WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override		1 -		Agency Crash Number 22-06632		Investigating Officer/Deputy DEPUTY A. KING			
2	Crash Date 07/11/2022		Crash Time 09:05 PM		Date Arrived 07/11/2022		Time Arrived 09:14 PM			
2T5	Date Notified 07/11/2022		Time Notified 09:06 PM		Total Units 02		Total Injured 01	Total Killed 00		
66	On Emergency Hit an		and Run		re Work Zone		☐ Trailer or Towed			Reporting Threshold
6TL	Government Ac		Active Sc	e School Zone		l Bus Related	Tags			
	Crash Type DT4000 (STA		NDARD CRASH)			Amended			Secondary Crash	
	Description =									

Driveway to Bluffview

Oriveway to Bluffview

US Highway 12. 88 shound

Not to scale

Reconstruction By

Photos By
KING

Additional information

PHOTOS

Driveway to Badger
Ammunition

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

U1 WAS LEAVING BADGER AMMUNITION PLANT WHEN IT CROSSED THE WESTBOUND LANES OF HY12 AND ENTERED THE MEDIAN. U1 PROCEEDED THROUGH THE MEDIAN AND BEGAN CROSSING THE EASTBOUND LANES OF HY12. THE OPERATOR OF U1 DID NOT SEE THE VEHICLE UNTIL IT JUST BEFORE IMPACT. U1 STRUCK THE DRIVER REAR SIDE OF U2 U2 THEN SPUN FROM THE CRASH, LEAVING YAW MARKS IN THE ROADWAY, AND ENDED UP FACING NORTH IN THE EASTBOUND LANE OF TRAFFIC IN THE RIGHT HAND LANE. U1 THEN SPUN AND HAD A FINAL RESTING PLACE OF THE RIGHT HAND LANE OF EASTBOUND HY12, FACING NORTH. U1 HAD TWO OCCUPANTS IN THE VEHICLE AND WERE WEARING THEIR SEATBELTS. BOTH OCCUPANTS OF U1 DENIED INJURIES. U2 HAD ONE OCCUPANT IN THE VEHICLE AND HAD MINOR BACK PAIN. OPERATOR OF U2 WAS TRANSPORTED TO SAUK PRAIRIE HOSPITAL BY SAUK EMS. EVERETT'S TOWING REMOVED U2 AND U1 WAS REMOVED BY THE OWNER. OPERATOR OF U1 RECEIVED TWO CITATIONS.

