WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/21/2022

Crash Time 09:05 PM

	Document Number Override 6TL0D0GSJK	Primary Crash	Document #		9			ng Officer/Deputy G. AKERS		
T R	Crash Date 05/21/2022	Crash Time 09:05 PM		Date A 05/21		Time Arrived				
CZ7	Date Notified 05/21/2022	Time Notified 09:08 PM		Total U		Total Injured Total Killed 00 00		lled		
		t and Run	✓ Lane Clos	1		Trailer or Tow		Reporting		
eTL	Government Property	Active Sc	chool Zone	School NO	Bus Related	Tags				
w	✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASI	H)		Amend	Secondary Crash			
	Description									
	Unit 1 crosses swiping unit			03.00		0 20	Additional In NONE	formation		
	✓ I, a sworn law enforceme									
	UNIT 1 WAS TRAVELING WEST BO FOUND TO BE INTOXICATED AND INVESTIGATION AND CLEAN UP. E	CHARGED WITH	I DUI 1ST. NO INJU	JRIES FRO	OM THE ACCIDENT. SOU					

CORRECT SEQUENCE OF CRASH & THERE WERE NO INJURIES.

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

Location ON USH14 WB					Latitude			Longitud	de	
0.42 MI S					43.17516	622		-90.049	923183	
OF RAINBOW RD IN THE TOWN OF SPR	ING GREEN				X Coordin 252105.5			Y Coord		
IN SAUK COUNTY					Structure	Type				
					NO STR					
Crash Scene First Harmful Event					First I I some	nful Event Lo				
MOTOR VEH IN TRAN	SDODT				ON ROA		cation			
Manner of Collision	JF OICI				Light Cond					
06 - SIDESWIPE/OPPO	SITE DIRECTION				DARK/U					
Road Surface Condition(s)					Roadway					
DRY					Í	()				
Environment Factor(s)										
NONE					NONE					
Weather Condition(s)					1					
CLOUDY										
Animal Type						o Trafficway				
Crook Classifier	tion.				TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
Crash Classification - Loca PUBLIC PROPERTY	uon						Jurisdiction SDICTION			
Tribal Land					Access Co				Special Study	
					NO CON	TROL				
Within Interchange Area					n Type				•	
NO NON-JUNCTION NO				NOT AN	INTERSE	CTION				
Closure Type				ons for Closu	ıre					
LANE CLOSURE			l	FNESS		OW TO: -				
Date Initial Lane/Rd Closed 05/21/2022	Time Initial Lane/Rd Close 09:13 PM	sed	LAW	ENFORCE	EMENT, T	OW TRUC	ĸ			
Date All Lanes Open	Time All Lanes Open		Data	Scene Clear	od	Tim	e Scene Cle	arad		
05/21/2022	10:03 PM			1/2022	eu		22 PM	areu		
	101001111		00/2	72022		1.0				
Unit Summary Unit Status		Veh	icle One	erating As Cl	assification		Unit Type			
IN TRANSIT			LASS				AUTOMO	BILE		
Vehicle Type		1					Operating A		ments	
PASSENGER CAR										
Total Occs	Train/Bus # Recorded		ıl # Cita	tions Issued		Total Traile	ers		:Mat Types	
1		3				0		0		
Insurance?	Direction Of Travel		Pre	CrashTire		Speed Lim	nit	Total Lan	es	
No.	WESTBOUND	L	cial Fur	Mark		55	Emergency	2 Motor Voh	iclo I Iso	
Most Harmful Event: Collis MOTOR VEH IN TRAN				IAL FUNC	TION		NOT APP			
Traffic Way		Traf	fic Cont	rol			Traffic Con	trol Inopera	tive/Missing	
TWO-WAY, NOT DIVID	ED		CONT				NO			
Surface Type			d Curva				Road Grad			
BLACKTOP (BITUMIN	OUS)	STF	RAIGH	T			HILLCRE	ST		
Truck Bus or HazMat										
Vehicle										
License Plate Number	er	Pla	te Type	:		St	Country of Is	ssuance		
AFW6263			- A.	TOMOBIL	_	WI	UNITED S	TATES		

