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26-09290

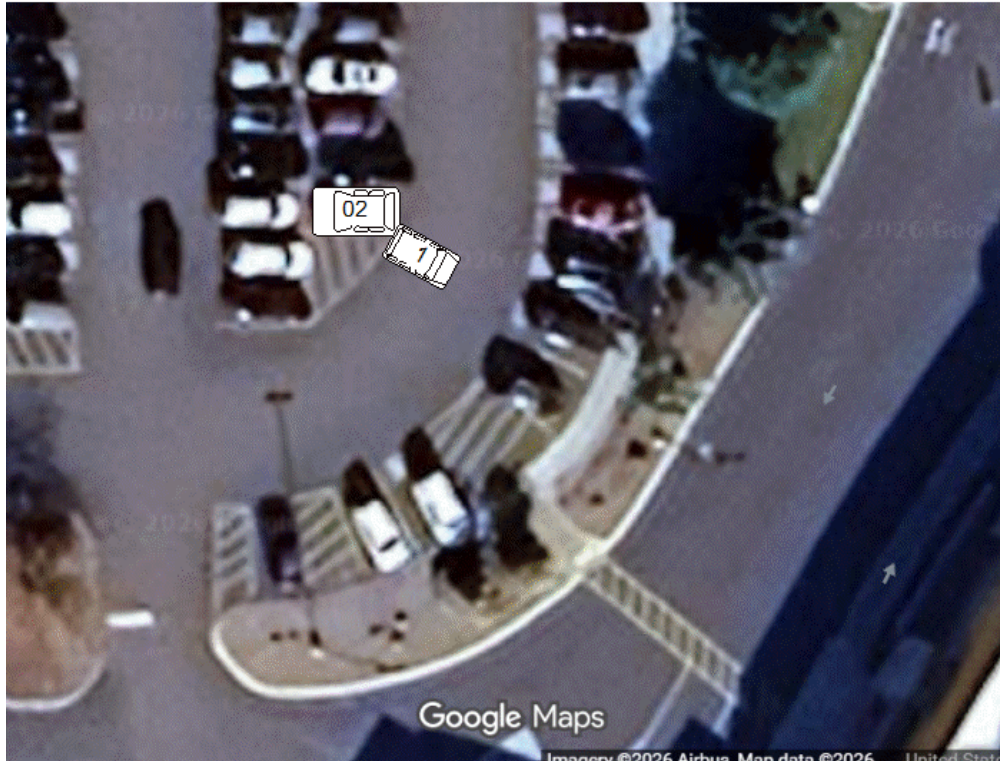
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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               |                                           | Investigating Officer/Deputy<br><b>DEPUTY B. BRUNKEN</b> |                                              |
| Crash Date<br><b>08/25/2026</b>                |                                                 | Crash Time<br><b>11:42 PM</b>                     |                                    | Date Arrived<br><b>08/31/2026</b> |                                           | Time Arrived<br><b>01:51 AM</b>                          |                                              |
| Date Notified<br><b>08/31/2026</b>             |                                                 | Time Notified<br><b>01:51 AM</b>                  |                                    | Total Units<br><b>02</b>          |                                           | Total Injured<br><b>00</b>                               | Total Killed<br><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<br><b>NO</b>   |                                           | Tags                                                     |                                              |
| <input checked="" type="checkbox"/> Reportable |                                                 | Crash Type<br><b>PRIVATE PROPERTY/PARKING LOT</b> |                                    |                                   |                                           | <input type="checkbox"/> Amended                         | <input type="checkbox"/> Secondary Crash     |

Description

|                                                                                                                                                                                                              |  |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| Diagram<br>SC26-09290<br>08/25/2026<br>S3214 CTH BD, Baraboo (Ho-Chunk Casino)                                                                                                                               |  | Reconstruction By                                           |  |
| <br>Google Maps<br>Imagery ©2026 Airbus, Map data ©2026 United States                                                     |  | Photos By<br><b>DEPUTY BRUNKEN #9106</b>                    |  |
|                                                                                                                                                                                                              |  | Additional Information<br><b>PHOTOS, SURVEILLANCE VIDEO</b> |  |
| <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.                                                                            |  |                                                             |  |
| UNIT ONE PARKED IN PARKING LOT OF HO CHUNK CASINO. UNIT ONE BACKED INTO UNIT TWO THAT WAS PARKED WITHIN A PARKING STALL IN THE PARKING LOT. UNIT ONE THEN DROVE AWAY AND LEFT THE SCENE. END OF REPORT. 9106 |  |                                                             |  |

