

6TL0B7D6VF
21-10566

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 21-10566		Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 11/02/2021		Crash Time 11:20 PM		Date Arrived 11/02/2021		Time Arrived 11:38 PM	
Date Notified 11/02/2021		Time Notified 11:23 PM		Total Units 02		Total Injured 02	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram <p style="text-align: center;">Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information CRIMINAL INCIDENT

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

UNIT 2 WAS TRAVELING EASTBOUND ON STH 33 IN THE TOWNSHIP OF EXCELSIOR. UNIT 2 WAS REAR ENDED WHILE DRIVING 55 MPH BY UNIT 1. UNIT 2 PULLED OFF TO THE SIDE OF THE ROAD. UNIT 1 KEPT DRIVING AND NEVER STOPPED.

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Location

ON STH23 EB 218 FT W OF COPPER SPRINGS RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.532662957	Longitude -89.951040876
	X Coordinate 261548.171875	Y Coordinate 4824200.5
	Structure Type NO STRUCTURE	

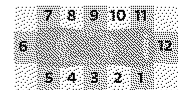
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER VAN	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 6	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO				

UNIT 01	Vehicle			
	License Plate Number CT42478	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 5FNRL38285B020771	Make HONDA	Year 2005	Model VAN
	Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 12 - FRONT	Vehicle Damage 12 - FRONT		
Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing		Vehicle Factors	
	Driver Prior Action Other		UNKNOWN	
	Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL			
01 01	Owner Name CHANDRA E DAEHLER (608) 931-5823		Owner Address 712 S PRESTON AVE #203 REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver ZACHARY JAMES WAKENIGHT (608) 931-5823		Citations Issued 6	Sex MALE
	Address 712 S PRESTON AVE #203 REEDSBURG, WI 53959 , US		Date of Birth [REDACTED]	Race AMERICAN INDIAN OR ALASKAN NATIVE
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source UNKNOWN		
Distracted By Action		UNKNOWN		
Non Motorist		Striking Unit #	Location	

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UNIT INDIVIDUAL	Prior Action				
	Action				
	Action Other		To/From School		
	Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use		
	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 NOT OBSERVED				
	Violations				
	01	001	UTC Number BC938534	Issue To? 001	Statute Number 346.67(1)
02	001	UTC Number BC938535	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT
03	001	UTC Number BC938536	Issue To? 001	Statute Number 343.44(1)(b)	Description OPERATING WHILE REVOKED (REV DUE TO ALC/CONT SUBST/REFUSAL)
04	001	UTC Number BC938537	Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY
05	001	UTC Number BC938538	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL
06	001	UTC Number BC938539	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE

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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

Vehicle

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02	UNIT	License Plate Number AKW9344	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JTDJT923875081446	Make TOYOTA	Year 2007	Model YARIS
02	VEHICLE	Color RED - RED	Body Style HB - HATCHBACK	Bus Use	
		Initial Contact Point 06 - REAR	Vehicle Damage 06 - REAR		
02	VEHICLE	Extent Of Damage DISABLING DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE		
02	VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
02	UNIT	Driver Actions NO CONTRIBUTING ACTION			
		Owner Name KIARA MARIE MONTALVO FELICIANO (608) 383-9688	Owner Address S7559 US HIGHWAY 12 # J-12 NORTH FREEDOM, WI 53951 , US		

Sequence Of Events

02	UNIT	01	Event MOTOR VEH IN TRANSPORT
		02	Event
		03	Event
		04	Event

Policy Holder

02	UNIT	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual KIARA MARIE MONTALVO FELICIANO
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Individual

02	INDIVIDUAL	Driver KIARA MARIE MONTALVO FELICIANO (608) 383-9688	Citations Issued 0	Sex FEMALE
			Date of Birth [REDACTED]	Race HISPANIC
02	INDIVIDUAL	Address S7559 US HIGHWAY 12 # J-12 NORTH FREEDOM, WI 53951 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	

Safety Equipment

02	002	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 07 - LEFT
02	002	Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
02	002	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED

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UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run # 212190
	Hospital REEDSBURG AREA MED CTR	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 TISHA DAINYSH CORDEROMUNIZ (608) 383-9688	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race
	Address S7559 USH 12 # J12 NORTH FREEDOM, WI 53951 , US	Driver License Number [REDACTED] STATE: WISCONSIN 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	
UNIT INDIVIDUAL	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED