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Crash Date 07/11/2022

Crash Time 09:05 PM

	Location —									
-{	ON NORTH RD					Latitude			Longitud	le
	4 FT W					43.372491928 -89.768673691			673691	
	OF USH12 EB					X Coordin	ate		Y Coord	inate
	IN THE TOWN OF SUMPT IN SAUK COUNTY	ER				275692.875 4805904			4	
	IN SAUN COUNT I					Structure 7	Type			
							. 71			
(Crash Scene									
Ī	First Harmful Event					FirstHarm	ıful Event Lo	cation		
	MOTOR VEH IN TRANSP	ORT				ON ROADWAY				
İ	Manner of Collision					Light Cond	dition			
	01 - ANGLE					DARK/U	NLIT			
Ì	Road Surface Condition(s)					Roadway	Factor(s)			
	DRY									
ŀ	Environment Factor(s)									
	NONE					NONE				
ŀ	Weather Condition(s)									
	CLEAR									
	Animal Type						o Trafficway			
	Crash Classification - Location						SWAY - ON			
	PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
	Tribal Land					Access Control Special Study PARTIAL CONTROL			Special Study	
ł	Within Interchange Area	Junction Location								
	YES				INTERSE	CTION				
	Closure Type LANE CLOSURE			Reasons for Closure						
-		T		1 414/	ENEODO	EMENT, TOW TRUCK, FIRE/EMS				
	Date Initial Lane/Rd Closed 07/11/2022	Time Initial Lane/Rd Closed 09:14 PM		LAVV	ENFORCE					
	Date All Lanes Open	Time All Lanes Open		Date Scene Cleared				e Scene Clea	ıred	
ļ	07/11/2022	09:59 PM		07/11/2022 09:59 PM						
_	Unit Summary \blacksquare		1.4.1			161 11		I		
	Unit Status				erating As C	assitication		UnitType		
	IN TRANSIT		D C	LASS				AUTOMOBILE		
	Vehicle Type PASSENGER CAR								Operating As Endorsements	
ł	Total Occs	Train/Bus#Recorded	Tota	Total#Citations Issued		Total Traile		ers	TotalHaz	Mat Types
	2		2			0			0	••
ł	Insurance?	Direction Of Travel		Pre	CrashTire			nit	TotalLane	es
	NO	WESTBOUND			Mark		N/A	0		
	Most Harmful Event: Collision MOTOR VEH IN TRANSPORT			cial Fun SPEC	ction	TION		Emergency NOT APPI		icle Use
ŀ	Traffic Way TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4 Surface Type			fic Cont	rol			Traffic Control Inoperative/Missing		tive/Missing
				P SIG	N			NO		
				d Curva				Road Grade		
ŀ	BLACKTOP (BITUMINOUS) Truck Bus or HazMat				STRAIGHT LEVEL					
_	NO									
	Vehicle		Lai	L. T.		T	C+ 1	Country of L	nuanca	
-00-00-00-00-00-00-00-00-00-00-00-00-00	License Plate Number AMN5006			te Type T - AU	TOMOBIL	E	St WI	Country of Issuance UNITED STATES		
-Confedended	Vehicle Identification Nu	mber	Ma				Year	Model		
•	ਙ wbaxg5C50CDx020	397	BM	W			2012	528		

UNIT

6TL092T5RZ

22-06632

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

Crash Date 07/11/2022

		Color		Body Style		Bus Use					
		GLD - GOLD		SD - SEDAN							
	tu:	Initial Contact Point		Vehicle Damage							
 -	VEHICLE	01 - RIGHT FRONT CORNE	.	70			7 8 9 10 11				
UNIT	≌.		-n	NA BICUTERON	TOORNER		5 12				
∃ į	Ť.	Extent Of Damage		01 - RIGHT FRON	CORNER		5 4 3 2 1				
	5	DISABLING DAMAGE					0.407.000.000 (1.507.000.000 to 0.507.000.000.000.000.000.000				
		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing		Vehicle Factors							
3		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions Control of the Contro									
	ш	FAILED TO YIELD RIGHT-OF-WAY									
 	100										
UNIT	¥										
)	VEHIC										
	>										
		OwnerName		Owner Address							
-	_	EZEQUIEL RAMOS ACEVE	:00	I	ONSIN ST # 108C						
9	5	(608) 617-6078		PORTAGE, WI 53901 , US							
		Seguence Of Events									
	1. EY.	Sequence Of Events Event									
	5	MOTOR VEH IN TRANSPO	RT								
		Event									
	62	_									
	03	Event									
	2	Event									
		Individual									
		Driver		Citations Issued	Sex						
		EZEQUIEL RAMOS ACEVE	:DO	2	MALE						
	4	(608) 617-6078		Date of Birth							
_	7			Date of Site	HISPANIC	⇔ SPANIC					
UNIT	NDIVIDUA	Address		Driver License Number							
5	5	\$7559 HY12 I15		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Z	NORTH FREEDOM, WI 539	151 , US								
		·									
	e.,	On Duty Crash ety Equipment		Safety Equipment							
	~										
		Row	Seat Position	SHOULDER & L	SHOULDER & LAP BELT						
		01 - FRONT ROW	07 - LEFT								
		HelmetUse		Helmet Compliance	9						
		Eye Protection		Tint Compliance							
-	Ξ	Injury Se	verity	Airbag							
9	ᇹ	Injury no app	PARENT INJURY	NON DEPLOYE	D						
			Ejection Path			Trapped/Extricated					
		,	NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED					
		Medical Transport		EMS Agency Ident	ifiar	EMS Run#					
		NOT TRANSPORTED		Ewo Agency ident	11154	LWO KUII#					
				D-11-1/D12-		<u></u>					
		Hospital		Date of Death		Time of Death					