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

Crash Date 05/21/2022

_		Vehicle Identification N	umber		Make		Year	Model			
5	01	KNAGE1232751104	488		KIA MOTORS CORF	PORAT	2007	OPTIMA			
		Color			Body Style			Bus Use			
		DBL - BLUE, DARK	7		SD - SEDAN						
		Initial Contact Point	•		Vehicle Damage						
_	L		OONED		· ·				7 8 9 10 11		
L N N	VEHICL	11 - LEFT FRONT C	CORNER		08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 -						
5	H	Extent Of Damage									
	VE	DISABLING DAMAG	GE		FRONT						
		Towed Due To Damage	е		Vehicle Removed By						
		TOWED DUE TO D	ISABLING	DAMAGE	GEORGES AUTO B	ODY					
		What Driver Was Doing			Vehicle Factors						
		GOING STRAIGHT	9								
					NOT APPLICABLE						
		Driver Prior Action Other	er		ITOT ALL LIOADEL						
		Driver Actions									
	Щ										
니	VEHICL										
LNO	Ŧ										
⊃	亩										
	>										
		Owner Name			Owner Address						
_	1	ALFREDO GUZMAI	N RINCO	N	E3894 COUNTY						
6	01	(608) 370-4262			SPRING GREEN, WI 53588 , US						
		015									
	3	Sequence Of Ev	ents								
	01	Event	NE								
	0	CROSS CENTERLI	NE								
	7	Event									
	02	MOTOR VEH IN TR	ANSPOR	Т							
		Event									
	03	2.0									
		Ft									
	04	Event									
		Individual									
		Driver			Citations Issued	Sex					
		ALFREDO GUZMAI	N RINCO	N	3	MAL	F				
	AL	(608) 370-4262			Date of Birth	Race					
	DIVIDUA				Date of Birtin		PANIC				
	1						A1110				
ξ	2	Address			Driver License Number						
_		E3894 COUNTY RD			STATE: CHIAPAS COUNTRY:						
	Z	SPRING GREEN, W	VI 53588	, 05	MEXICO						
			On Duty Cr	ash	Safety Equipment						
	Sat	fety Equipment			Curoty Equipmont						
				1	0110111 DED 0 1 4	D DEL T					
		Row		Seat Position	SHOULDER & LA	BELL					
		01 - FRONT ROW		07 - LEFT							
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
		,									
		L	Injury Seve	rity	Airbag						
6	90	Iniury	NO ADD *	RENT INJURY	DEPLOYED-FROM	MT					
	<u> </u>				DEPLOTED-FROM	N I		Table 1/5 / 1 / 1			
		Ejected	'	ection Path				Trapped/Extricated			
		NOT EJECTED	N	OT EJECTED/NOT APP				NOT TRAPPED			
		Medical Transport			EMS Agency Identifie	er		EMS Run #			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier			1			

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Crash Date 05/21/2022

		Hospital				Date of Death		Time of De	Time of Death			
	,	Distracted By	Distrac	cted By Sourc	e							
		Distracted By	NOI	APPLICABI	LE (NOT DISTRAC	STED)						
		Distracted By Action NOT DISTRACTED)									
		Non Motorist	Striking	g Unit#	Location							
		Prior Action										
		Action										
	Ļ											
_	٩											
	INDIVIDUAL											
–	DI											
	Z											
		Action Other								To/From School		
	ı	Drug & Alcohol YES			Use	Suspected Drug Use						
	_	Alcohol Test Given	120		Alcohol Test Type	-		Alashal Ta	at Basulta			
		TEST GIVEN			BLOOD	•			Alcohol Test Results PENDING			
		Drug Test Given					Drug Test Re					
		TEST NOT GIVEN										
5	001	Drug Type										
_	0											
		Individual Condition										
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL										
		ONDER THE INI E	OLIVO	L OI MILDI	OATIONO/DIGOC	ALGONGE						
	,	Violations										
	01	UTC Number	Issue 001		atute Number 6.63(1)(a)	Description OPERATING WHILE	UNDER TH	F INFLUENCE				
	0	BG023901 UTC Number	Issue		atute Number	Description						
	02	BG023902	001		6.05(1)	OPERATING LEFT O	F CENTER					
	03	UTC Number	Issue		atute Number 3.05(3)(a)	Description OPERATE W/O VALI	DLICENSE	(1ST VIOLATI	ON)			
		BG023904	001	04	5.05(5)(a)	OF ERATE W/O VAL	D LIOLITOL	(101 VIOLATI	O11)			
		t Summary Status				ehicle Operating As Classit	fication	LII 11 T				
		RANSIT				CLASS	iication	Unit Type AUTOMO	BILF			
		cle Type				<u> </u>			As Endorsem	ents		
05		SENGER CAR										
	Tota	Occs	Т	Train/Bus # Re	ecorded To	otal # Citations Issued	Total	Trailers	Total Hazl	lat Types		
	5				0		0		0			
_	Insu	ance?		Direction Of T	_	Pre CrashTire		d Limit	Total Lane	S		
LNO		Harmful Event: Collision		EASTBOUN		Mark pecial Function	55	Emergency	/ Motor Vehic	le Use		
5		TOR VEH IN TRANS				O SPECIAL FUNCTIO	N		LICABLE			
	Traff	ic Way			Tı	raffic Control		Traffic Cor	trol Inoperati	ve/Missing		
		D-WAY, NOT DIVID	ED		N	O CONTROL		NO				
		асе Туре				oad Curvature		Road Grad				
		CKTOP (BITUMING	JUS)		s	TRAIGHT		HILLCRE	ST			
	NO	V DAS OI LIASINISI										

