

6TL0F2KRFK

WISCONSIN MOTOR VEHICLE CRASH REPORT

**SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895**

25-13273

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Document Number Override		Primary Crash Document #	Agency Crash Number 25-13273	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 12/28/2025		Crash Time 12:35 PM	Date Arrived 12/28/2025	Time Arrived 12:41 PM	
Date Notified 12/28/2025		Time Notified 12:37 PM	Total Units 02	Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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

USH 12

USH 12

EXIT 92 OFF RAMP I90/94

NOT TO SCALE

Reconstruction By

Photos By
I GALVAN

Additional Information
PHOTOS

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

UNIT 2 WAS STOPPED FOR A RED TRAFFIC SIGNAL ON USH 12 BETWEEN FERN DELL ROAD AND I90/94. UNIT 1 WAS TRAVELING WESTBOUND. UNIT 1 OPERATOR STATED SHE LOOKED DOWN AT HER GPS AND WHEN SHE LOOKED UP IT WAS TOO LATE AND COULD NOT STOP DUE TO WEATHER CONDITIONS. UNIT 2 WAS ATTENTIVE AND SAW UNIT 1 APPROACHING QUICKLY AND TRIED TO MOVE OUT OF THE WAY. UNIT 1 STRUCK UNIT 2. POSSIBLE INJURIES TO OCCUPANTS OF UNIT 2. NO INJURY REPORTED FROM UNIT 1. UNIT 1 REMOVED BY PLATT'S GARAGE. UNIT 1 OPERATOR CITED FOR INATTENTIVE DRIVING.

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Location

ON USH12 WB 684 FT S OF IH90 SB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.567834929	Longitude -89.778352841
	X Coordinate 275633.03125	Y Coordinate 4827626
	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) WET	Roadway Factor(s)
Environment Factor(s) WEATHER CONDITIONS	ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)
Weather Condition(s) RAIN	
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-RELATED
Intersection Type T-INTERSECTION	
Closure Type LANE CLOSURE	Reasons for Closure
Date Initial Lane/Rd Closed 12/28/2025	Time Initial Lane/Rd Closed 12:41 PM
LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 12/28/2025	Time All Lanes Open 01:05 PM
Date Scene Cleared 12/28/2025	Time Scene Cleared 01:05 PM

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 1
			Total Trailers 0
	Insurance? YES	Direction Of Travel WESTBOUND	Total HazMat Types 0
		<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45
			Total Lanes 5
	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/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			

Vehicle

License Plate Number AWU6757	Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number JTDBT923881237367	Make TOYT	Year 2008	Model YARIS

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UNIT VEHICLE	Color BLU - BLUE		Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE		TOWED DUE TO DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions SPEED TOO FAST/COND, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
	Owner Name EMILIE L KAETHER (608) 369-4146		Owner Address N8041 7TH CT WESTFIELD, WI 53964 , US		
Sequence Of Events					
01 01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
Policy Holder					
UNIT INDIVIDUAL	Insurance Company USAA-CASUALTY-INS-CO		INDIVIDUAL EMILIE KAETHER		
	DRIVER EMILIE KAETHER (608) 369-4146		Citations Issued 1	Sex FEMALE	
			Date of Birth	Race WHITE	
	Address N8041 7TH CT WESTFIELD, WI 53964 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash		
Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT		
Helmet Use			Helmet Compliance		
Eye Protection			Tint Compliance		
01 001	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 #

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UNIT INDIVIDUAL	Hospital	Date of Death	Time of Death	
	Distracted By Distracted By Source HAND-HELD MOBILE PHONE			
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)			
	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				
Violations				
01	UTC Number BK261103	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR			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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 5
	Most Harmful Event: Collision With STRUCK BY FALLING, SHIFTING CARGO OR ANYT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/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				
	Vehicle				
	License Plate Number TESKE4		Plate Type AUT	St IL	Country of Issuance UNITED STATES

02

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02 UNIT VEHICLE	Vehicle Identification Number 3VV8X7B24RM089380	Make VOLK	Year 2024	Model TAOS		
	Color BLU - BLUE	Body Style 4D - 4DR	Bus Use			
	Initial Contact Point 06 - REAR	Vehicle Damage				
	Extent Of Damage FUNCTIONAL DAMAGE	05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER				
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER				
	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors				
	Driver Prior Action Other	NOT APPLICABLE				
	Driver Actions NO CONTRIBUTING ACTION					
02 02 UNIT VEHICLE	Owner Name MINDY TESKE (815) 441-5972	Owner Address 1309 W 2ND ST ROCK FALLS, IL 61071 , US				
	Sequence Of Events					
01 02 03 04 UNIT	Event MOTOR VEH IN TRANSPORT					
	Event					
	Event					
	Event					
01 02 03 04 UNIT INDIVIDUAL	Policy Holder					
	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	INDIVIDUAL MINDY TESKE				
01 02 03 04 UNIT INDIVIDUAL	Individual					
	DRIVER MINDY TESKE (815) 441-5972	Citations Issued 0	Sex FEMALE			
		Date of Birth	Race			
Address 1309 W 2ND ST ROCK FALLS, IL 61071 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES					
01 02 03 04 UNIT INDIVIDUAL	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 02 03 04 UNIT INDIVIDUAL	Injury	Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED			
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED	

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UNIT INDIVIDUAL	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		
	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					
Individual					
PASSENGER JOSEPH TESKE (815) 441-5973		Citations Issued 0	Sex MALE		
		Date of Birth	Race		
Address 1309 W 2ND ST ROCK FALLS, IL 61071 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
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 POSSIBLE 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 #		

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UNIT INDIVIDUAL 02 003	Hospital	Date of Death	Time of Death	
	Distracted By	Distracted By Source		
	Distracted By Action			
	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				