

# WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL0DRXHKS

Document Number Override		Primary Crash Document #	Agency Crash Number <b>24-13919</b>	Investigating Officer/Deputy <b>DEPUTY S. ELLICKSON</b>	
Crash Date <b>12/21/2024</b>		Crash Time <b>09:49 AM</b>	Date Arrived <b>12/21/2024</b>	Time Arrived <b>10:00 AM</b>	
Date Notified <b>12/21/2024</b>		Time Notified <b>09:49 AM</b>	Total Units <b>02</b>	Total Injured <b>01</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

<p>Diagram</p> <p>Not to Scale</p>	Reconstruction By
	Photos By
	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 CTH BD. UNIT 2 WAS TURNING LEFT INTO THE CASINO PARKING LOT. UNIT 1 WAS STOPPED AT THE STOP SIGN IN THE PARKING LOT. UNIT 1 WAS TAKING A LEFT TO GO SOUTHBOUND ON CTH BD. UNIT 1 PULLED OUT AND STRUCK UNIT 2 WHILE BOTH WERE TURNING LEFTS.

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

## Location

ON CTHBD 510 FT N OF COOP LN IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.526554927</b>	Longitude <b>-89.777942045</b>
	X Coordinate <b>275512.9375</b>	Y Coordinate <b>4823040</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>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>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	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>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"/> <b>Pre CrashTire 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>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>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>64734DS</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KNADH4A38B6943101</b>	Make <b>KIA</b>	Year <b>2011</b>	Model <b>RIO/LX/SX</b>
		Color <b>RED - RED</b>	Body Style <b>4D - 4DR</b>		Bus Use
	<b>VEHICLE</b>	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>11 - LEFT FRONT CORNER</b>		
Extent Of Damage <b>MINOR DAMAGE</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>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>			
01	Owner Name <b>ADAM OSTERMANN (608) 774-6435</b>		Owner Address <b>S7467 WESTERN AVE NORTH FREEDOM, WI 53951 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		INDIVIDUAL <b>ADAM OSTERMANN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>ADAM OSTERMANN (608) 774-6435</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>S7467 WESTERN AVE NORTH FREEDOM, WI 53951 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<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	
	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 #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<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	001	UTC Number <b>BJ679415</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>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements							
		Total Occs <b>2</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>			
		Insurance? <b>NO</b>		Direction Of Travel <b>SOUTHBOUND</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>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	02	<b>Vehicle</b>								
		License Plate Number <b>APL9281</b>			Plate Type <b>AUT</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>KNAFG528297250069</b>			Make <b>KIA</b>		Year <b>2009</b>	Model <b>RONDO</b>		
		Color <b>BRO - BROWN</b>			Body Style <b>SW - STATIONWAGON</b>			Bus Use		
		Initial Contact Point <b>08 - LEFT SIDE REAR</b>								



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>08 - LEFT SIDE REAR</b>
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name <b>CHELSEY MEDSKER (608) 844-7403</b>	Owner Address <b>3212 1ST LN OXFORD, WI 53952 , US</b>
	<b>Sequence Of Events</b>	
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	<b>Individual</b>	
	DRIVER <b>MARK MIKLE (608) 844-7403</b>	Citations Issued <b>0</b>
		Sex <b>MALE</b>
		Date of Birth Race <b>WHITE</b>
	Address <b>3212 1ST LN OXFORD, WI 53952 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT INDIVIDUAL	<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
	Eye Protection	Tint Compliance
UNIT INDIVIDUAL	<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
	Hospital	EMS Run #
	Date of Death	Time of Death
	<b>Distracted By</b>	
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	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>		
UNIT	<b>Individual</b>		
	PASSENGER <b>ADAENNA MIKLE</b> <b>(608) 917-7079</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth	Race <b>WHITE</b>	
	Address <b>3212 1ST LANE</b> <b>OXFORD, WI , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>	On Duty Crash <b>EMT/FIRST-RESPONDER</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	Helmet Compliance
	Helmet Use		Tint Compliance
	Eye Protection		Airbag <b>NON DEPLOYED</b>
	<b>Injury</b>	Injury Severity <b>POSSIBLE 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	
Hospital		EMS Run #	
Date of Death		Time of Death	
<b>Distracted By</b>	Distracted By Source		
Distracted By Action			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>02</b>	<b>003</b>	<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>			