

6TL0F2KRFK

25-13273

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 25-13273		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	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) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
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

UNIT 01	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	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 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					
	01	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		
		Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE		
		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			
		Event MOTOR VEH IN TRANSPORT			
UNIT	VEHICLE	Event			
		Event			
		Event			
		Event			
		Event			
UNIT	VEHICLE	Policy Holder			
		Insurance Company USAA-CASUALTY-INS-CO	INDIVIDUAL EMILIE KAETHER		
		Individual			
		DRIVER EMILIE KAETHER (608) 369-4146	Citations Issued 1	Sex FEMALE	
		Date of Birth	Race WHITE		
UNIT	INDIVIDUAL	Address N8041 7TH CT WESTFIELD, WI 53964 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment			
		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use	Helmet Compliance		
UNIT	INDIVIDUAL	Eye Protection	Tint Compliance		
		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 Summary

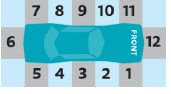
UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<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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UNIT VEHICLE	02	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 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
		Extent Of Damage FUNCTIONAL DAMAGE				
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
		What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors NOT APPLICABLE		
	Driver Prior Action Other					
UNIT VEHICLE	02	Driver Actions NO CONTRIBUTING ACTION				
	02	Owner Name MINDY TESKE (815) 441-5972		Owner Address 1309 W 2ND ST ROCK FALLS, IL 61071 , US		
UNIT	01	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
UNIT	001	Policy Holder				
	001	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO		INDIVIDUAL MINDY TESKE		
UNIT INDIVIDUAL	002	Individual				
	002	DRIVER MINDY TESKE (815) 441-5972		Citations Issued 0	Sex FEMALE	
	002	Date of Birth		Race		
	002	Address 1309 W 2ND ST ROCK FALLS, IL 61071 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
UNIT SAFETY EQUIPMENT	002	On Duty Crash		Safety Equipment		
	002	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	002	Helmet Use		Helmet Compliance		
	002	Eye Protection		Tint Compliance		
	002	Injury POSSIBLE INJURY		Airbag NON DEPLOYED		
	002	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						
UNIT INDIVIDUAL	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 SHOULDER & LAP BELT	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT			
	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						