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## Location

|                                                                                                                                            |                                         |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|
| <b>PARKING LOT</b><br><b>CTHBD LOT S3214</b><br><b>(HOUSE/BUILDING S3214)</b><br><br><b>IN THE TOWN OF DELTON</b><br><b>IN SAUK COUNTY</b> | Latitude<br><b>43.529612964</b>         | Longitude<br><b>-89.777275896</b> |
|                                                                                                                                            | X Coordinate<br><b>275578.125</b>       | Y Coordinate<br><b>4823378</b>    |
|                                                                                                                                            | Structure Type<br><b>HOUSE/BUILDING</b> |                                   |

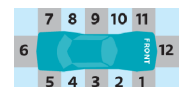
## Crash Scene

|                                                           |                                          |                                                                       |               |
|-----------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|---------------|
| First Harmful Event<br><b>PARKED MOTOR VEHICLE</b>        |                                          | First Harmful Event Location<br><b>OFF ROADWAY, LOCATION UNKNOWN</b>  |               |
| Manner of Collision<br><b>04 - REAR TO REAR</b>           |                                          | Light Condition<br><b>DARK/LIGHTED</b>                                |               |
| Road Surface Condition(s)<br><b>DRY</b>                   |                                          | Roadway Factor(s)<br><br><b>NONE</b>                                  |               |
| Environment Factor(s)<br><b>NONE</b>                      |                                          |                                                                       |               |
| Weather Condition(s)<br><b>CLEAR</b>                      |                                          |                                                                       |               |
| Animal Type                                               |                                          | Relation To Trafficway<br><b>NON TRAFFICWAY - PARKING LOT</b>         |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> |                                          | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land                                               |                                          | Access Control<br><b>NO CONTROL</b>                                   | Special Study |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>NON-JUNCTION</b> | Intersection Type<br><b>NOT AN INTERSECTION</b>                       |               |

## Unit Summary

|            |                                                                   |                                       |                                                       |                            |                                                       |  |
|------------|-------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------|----------------------------|-------------------------------------------------------|--|
| UNIT<br>01 | Unit Status<br><b>HIT AND RUN</b>                                 |                                       | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                        |  |
|            | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                    |                                       |                                                       |                            | Operating As Endorsements                             |  |
|            | Total Occs<br><b>1</b>                                            | Train/Bus # Recorded                  | Total # Citations Issued<br><b>1</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                        |  |
|            | Insurance?<br><b>YES</b>                                          | Direction Of Travel<br><b>UNKNOWN</b> | <input type="checkbox"/> <b>Pre CrashTire Mark</b>    | Speed Limit                | Total Lanes                                           |  |
|            | Most Harmful Event: Collision With<br><b>PARKED MOTOR VEHICLE</b> |                                       | Special Function<br><b>UNKNOWN</b>                    |                            | Emergency Motor Vehicle Use<br><b>UNKNOWN</b>         |  |
|            | Traffic Way<br><b>UNKNOWN</b>                                     |                                       | Traffic Control<br><b>UNKNOWN</b>                     |                            | Traffic Control Inoperative/Missing<br><b>UNKNOWN</b> |  |
|            | Surface Type<br><b>UNKNOWN</b>                                    |                                       | Road Curvature<br><b>UNKNOWN</b>                      |                            | Road Grade<br><b>UNKNOWN</b>                          |  |
|            | Truck Bus or HazMat<br><b>NO</b>                                  |                                       |                                                       |                            |                                                       |  |

|                       |                                                           |  |                                                 |                     |                                             |
|-----------------------|-----------------------------------------------------------|--|-------------------------------------------------|---------------------|---------------------------------------------|
| UNIT<br>01<br>VEHICLE | <b>Vehicle</b>                                            |  |                                                 |                     |                                             |
|                       | License Plate Number<br><b>SYLVSTR</b>                    |  | Plate Type<br><b>AUT</b>                        | St<br><b>IN</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                       | Vehicle Identification Number<br><b>KL79MSSL3MB168821</b> |  | Make<br><b>CHEV</b>                             | Year<br><b>2021</b> | Model<br><b>TRAILBLAZE</b>                  |
|                       | Color<br><b>BLK - BLACK</b>                               |  | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> |                     | Bus Use                                     |
|                       | Initial Contact Point<br><b>99 - UNKNOWN</b>              |  | Vehicle Damage                                  |                     |                                             |
|                       | Extent Of Damage<br><b>VEHICLE NOT AT SCENE</b>           |  | <b>16 - VEHICLE NOT AT SCENE</b>                |                     |                                             |



