use		
Eye Protection		Tint Compliance		
02 003	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 INDIVIDUAL 02 003			
	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			