

6TL0B8M800

22-08458

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 22-08458		Investigating Officer/Deputy SERGEANT T. CLAUSER	
Crash Date 08/26/2022		Crash Time 10:14 AM		Date Arrived 08/26/2022		Time Arrived 01:47 PM	
Date Notified 08/26/2022		Time Notified 01:34 PM		Total Units 02		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>USH 12 South lanes</p> <p>USH 12 North Lanes</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT ONE WAS TRAVELING SOUTH ON USH 12. UNIT TWO WAS TRAVELING SOUTH ON USH 12 AS WELL. UNIT TWO WAS TRAVELING IN THE RIGHT LANE AND ATTEMPTED TO CHANGE LANES TO THE LEFT LANE. UNIT TWO STRUCK UNIT ONE TWICE ON THE DRIVERS SIDE. UNIT ONE AND UNIT TWO BOTH HAD DAMAGE BUT WERE REMOVED BY OPERATORS. UNIT ONE DRIVER WAS COMPLAINING OF POSSIBLE INJURY AND WOULD BE GETTING CHECKED OUT AT A LATER TIME AT THE HOSPITAL. CITATION ISSUED TO UNIT TWO OPERATOR.

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Location

ON USH12 WB 0.43 MI N OF RAMP USH12 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.538784479	Longitude -89.786984765
	X Coordinate 274827.6875	Y Coordinate 4824422.5
	Structure Type NO STRUCTURE	

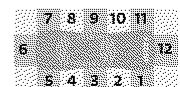
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
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 FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR			Operating As Endorsements	
	Total Occs 04	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 04
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE 01	Vehicle			
	License Plate Number AKB4841	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C3CCCCG9FN515495	Make CHRYSLER	Year 2015	Model 200
	Color BLK - BLACK	Body Style 4D - 4DR		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name NASTASIJA HRISTOVA		Owner Address 623 VINE ST # 104 WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
01	Individual			
	Driver ELIZABETH MARTINEZ ARIAS (608) 432-6955		Citations Issued 0	Sex FEMALE
	Address 610 COMMERCIAL AVE WISCONSIN DELLS, WI 53965 , US		Date of Birth [REDACTED]	Race HISPANIC
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01	Safety Equipment		On Duty Crash	
	Safety Equipment			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
01	Eye Protection		Tint Compliance	
	Injury		Injury Severity POSSIBLE 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 #
01	Hospital		Date of Death	Time of Death
	Distracted By			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
01	Non Motorist		Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO		
01	001	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
Drug Type				
Individual Condition				
APPEARED NORMAL				
UNIT	INDIVIDUAL	Individual		
		Passenger	Citations Issued	Sex
		LUIS A TEPETLA MARTINEZ (608) 432-6955	0	MALE
		Date of Birth	Race	
			HISPANIC	
Address		Driver License Number		
610 COMMERCIAL AVE WISCONSIN DELLS, WI 53965 , US				
01	002	Safety Equipment On Duty Crash		Safety Equipment
		Row	Seat Position	SHOULDER & LAP BELT
		01 - FRONT ROW	09 - RIGHT	
		Helmet Use	Helmet Compliance	
Eye Protection		Tint Compliance		
Injury Injury Severity		Airbag		
NO APPARENT INJURY		NON DEPLOYED		
Ejected	Ejection Path	Trapped/Extricated		
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
Medical Transport		EMS Agency Identifier	EMS Run #	
NOT TRANSPORTED				
Hospital		Date of Death	Time of Death	
Distracted By Distracted By Source				
Distracted By Action				
Non Motorist Striking Unit #		Location		
Prior Action				

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
01	002	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 CASSANDRA TEPETLA MARTINEZ (608) 432-6955	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race HISPANIC	
		Address 610 COMMERCIAL AVE WISCONSIN DELLS, WI 53965 , US	Driver License Number	
01	003	Safety Equipment On Duty Crash Safety Equipment		
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury 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
		Hospital		Time of Death
		Distracted By Distracted By Source		
		Distracted By Action		
		Non Motorist Striking Unit#	Location	
		Prior Action		

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UNIT	INDIVIDUAL	Action			
		Action Other			To/From School
01	003	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 JANET M TEPETLA MARTINEZ (608) 432-6955		Citations Issued 0	Sex FEMALE
				Date of Birth [REDACTED]	Race HISPANIC
		Address 610 COMMERCIAL AVE WISCONSIN DELLS, WI 53965 , US		Driver License Number	
		Safety Equipment		On Duty Crash	
01	004	Row 02 - SECOND ROW	Seat Position 09 - RIGHT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		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		
Distracted By		Distracted By Source			
Distracted By Action					
Non Motorist		Striking Unit #	Location		
Prior Action					

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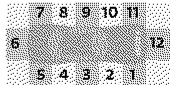
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UNIT 01	INDIVIDUAL 004	Action			
		Action Other			To/From School
		Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type Drug Test Results	
		Drug Type			
		Individual Condition APPEARED NORMAL			

Unit 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 01	Train/Bus # Recorded	Total # Citations Issued 01	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 04	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
Truck Bus or HazMat NO						

Vehicle

UNIT 02	VEHICLE 002	License Plate Number AFL5439		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2G1WB58K789268593		Make CHEVROLET	Year 2008	Model IMP	
		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use	
		Initial Contact Point 03 - RIGHT SIDE MIDDLE		Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR			
		Extent Of Damage FUNCTIONAL DAMAGE					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
		What Driver Was Doing CHANGING LANES		Vehicle Factors NOT APPLICABLE			
Driver Prior Action Other							

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UNIT	VEHICLE	Driver Actions FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, LOOKED BUT DID NOT SEE	
		Owner Name TODD P MURRAY (608) 477-2717	Owner Address 904 MOORE STREET #451 BARABOO, WI 53913 , US
UNIT	02	Sequence Of Events	
		Event MOTOR VEH IN TRANSPORT	
		Event	
		Event	
UNIT	02	Event	
		Event	
		Event	
		Event	
UNIT	04	Policy Holder	
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual TODD MURRAY
UNIT	INDIVIDUAL	Individual	
		Driver EMILEE E BETTACK MURRAY (608) 477-2717	Citations Issued 01
		Date of Birth [REDACTED]	Sex FEMALE
		Address 904 MOORE STREET #451 BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT	02	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 07 - LEFT
		Helmet Use	Helmet Compliance
UNIT	005	Eye Protection	
		Tint Compliance	
		Injury	
		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
UNIT	005	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		EMS Run #	
UNIT	005	Hospital	Date of Death
		Time of Death	
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
		Distracted By Action NOT DISTRACTED	
UNIT	005	Non Motorist	
		Striking Unit #	Location
UNIT	005	Prior Action	

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UNIT INDIVIDUAL	Action			
	Action Other			To/From School
02 005	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 NOT OBSERVED			
01	Violations			
	UTC Number BG115183	Issue To? 005	Statute Number 346.13(1)	Description UNSAFE LANE DEVIATION