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Crash Date 05/21/2022

	,	Vehicle								
		License Plate Number		Plate Type	St	Country of Issuance				
		AEP6011		AUT - AUTOMOBILE	WI	UNITED STATES				
02	~	Vehicle Identification Number		Make	Year	Model				
0	05	1C4RJFBT1HC759362		JEEP	2017	GRAND CHER				
		Color		Body Style		Bus Use				
		WHI - WHITE		UT - SPORT UTILITY \	/EHICLE					
_	쁘	Initial Contact Point		Vehicle Damage			7 8 9 10 11			
LNO	<u>≅</u>	10 - LEFT SIDE FRONT		08 - LEFT SIDE REAR	, 09 - LEFT SIC	E MIDDLE, 10 -	6 5 12			
5	VEHICL	Extent Of Damage DISABLING DAMAGE		LEFT SIDE FRONT			5 4 3 2 1			
	>	Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING	DAMAGE	Vehicle Removed By GEORGES AUTO BODY						
		What Driver Was Doing)	Vehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	Щ	NO CONTRIBUTING ACTION	· ·							
LIND	<u>ਹ</u>									
5	VEHICLE									
	>									
		Owner Name		Owner Address						
		AMY PETERSON		101 MEADOW ST						
07	02	(608) 225-3661		ARENA, WI 53503	, US					
	;	Sequence Of Events								
		Event								
	5	CROSS CENTERLINE								
	02	Event MOTOR VEH IN TRANSPOR	т							
	J									
	03	Event								
		Event								
	9									
_		Policy Holder								
LNO		Insurance Company		Individual						
\supset		IMT-INS-CO		AMY PETERSON						
	1	Individual								
		Driver		Citations Issued	Sex					
		JORJA PAILING		0	FEMALE					
	INDINIDUAL			Date of Birth	Race					
╘	₫				WHITE					
	\leq	Address 101 MEADOW ST		Driver License Number						
	Ξ	ARENA, WI 53503 , US		STATE: WISCONSIN	I COUNTRY: UI	NITED STATES				
		On Duty Cr	ash	Safety Equipment						
	Sat	fety Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Evo Protoction								
		Eye Protection		Tint Compliance						

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~	Ŋ		Injury Sever	ity	Airbag					
05	005	Injury	NO APPA	RENT INJURY	NON DEPLOYED					
		Ejected	Eje	ection Path	1		Trapped/Extricated			
		NOT EJECTED	NO	OT EJECTED/NOT APPI	LICABLE		NOT TRAPPED			
		Medical Transport	<u>l</u>		EMS Agency Identifier EMS Run #					
		NOT TRANSPORT	ED							
		Hospital			Date of Death		Time of Death			
		Distracted Ry	Distracted B	By Source	CTED)					
			NOT APPI	LICABLE (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACTED)							
		Non Motorist	Striking Unit	t# Location						
		Prior Action		·						
		Action								
	A									
╘	2									
	=									
_	NDIVIDUAL									
	=									
		Action Other		To/From School						
	,	Device & Alachal	Suspected A	Alcohol Use	Suspected Drug Use					
	L	Orug & Alcohol	NO		NO					
		Alcohol Test Given		Alcohol Test Type	9		Alcohol Test Results			
		TEST NOT GIVEN		Drug Test Type		ID T 10 "				
		Drug Test Given TEST NOT GIVEN		Diag rest type		Drug Test Results				
02	002	Drug Type		I						
0	ŏ									
		Individual Condition								
		APPEARED NORMAL								
		APPEARED NORMAL								
		Individual			Citations Issued	Leov				
		Passenger ANDREW KOREN	CHAN		Citations Issued 0	Sex MALE				
	AL				Date of Birth	Race				
_	INDIVIDUAL				34.0 0. Dilai	WHITE				
	Ξ	Address			Driver License Number	1				
–	9	132 US HIGHWAY	14		STATE: MISCONOL	I COUNTRY: UNIT	TED STATES			
	=	ARENA, WI 53503	, 05		STATE: WISCONSIN COUNTRY: UNITED STATES					
			_							
	Sat	ety Equipment	On Duty Cra	ash	Safety Equipment					
					CHOILI DED 8 1 AD	DELT				
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP	DCLI				
	Helmet Use				Helmet Compliance					
					neimet Compilance					
		Eye Protection			Tint Compliance					
05	003	Initer	Injury Sever	ity	Airbag					
0	8 Injury NO APPARENT INJURY			NON DEPLOYED						