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Crash Date 07/11/2022

		stracted By Source NKNOWN	9								
	Distracted By Action UNKNOWN										
	Non Motorist St	riking Unit#	Location								
	Prior Action										
	Action										
4											
5 🔮											
=											
	Action Other						To/From School				
			I	I Commente di Commenti de							
	Drug & Alcohol No	ispected Alcohol U O	JS 0	Suspected Drug Use NO							
	AlcoholTestGiven TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results					
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	S					
2 2											
0 2											
	Individual Condition										
	APPEARED NORMAL	-									
	Individual			Citations Issued							
	KEVIN YADIEL RODE	Passenger KEVIN YADIEL RODRIGUEZ OYOLA			Sex MALE						
UNIT NOVIDITA	(008) 844-0234			Date of Birth	Race HISPANIC						
	Address 1197 BUNKER DR # 2				Driver License Number						
2	BARABOO, WI 53913	BARABOO, WI 53913 , US			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Or	On Duty Crash			Safety Equipment						
S	afety Equipment										
	Row 01 - FRONT ROW	SeatPo 09 - Ri		SHOULDER & LAP BELT							
	HelmetUse			Helmet Compliance							
	Eye Protection			TintCompliance							
2 8	lnj	Injury Severity INJURY NO APPARENT INJURY			Airbag						
	Ejected	D APPARENT II Ejection Pa		NON DEPLOYED		Trapped/Extricated					
	NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL		A.Y	NOT TRAPPED EMS Run#					
	NOT TRANSPORTED)		EMS Agency Identific	<u></u>						
	Hospital			Date of Death		Time of Death					
	Distracted By Di	stracted By Source)			1					

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Crash Date 07/11/2022

		Distracted By Action											
			Striking Unit#	Location									
		Non Motorist											
		Prior Action											
		Action											
⊢	NDIVIDUA!												
UNIT	Ħ												
		Action Other						To/From School					
		,	C 4 Al-		I Commente d Dominitar								
		Drug & Alcohol	Suspected Alco	onoi Use	Suspected Drug Use NO								
		Alcohol Test Given		Alcohol Test T	Гуре		Alcohol Te	est Results					
		TEST NOT GIVEN Drug Test Given		Drug Test Typ	De .	Drug Test Res	sults						
		TEŠT NOT GIVEN											
5	005	Drug Type											
		Individual Condition											
		APPEARED NORMAL											
		Violations	18181818181818181818181	TRIBUSES SERVICES SERVICES SERVI			· KKKKKKKKKKKKK	រនសស់សំនាស់សំនាស់សំនាស់សំនាស់សំនាស់សំនាស់សំនាស់សំនាស់សំនាស់សំនាស់					
	0-1	UTC Number BB339025	Issue To?	Statute Number 346.06	Description FAILURE TO YIELI	D RIGHT OF W	AY						
	02	UTC Number BG114224	Issue To?	Statute Number 344.62(1)	Description OPERATE MOTOR	VEHICLE W/C	INSURANCE	į					
	Uni	t Summary =											
		Status FRANSIT			Vehicle Operating As Clase D CLASS	ssification	Unit Type TRUCK						
~		icle Type			DCLASS			As Endorsements					
02		LITY TRUCK/PICKU		#B	Total#Citations Issued TotalTra			T-4-111NA-4T					
	1	al Occs Train/Bus#i		# Recolded	Total # Citations Issued 0	0	ialiers	Total HazMat Types 0					
	Insu YES	rance?	Direction		Pre CrashTire	Speed 55	Limit	TotalLanes					
L N		• tHarmfulEvent: Collisio	EASTBO	DOND	Mark Special Function	ı	Emergeno	2 cy Motor Vehicle Use					
_		TOR VEH IN TRANS	PORT		NO SPECIAL FUNCTI	ON		NOT APPLICABLE					
		fic Way O-WAY, DIVIDED, UN	NPROTECTE	O (PAINTED > 4	Traffic Control NO CONTROL		NO NO	ntrol Inoperative/Missing					
	Surface Type 1				Road Curvature		1	Road Grade					
		ACKTOP (BITUMINC ck Bus or HazMat	<i>1</i> 00)		STRAIGHT		LEVEL						
	NO NO												
	NO												
		Vehicle											
			· · · · · · · · · · · · · · · · · · ·		Plate Type LTK - LIGHT TRUCK	St WI	Country of UNITED S						
02		Vehicle License Plate Number	Number			I	1 -	STATES					