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(608) 356-4895

|                      |                                                                       |                                              |                                                                             |                                             |
|----------------------|-----------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------|
| UNIT<br>VEHICLE      | Towed Due To Damage<br><b>NOT TOWED</b>                               |                                              | Vehicle Removed By<br><b>OPERATOR</b>                                       |                                             |
|                      | What Driver Was Doing<br><b>BACKING</b>                               |                                              | Vehicle Factors<br><br><b>UNKNOWN</b>                                       |                                             |
|                      | Driver Prior Action Other                                             |                                              |                                                                             |                                             |
|                      | Driver Actions<br><b>UNKNOWN</b>                                      |                                              |                                                                             |                                             |
| 01                   | Owner Name<br><b>IISHA ALLEN</b>                                      |                                              | Owner Address<br><b>4425 CRITTENDEN AVE<br/>INDIANAPOLIS, IN 46205 , US</b> |                                             |
|                      | <b>Sequence Of Events</b>                                             |                                              |                                                                             |                                             |
| 01                   | 01                                                                    | Event<br><b>MOTOR VEH IN TRANSPORT</b>       |                                                                             |                                             |
|                      | 02                                                                    | Event<br><b>PARKED MOTOR VEHICLE</b>         |                                                                             |                                             |
|                      | 03                                                                    | Event                                        |                                                                             |                                             |
|                      | 04                                                                    | Event                                        |                                                                             |                                             |
| UNIT                 | <b>Policy Holder</b>                                                  |                                              |                                                                             |                                             |
|                      | Insurance Company<br><b>PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U</b>   |                                              | INDIVIDUAL<br><b>IISHA ALLEN</b>                                            |                                             |
| UNIT<br>INDIVIDUAL   | <b>Individual</b>                                                     |                                              |                                                                             |                                             |
|                      | DRIVER<br><b>IISHA ALLEN</b>                                          |                                              | Citations Issued<br><b>1</b>                                                | Sex<br><b>FEMALE</b>                        |
|                      |                                                                       |                                              | Date of Birth                                                               | Race                                        |
|                      | Address<br><b>4425 CRITTENDEN AVE<br/>INDIANAPOLIS, IN 46205 , US</b> |                                              | Driver License Number<br><b>STATE: INDIANA COUNTRY: UNITED STATES</b>       |                                             |
| 01                   | <b>Safety Equipment</b>                                               | On Duty Crash                                |                                                                             | Safety Equipment                            |
|                      |                                                                       | Row<br><b>01 - FRONT ROW</b>                 | Seat Position<br><b>07 - LEFT</b>                                           | <b>RESTRAINT USE UNKNOWN</b>                |
|                      | Helmet Use                                                            |                                              | Helmet Compliance                                                           |                                             |
|                      | Eye Protection                                                        |                                              | Tint Compliance                                                             |                                             |
|                      | <b>Injury</b>                                                         | Injury Severity<br><b>NO APPARENT INJURY</b> | Airbag<br><b>NOT APPLICABLE</b>                                             |                                             |
|                      |                                                                       | Ejected<br><b>NOT APPLICABLE</b>             | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                          | Trapped/Extricated<br><b>NOT APPLICABLE</b> |
|                      | Medical Transport<br><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                                                  |                                              |                                                                             |                                             |

