

6TL09XQZ49  
22-06849

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 22-06849	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 07/16/2022		Crash Time 11:53 AM	Date Arrived 07/16/2022	Time Arrived 11:59 AM	
Date Notified 07/16/2022		Time Notified 11:55 AM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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	Reconstruction By
	Photos By DEPUTY ISAAC GALVAN
	Additional Information PHOTOS

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

UNIT 1 WAITING TO TURN RIGHT ONTO EASTBOUND STH 33 NEAR W PINE ST. UNIT 2 TRAVELING EASTBOUND ON INSIDE LANE. UNIT 1 CONDUCTED A IMPROPER RIGHT TURN AND STRUCK UNIT 2. UNIT 2 DISABLED IN THE LANE OF TRAFFIC. UNIT 2 REMOVED BY CRAIGS TOWING. WITNESSES STATED UNIT 1 CONDUCTED A WIDE TURN PARTIALLY ENTERING THE INSIDE LANE STRIKING UNIT 2. UNIT 1 WAS ISSUED A CITATION FOR IMPROPER RIGHT TURN. NO INJURIES REPORTED. UNIT 1 REMOVED BY OPERATOR.

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## Location

ON STH33 EB 624 FT W OF STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474754618	Longitude -89.771260859
	X Coordinate 275861.15625	Y Coordinate 4817268.5
	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>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>CLOUDY</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>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK</b>	
Date Initial Lane/Rd Closed <b>07/16/2022</b>	Time Initial Lane/Rd Closed <b>11:59 AM</b>		
Date All Lanes Open <b>07/16/2022</b>	Time All Lanes Open <b>12:21 PM</b>	Date Scene Cleared <b>07/16/2022</b>	Time Scene Cleared <b>12:51 PM</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>4</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

<b>01</b>	License Plate Number <b>HB3061</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FTFX1EF0DKG20494</b>	Make <b>FORD</b>	Year <b>2013</b>	Model <b>F150</b>

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UNIT VEHICLE	Color <b>BLU - BLUE</b>	Body Style <b>PK - PICKUP</b>	Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage	
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>	
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>RIGHT TURN</b>	Vehicle Factors	
Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>LOOKED BUT DID NOT SEE</b>		
	Owner Name <b>LARRY J HOYT (608) 448-2348</b>	Owner Address <b>1125A SILVER DR # 201 BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>			
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>SCHWARZ INSURANCE CO</b>	Individual <b>LARRY HOYT</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>LARRY J HOYT (608) 448-2348</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>1125A SILVER DR # 201 BARABOO, WI 53913 , US</b>	Driver License Number [REDACTED] <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

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<b>UNIT INDIVIDUAL</b>	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>					
	<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>					
	UTC Number <b>AE757828</b>	Issue To? <b>001</b>	Statute Number <b>346.31(2)</b>	Description <b>IMPROPER RIGHT TURN</b>		

## Unit Summary

<b>UNIT 02</b>	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>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>4</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>					

<b>Vehicle</b>					
License Plate Number <b>208HFP</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>

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02	UNIT VEHICLE	Vehicle Identification Number <b>3C4PDDBG5CT397524</b>	Make <b>DODGE</b>	Year <b>2012</b>	Model <b>JOURNEY</b>	
		Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>	Bus Use		
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT</b>			
		Extent Of Damage <b>DISABLING DAMAGE</b>				
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>			
02	UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors			
		Driver Prior Action Other	<b>NOT APPLICABLE</b>			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
02	02	Owner Name <b>TELESFORD U DOMINGUEZ (608) 370-1314</b>	Owner Address <b>S7995 MAPLE PARK ROAD PRAIRIE DU SAC, WI 53578 , US</b>			
<b>Sequence Of Events</b>						
01	Event <b>MOTOR VEH IN TRANSPORT</b>					
02	Event					
03	Event					
04	Event					
02	UNIT	<b>Policy Holder</b>				
		Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>	Individual <b>TELESFORD DOMINGUEZ</b>			
02	UNIT INDIVIDUAL	<b>Individual</b>				
		Driver <b>TELESFORD U DOMINGUEZ (608) 370-1314</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth [REDACTED]	Race <b>HISPANIC</b>		
	Address <b>S7995 MAPLE PARK ROAD PRAIRIE DU SAC, WI 53578 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
02	UNIT	<b>Safety Equipment</b>		On Duty Crash		
		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		
02	002	Injury <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>		

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UNIT INDIVIDUAL	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>				
	<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 INDIVIDUAL	<b>Individual</b>				
	Passenger <b>GLORIA MENDEZ DE DOMINGUEZ</b> (608) 370-1314		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>S7995 MAPLE PARK ROAD</b> <b>PRAIRIE DU SAC, WI 53578 , US</b>		Date of Birth [REDACTED]	Race <b>HISPANIC</b>	
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash		
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		Row <b>01 - FRONT ROW</b>		
	Seat Position <b>09 - RIGHT</b>		Helmet Use		
	Helmet Compliance		Eye Protection		
	Tint Compliance		Injury Severity <b>NO APPARENT INJURY</b>		
UNIT INDIVIDUAL	<b>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#

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UNIT INDIVIDUAL           02 003	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b> Distracted By Source					
	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 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						

### Witness

WITN 01 ESS	Individual JEFFREY J STUMPF (608) 477-2763		Address 388 PARK AVE PRAIRIE DU SAC, WI 53578 , US		Date of Birth [REDACTED]

### Witness

WITN 02 ESS	Individual STEPHANIE S ZAPP (608) 963-5268		Address S7914 STONES POCKET ROAD NORTH FREEDOM, WI 53951 , US		Date of Birth [REDACTED]