

6TL0F51TM6

26-06413

# 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>26-06413</b>		Investigating Officer/Deputy <b>SERGEANT E. KNULL</b>	
Crash Date <b>06/19/2026</b>		Crash Time <b>02:19 PM</b>		Date Arrived <b>06/19/2026</b>		Time Arrived <b>02:25 PM</b>	
Date Notified <b>06/19/2026</b>		Time Notified <b>02:19 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <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
	Additional Information <b>NONE</b>

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

UNIT 2 WAS STOPPED AT THE YIELD SIGN AWAITING TRAFFIC CLEARANCE AND WAS STRUCK BY UNIT 1. UNIT 2 PULLED OVER AND UNIT 1 WENT AROUND AND LEFT THE SCENE. ONLY INFORMATION WAS RED FORD F150. NO OTHER INFORMATION AVAILABLE. NO INJURIES REPORTED UNIT 2 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED BY OPERATOR. UNIT 1 FLED THE SCENE AND WAS NOT LOCATED

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Location

INTERSECTION ON STH33 EB AT STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.514414019</b>	Longitude <b>-89.785525936</b>
	X Coordinate <b>274854.875</b>	Y Coordinate <b>4821712</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</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>CLEAR</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>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>ROUNDBOUT</b>

Unit Summary

UNIT 01	Unit Status <b>HIT AND RUN</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>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</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>ONE-WAY TRAFFIC</b>	Traffic Control <b>YIELD 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	<b>Vehicle</b>			
	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number	Make <b>FORD</b>	Year	Model <b>F150</b>
	Color <b>RED - RED</b>	Body Style <b>TK - TRUCK</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
	Extent Of Damage <b>VEHICLE NOT AT SCENE</b>	<b>16 - VEHICLE NOT AT SCENE</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>UNKNOWN</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>			
01 01	Owner Name		Owner Address	
			, ,	
<b>Sequence Of Events</b>				
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	DRIVER		Citations Issued <b>0</b>	Sex
			Date of Birth	Race
	Address		Driver License Number	
	, ,			
01 001	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source		
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location	

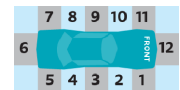
UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
	01	001	<b>Drug &amp; Alcohol</b>		
			Suspected Alcohol Use	Suspected Drug Use	
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition		
			<b>NOT OBSERVED</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>(SPORT) UTILITY VEHICLE</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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</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>ONE-WAY TRAFFIC</b>		Traffic Control <b>YIELD 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>				

**Vehicle**

UNIT	VEHICLE	02	02	License Plate Number <b>014544A81</b>	Plate Type <b>TMP</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>5NMP5DGLXRH010748</b>	Make <b>HYUN</b>	Year <b>2024</b>	Model <b>SANTA FE</b>
				Color <b>GRY - GRAY</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use
				Initial Contact Point <b>06 - REAR</b>	Vehicle Damage		
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>06 - REAR</b>		
				Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
				What Driver Was Doing <b>STOP IN TRAFFIC</b>			



WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02 02	Owner Name KAYLA RIDDELL (715) 212-5516		Owner Address 300 MOORE ST # 1 BARABOO, WI 53913 , US	
	<b>Sequence Of Events</b>			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company THE-GENERAL-AUTOMOBILE-INS-CO-INC		INDIVIDUAL KAYLA RIDDELL	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER KAYLA RIDDELL (715) 212-5516		Citations Issued 0	Sex FEMALE
	Address 300 MOORE ST # 1 BARABOO, WI 53913 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 002	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	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	
<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
<b>Non Motorist</b>		Striking Unit #	Location	

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	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>02</b>	<b>002</b>			