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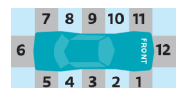
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|                    |                                             |     |                         |                                 |                                                      |          |  |                |
|--------------------|---------------------------------------------|-----|-------------------------|---------------------------------|------------------------------------------------------|----------|--|----------------|
| UNIT<br>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   |                                 | Suspected Drug Use                                   |          |  |                |
|                    | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |     | Alcohol Test Type       |                                 | Alcohol Test Results                                 |          |  |                |
|                    | Drug Test Given<br><b>TEST NOT GIVEN</b>    |     | Drug Test Type          |                                 | Drug Test Results                                    |          |  |                |
|                    | Drug Type                                   |     |                         |                                 |                                                      |          |  |                |
|                    | Individual Condition<br><b>NOT OBSERVED</b> |     |                         |                                 |                                                      |          |  |                |
|                    | <b>Violations</b>                           |     |                         |                                 |                                                      |          |  |                |
| 01                 | UTC Number<br><b>BP123216</b>               |     | Issue To?<br><b>001</b> | Statute Number<br><b>346.68</b> | Description<br><b>HIT AND RUN-UNATTENDED VEHICLE</b> |          |  |                |

## Unit Summary

|            |                                                                     |                                              |                                                       |                            |                                                      |  |
|------------|---------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|----------------------------|------------------------------------------------------|--|
| UNIT<br>02 | Unit Status<br><b>LEGALLY PARKED</b>                                |                                              | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|            | Vehicle Type<br><b>PASSENGER CAR</b>                                |                                              |                                                       |                            | Operating As Endorsements                            |  |
|            | Total Occs<br><b>0</b>                                              | Train/Bus # Recorded                         | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>YES</b>                                            | Direction Of Travel<br><b>NOT ON ROADWAY</b> | <input type="checkbox"/> <b>Pre Crash Tire Mark</b>   | Speed Limit<br><b>N/A</b>  | Total Lanes                                          |  |
|            | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |                                              | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|            | Traffic Way<br><b>PARKING LOT OR PRIVATE PROPERTY</b>               |                                              | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |                                              | Road Curvature<br><b>UNKNOWN</b>                      |                            | Road Grade<br><b>LEVEL</b>                           |  |
|            | Truck Bus or HazMat<br><b>NO</b>                                    |                                              |                                                       |                            |                                                      |  |

|    |                                                           |  |                               |                     |                                             |
|----|-----------------------------------------------------------|--|-------------------------------|---------------------|---------------------------------------------|
| 02 | <b>Vehicle</b>                                            |  |                               |                     |                                             |
|    | License Plate Number<br><b>869VUE</b>                     |  | Plate Type<br><b>AUT</b>      | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|    | Vehicle Identification Number<br><b>5TDKK3DC7FS607981</b> |  | Make<br><b>TOYT</b>           | Year<br><b>2015</b> | Model<br><b>SIENNA LE</b>                   |
|    | Color<br><b>BLK - BLACK</b>                               |  | Body Style<br><b>VN - VAN</b> |                     | Bus Use                                     |
|    | Initial Contact Point<br><b>07 - LEFT REAR CORNER</b>     |  |                               |                     |                                             |



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|      |         |                                                                     |                                                                     |
|------|---------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| UNIT | VEHICLE | Vehicle Damage                                                      |                                                                     |
|      |         | Extent Of Damage<br><b>MINOR DAMAGE</b>                             | <b>07 - LEFT REAR CORNER</b>                                        |
|      |         | Towed Due To Damage<br><b>NOT TOWED</b>                             | Vehicle Removed By<br><b>OPERATOR</b>                               |
|      |         | What Driver Was Doing<br><b>LEGALLY PARKED</b>                      | Vehicle Factors                                                     |
| UNIT | VEHICLE | Driver Prior Action Other                                           | <b>NOT APPLICABLE</b>                                               |
|      |         | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                     |                                                                     |
|      |         | Owner Name<br><b>KRISTINA CHA-VANG</b>                              | Owner Address<br><b>6975 N 84TH ST<br/>MILWAUKEE, WI 53224 , US</b> |
|      |         | <b>Sequence Of Events</b>                                           |                                                                     |
| UNIT | VEHICLE | Event<br><b>MOTOR VEH IN TRANSPORT</b>                              |                                                                     |
|      |         | Event<br><b>PARKED MOTOR VEHICLE</b>                                |                                                                     |
|      |         | Event                                                               |                                                                     |
|      |         | Event                                                               |                                                                     |
| UNIT | VEHICLE | <b>Policy Holder</b>                                                |                                                                     |
|      |         | Insurance Company<br><b>PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U</b> | INDIVIDUAL<br><b>KRISTINA CHA-VANG</b>                              |