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

		Ejected	Ejection	Path			rapped/Extricated		
		NOT EJECTED	NOT E.	ECTED/NOT APPL	ICABLE		NOT TRAPPED		
		Medical Transport	•		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED	ס						
		Hospital			Date of Death		Time of Death		
		Distracted By	stracted By Sou	rce			<u> </u>		
		Distracted By Action							
		Non Motorist	riking Unit#	Location					
		Prior Action							
		Action							
LIND	INDIVIDUAL								
		Action Other						To/From School	
	L	Orug & Alcohol No	uspected Alcoho O	l Use	Suspected Drug Use NO				
		TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	I		
02	003	Drug Type				•			
		Individual Condition							
		APPEARED NORMAI	L						
		Individual							
		Passenger			Citations Issued	Sex			
	_	ANN KORENCHAN (608) 583-3012			0	FEMALE			
⊨	וסט	(000) 000 000			Date of Birth	Race WHITE			
LINO	INDIVIDUA	Address 132 US HIGHWAY 14 ARENA, WI 53503, U			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	ety Equipment	n Duty Crash		Safety Equipment				
		Row 02 - SECOND ROW		Position LEFT	SHOULDER & LAP BELT				
		Helmet Use	•		Helmet Compliance				
		Eye Protection			Tint Compliance				
02	004	Inj Injury M	ury Severity O APPARENT	INJURY	Airbag NON DEPLOYED				
		Ejected	Ejection		HOR DEFECTED		Trapped/Extricated		
		NOT EJECTED	NOT E.	ECTED/NOT APPL					

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		Medical Transport		EMS Agency Identi	fier	EMS Run #					
		NOT TRANSPORTED									
		Hospital		Date of Death		Time of Death					
		Distracted By Distracted B	By Source								
		Distracted By Action									
		Non Motorist Striking Uni	t# Location								
		Prior Action									
LINO	INDIVIDUAL	Action									
		Action Other					To/From School				
	L	Drug & Alcohol NO	Alcohol Use	Suspected Drug Us	se						
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test 1			Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN	Drug Test Typ	oe .	Drug Test Results	3					
05	004	Drug Type Individual Condition									
		APPEARED NORMAL									
		Individual									
		Passenger AMY PETERSON		Citations Issued 0	Sex FEMALE						
_	DUAL	(608) 225-3661		Date of Birth	Race WHITE	Race					
Ž	≥	Address		Driver License Num	Driver License Number						
ر	INDIVI	101 MEADOW ST ARENA, WI 53503 , US		STATE: WISCON	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Cr fety Equipment	ash	Safety Equipment	Safety Equipment						
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	SHOULDER & L	AP BELT						
		Helmet Use		Helmet Compliance)						
		Eye Protection		Tint Compliance							
05	900	Injury Seve NO APPA	RENT INJURY	Airbag NON DEPLOYEI	D						
		NOT EJECTED N	ection Path OT EJECTED/NOT A			Trapped/Extricated NOT TRAPPED					
		Medical Transport NOT TRANSPORTED		EMS Agency Identii	fier	EMS Run #					

Form DT4000

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		Hospital			Date of Death		Time of Death			
		LB: 4								
		Distracted By	acted By Sourc	9						
		Distracted By Action								
		Non Motorist	ng Unit#	Location						
		Prior Action								
		Action								
	_									
_	INDIVIDUAL									
LIND	ΔID									
_	וֹםוֹ									
	=									
		Action Other						To/From School		
		Susp	ected Alcohol U	Jse	Suspected Drug Use					
	L	Drug & Alcohol No		_	NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Results				
		TEST NOT GIVEN								
02	005	Drug Type								
		La dividual Caraditian								
		Individual Condition								
		APPEARED NORMAL								
		Individual								
		Passenger			Citations Issued Sex					
	٩L	KYLIE PAILING			O Deducat Diath	FEMALE				
_	חם				Date of Birth	WHITE	Race WHITE			
LIND	DIVIDUAL	Address			Driver License Number					
_		101 MEADOW ST ARENA, WI 53503 , US	;							
	Saf	On D	outy Crash		Safety Equipment					
	Sai		10.15		CHILD RESTRAIN	SVSTEM FORV	VARD EACING			
		Row 02 - SECOND ROW	Seat Po 09 - R I		CHILD RESTRAINT	3131EWI-FORV	VARD FACING			
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
05	900	Injury NO	/ Severity APPARENT I	NJURY	Airbag NON DEPLOYED					
					Trapped/Extricated					
		Ejected	Ejection Pa		ICABLE		1			
		NOT EJECTED		th CTED/NOT APPL			NOT TRAPPED			
					EMS Agency Identifier Date of Death		1			

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

Crash Date 05/21/2022

		Distracted By Dis	stracted By Source					
		Distracted By Action						
	,	Non Motorist Stri	iking Unit#	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	Z							
		Action Other						To/From School
	L	Orug & Alcohol NO	spected Alcohol Us	se	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		
05	900	Drug Type						
		Individual Condition						
		APPEARED NORMAL	-					