6TL092T5RZ

22-06632

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	***************************************	Color	Body Style		Bus Use							
		GRY - GRAY	I .	PK - PICKUP								
		Initial Contact Point										
_			Vehicle Damage 7.8.9 10.11									
IN N	9	08 - LEFT SIDE REAR				6 12						
5	VEHICLE	Extent Of Damage	08 - LEFT SIDE RE	AR		5 4 8 2 1						
	5	DISABLING DAMAGE										
		Towed Due To Damage	,	Vehicle Removed By								
		TOWED DUE TO DISABLING	G DAMAGE	EVERETTS TOWIN	G							
		What Driver Was Doing	1	Vehicle Factors								
		GOING STRAIGHT										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions	L									
	ш	NO CONTRIBUTING ACTION	N									
—	VEHICLE											
UNIT	¥											
\neg												
				To to								
		OwnerName MATTHEW J BALLWEG		Owner Address								
07	8	(608) 393-9180		511 20TH ST PRAIRIE DU SAC, WI 53578 , US								
0		(000,000 0.00		TORRESE DE MAN TIL VOVI O , DE								
		Sequence Of Events										
		Event										
	5	MOTOR VEH IN TRANSPOR	R VEH IN TRANSPORT									
	8	Event										
Event												
	8											
		Event										
	8	EASHE										
=		Policy Holder										
INN		Insurance Company		Individual								
_		MOTORISTS-MUTUAL-INS-	co	MATTHEW BALL	_WEG							
		Individual										
		Driver		Citations sued Sex								
		MATTHEW JOHN BALLWEG	;	0	MALE							
	Z.	(608) 393-9180		Date of Birth	Race							
	DUAL			Date of Billin	WHITE							
늘		Addes		Driver License Number								
Š		Address 511 20TH ST		<u>Driver License Numb</u> er								
	Z	PRAIRIE DU SAC, WI 53578	, US	STATE: WISCONSIN COUNTRY: UNITED STATES								
	Ç.,	On Duty Cr fety Equipment	asn	Safety Equipment								
				<u> </u>								
		Row	Seat Position	SHOULDER & LA	AP BELT							
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Compliance		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
		Eye Protection		Tint Compliance								
05	8	Injury Seve	erity	Airbag								
0	8	Injury suspec	TED MINOR INJURY	NON DEPLOYED								
		Common common communication co	jection Path	1		Trapped/Extricated						
		NOT EJECTED N	OT EJECTED/NOT APP	LICABLE								
		Medical Transport		EMS Agency Identif	îer .	NOT TRAPPED EMS Run#						
		NOT TRANSPORTED										
	00515666666	9		1		1						

Crash Date 07/11/2022
Crash Time 09:05 PM

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Crash Date 07/11/2022

	Hospital		Date of Death		Time of Death						
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)											
	Distracted By Action NOT DISTRACTED										
	Non Motorist Striking Unit#	Location									
	Prior Action										
	Action										
_ 3											
UNIT											
Z											
	Action Other					To/From School					
			10 10								
	Drug & Alcohol NO	conoi Use	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							
8 8	Drug Type			•							
	Individual Condition										
	APPEARED NORMAL										