

6TL0F2KRF7

25-12020

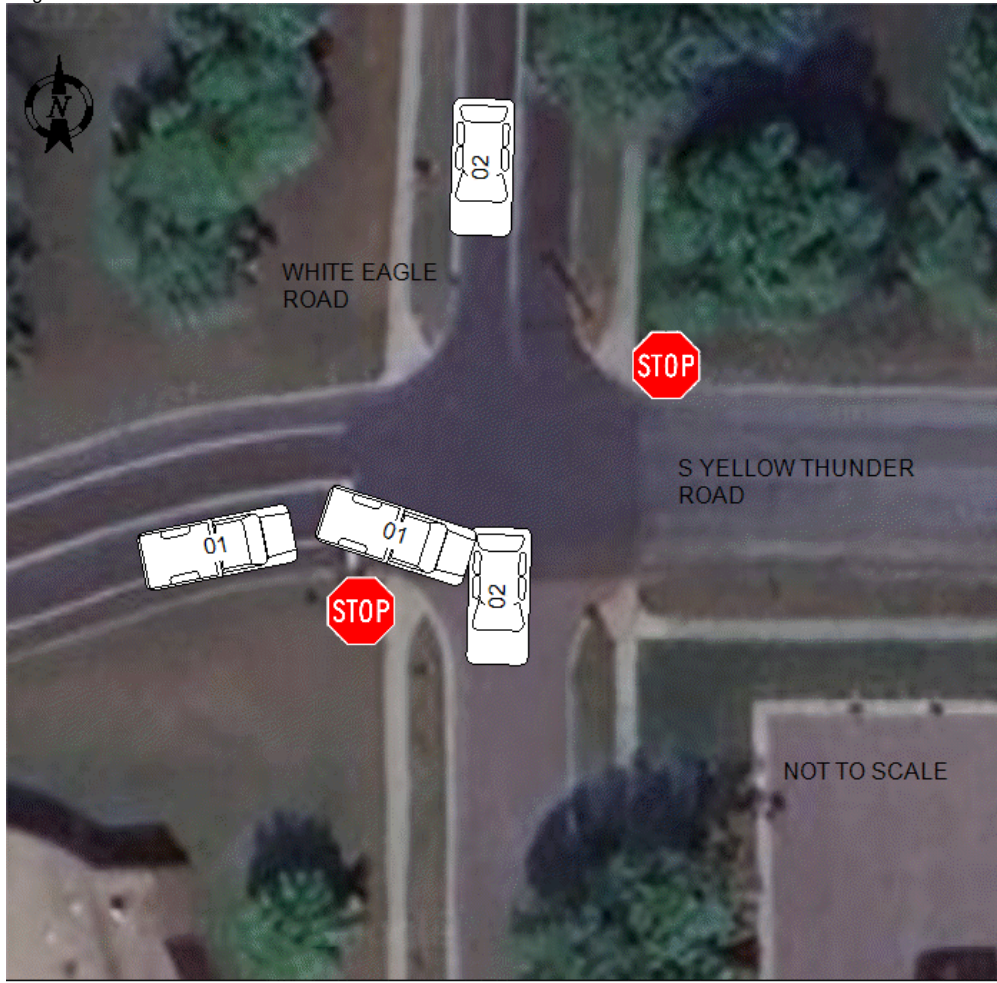
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>25-12020</b>		Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>11/19/2025</b>		Crash Time <b>08:30 AM</b>		Date Arrived <b>11/19/2025</b>		Time Arrived <b>08:44 AM</b>	
Date Notified <b>11/19/2025</b>		Time Notified <b>08:31 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 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

Diagram	Reconstruction By
	Photos By <b>I GALVAN</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 2 WAS TRAVELING SOUTHBOUND ON WHITE EAGLE ROAD APPROACHING S YELLOW THUNDER ROAD. UNIT 1 WAS STOPPED AT THE STOP SIGN ON S YELLOW THUNDER ROAD WANTING TO MAKE A RIGHT TURN. UNIT 1 LOOKED BUT DID NOT SEE UNIT 2 AND STRUCK HER VEHICLE. FUNCTIONAL DAMAGE TO BOTH UNITS. NO INJURIES REPORTED. BOTH UNITS REMOVED BY OWNER. OPERATOR OF UNIT 1 WAS ISSUED A CITATION FOR FAIL TO YIELD TO THE RIGHT OF WAY FROM A STOP SIGN.

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## Location

ON S YELLOWTHUNDER RD 65 FT W OF WHITE EAGLE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.54198269</b>	Longitude <b>-89.762040196</b>
	X Coordinate <b>276854.96875</b>	Y Coordinate <b>4824710.5</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>CLOUDY</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>FOUR-WAY INTERSECTION</b>	

## Unit Summary

UNIT 01	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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</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>STOP SIGN</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>SZ9407</b>		Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1C6SRFFT1KN536245</b>		Make <b>RAM</b>	Year <b>2019</b>	Model <b>1500</b>
	Color <b>DGR - GREEN, DARK</b>		Body Style <b>PK - PICKUP</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>12 - FRONT</b>		



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
		What Driver Was Doing <b>RIGHT TURN</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE</b>		
01	01	Owner Name <b>HOLLY STRACK (608) 844-9304</b>	Owner Address <b>423 COUNTY ROAD I OXFORD, WI 53952 , 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>ERIE-INS-CO</b>	INDIVIDUAL <b>HOLLY STRACK</b>	
01	001	<b>Individual</b>		
		DRIVER <b>HOLLY STRACK (608) 844-9304</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>423 COUNTY ROAD I OXFORD, WI 53952 , 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>NOT APPLICABLE (NOT DISTRACTED)</b>	
01	001	Distracted By Action <b>NOT DISTRACTED</b>		

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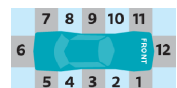
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UNIT INDIVIDUAL	01	001	<b>Non Motorist</b>		Striking Unit #	Location	
			Prior Action				
			Action				
	Action Other					To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <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>BK261094</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>		

## Unit Summary

UNIT 02	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>0</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 Crash Tire Mark</b>	Speed Limit <b>25</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>					

02	<b>Vehicle</b>				
	License Plate Number <b>ASV6157</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5XXGT4L37LG445003</b>		Make <b>KIA</b>	Year <b>2020</b>	Model <b>OPTIMA</b>
	Color <b>GRY - GRAY</b>		Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>04 - RIGHT SIDE REAR</b>				



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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>04 - RIGHT SIDE REAR</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>MARLENE GARRISON (608) 434-9644</b>	Owner Address <b>114 WHITLOCK ST APT 3 WISCONSIN DELLS, WI 53965 , 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>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>	INDIVIDUAL <b>MARLENE GARRISON</b>	
		<b>Individual</b>		
		DRIVER <b>MARLENE LOIS GARRISON (608) 434-9644</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
UNIT	INDIVIDUAL	Date of Birth	Race	
		Address <b>114 WHITLOCK ST APT 3 WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
UNIT	INDIVIDUAL	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
UNIT	INDIVIDUAL	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
		Hospital		Date of Death
				Time of Death

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CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT  
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UNIT INDIVIDUAL 02 002	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			
	<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>				