

6TL0C22XWS  
SC22-00677

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0C22XWS

Document Number Override		Primary Crash Document#		Agency Crash Number <b>SC22-0677</b>		Investigating Officer/Deputy <b>DEPUTY A. WILCOX</b>	
Crash Date <b>01/22/2022</b>		Crash Time <b>05:30 PM</b>		Date Arrived <b>01/22/2022</b>		Time Arrived <b>05:59 PM</b>	
Date Notified <b>01/22/2022</b>		Time Notified <b>05:38 PM</b>		Total Units <b>02</b>		Total Injured <b>00</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>Big Hollow Road</p> <p>US HY 14</p> <p>Point of impact</p> <p>Not to Scale</p>	Reconstruction By
	Photos By <b>DEPUTY A. WILCOX</b>
	Additional Information <b>PHOTOS</b>

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

ON 01/22/2022 AT APPROXIMATELY 5:36 PM UNIT 1 OPERATOR HARLAN L. ALT (M/W) 08/06/1939 WAS TRAVELING SOUTHBOUND ON BIG HOLLOW ROAD. UNIT 1 OPERATOR FAILED TO STOP AT A STOP SIGN. UNIT 2 OPERATOR JOSE C. MORALES (M/H) 07/16/1961 WAS TRAVELING WESTBOUND ON ST HY 14 WHEN UNIT 2 STRUCK UNIT 1 LEFT REAR FENDER. UNIT 1 SPUN 180 DEGREES IN THE WESTBOUND LANE ON ST HY 14. UNIT 2 ENDED UP IN A SNOW BANK NEXT TO THE STOP SIGN ON BIG HOLLOW RD. UNIT 1 WAS TOWED BY WAGNER'S TOWING OUT OF RICHLAND CENTER, WI. HARLAN'S SON PICKED HIM UP. UNIT 2 OPERATOR REMOVED HIS OWN VEHICLE FROM SCENE. I PHOTOGRAPHED THE SCENE.

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Location

ON BIG HOLLOW RD 46 FT N OF USH14 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189927215	Longitude -90.113500179
	X Coordinate 246998.734375	Y Coordinate 4786613.5
	Structure Type NO STRUCTURE	

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>DARK/UNLIT</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>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	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>				

Vehicle

01 UNIT VEHICLE	License Plate Number <b>684NCR</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3GKALMEV4KL299168</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2019</b>	Model <b>TERRAIN</b>
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>08 - LEFT SIDE REAR</b>		



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By	
	What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>DISREGARDED STOP SIGN</b>			
01 01	Owner Name <b>HARLAN L ALT (608) 588-4868</b>		Owner Address <b>33500 US HWY 14 LONE ROCK, WI 53556 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event <b>LEFT TURN</b>			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>HARLAN ALT</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>HARLAN L ALT (608) 588-4868</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>33500 US HWY 14 LONE ROCK, WI 53556 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
			Driver License Number [REDACTED]	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
01 001	<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>DEPLOYED-COMBINATION</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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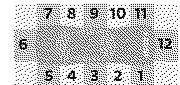
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test 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>BC946564</b>	Issue To? <b>001</b>	Statute Number <b>346.46(1)</b>	Description <b>FAIL/STOP AT 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>	
	Insurance? <b>YES</b>		Direction Of Travel <b>WESTBOUND</b>		Total Trailers <b>0</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Total HazMat Types <b>0</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Speed Limit <b>55</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Total Lanes <b>2</b>	
	Truck Bus or HazMat <b>NO</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Road Grade <b>LEVEL</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	

**Vehicle**

02 02	License Plate Number <b>726ZPE</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1GNDT13S052236923</b>		Make <b>CHEVROLET</b>	Year <b>2005</b>	Model <b>TRAILBLAZE</b>
	Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>				



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	11 - LEFT FRONT CORNER, 12 - FRONT
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name <b>JOSE CARMEN MORALES (608) 475-3282</b>	Owner Address <b>690 S IRA ST RICHLAND CENTER, WI 53581 , US</b>
	<b>Sequence Of Events</b>	
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT VEHICLE	<b>Policy Holder</b>	
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>JOSE MORALES</b>
	<b>Individual</b>	
	Driver <b>JOSE CARMEN MORALES (608) 475-3282</b>	Citations Issued <b>0</b>
UNIT INDIVIDUAL		Sex <b>MALE</b>
		Date of Birth [REDACTED]
		Race <b>HISPANIC</b>
	Address <b>690 S IRA ST RICHLAND CENTER, WI 53581 , US</b>	Driver License Number [REDACTED]
UNIT INDIVIDUAL	STATE: WISCONSIN COUNTRY: UNITED STATES	
	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
UNIT INDIVIDUAL	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use	
	Helmet Compliance	
	Eye Protection	
UNIT INDIVIDUAL	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>
UNIT INDIVIDUAL	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
	EMS Run#	
	Hospital	Date of Death
Time of Death		

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UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
		Distracted By Action NOT DISTRACTED	
		<b>Non Motorist</b>	Striking Unit # Location
		Prior Action	
		Action	
		Action Other	
		To/From School	
		<b>Drug &amp; Alcohol</b> 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	
02	002	Drug Type	
		Individual Condition APPEARED NORMAL	
		<b>Individual</b>	
		Passenger NUBIA A AYALA BARAHONA	Citations Issued 0 Sex FEMALE
			Date of Birth Race HISPANIC
		Address 690 S IRA ST RICHLAND CENTER, WI 53581 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
		<b>Safety Equipment</b> On Duty Crash Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT SHOULDER & LAP BELT
		Helmet Use Helmet Compliance	
		Eye Protection Tint Compliance	
02	003	<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	

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UNIT           INDIVIDUAL           02  003	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	Suspected Drug Use NO
	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>		