## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Government Property Crash Type	Document Number Override	Primary Crash D	Primary Crash Document# Agency 22-084				Investigating Officer/Deputy SERGEANT T. CLAUER		
Reconstruction By    Crash Type   DT4000 (STANDARD CRASH)   Amended   Second Crash   Second Cras	Crash Date 08/26/2022								
Reconstruction By    Crash Type   DT4000 (STANDARD CRASH)   Amended   Second Crash   Second Cras	Date Notified 08/26/2022			1	nits	1 -	1		
Reportable DT4000 (STANDARD CRASH)  Description  Diagram  Reconstruction By  Reconstruction By  Additional Information NONE  USH 12 North Lanes  Additional Information NONE	On Emergency	Hit and Run	Lane Clos	ure	Work Zone	Traile	er or Tow	red	Reporting Threshold
Description  Diagram  Reconstruction By  Photos By  USH 12 North Lanes  Additional information NONE  USH 12 South lanes	Government Property	Active Sci	hool Zone	1	Bus Related	Tags			
Diagram    Photos By   Photos By	Reportable		NDARD CRASH	<del>l</del> )		Amen	ded	ř.	Secondary Crash
USH 12 North Lanes  Additional Information NONE  USH 12 South lanes	<del>-</del>								
USH 12 South lanes	2-03-0	1	ł					•	
	Φ		12		USH 12 Nor	th Lanes			ation
		USH 12 See	2;						
NOT TO SCALE		USH 12 SUL	nn idnes		,	·			
			NO:	t to so	CALE				
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 LAN	ld								

LATER TIME AT THE HOSPITAL. CITATION ISSUED TO UNIT TWO OPERATOR.

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Crash Date 08/26/2022

	Location ===								
•	ON USH12 WB			Latitude			Longitu	de	
	0.43 MI N			43.5387	84479		-89.78	3984765	
	OF RAMP USH12 WB IN THE TOWN OF DELT( IN SAUK COUNTY	ON		X Coordir 274827.			Y Coord 48244		
	IN SACK COOK!			Structure NO STR	Type UCTURE				
	Crash Scene			•					
1	First Harmful Event			F:	-£-15				
	MOTOR VEH IN TRANSI	OPT			FirstHarmfulEventLocation ON ROADWAY				
	Manner of Collision	OK I		LightCon					
	01 - ANGLE		DAYLIG						
	Road Surface Condition(s)			Roadway	Factor(s)				
	DRY								
	Environment Factor(s)								
	NONE			NONE					
	Weather Condition(s) CLEAR								
				5.10	···				
	Animal Type				To Trafficwa CWAY - O	•			
	Crash Classification - Location	n		Crash Cla	ssification -	Jurisdiction			
	PUBLIC PROPERTY		NO SPECIAL JURISDICTION						
	Tribal Land			Access C FULL C	ontrol ONTROL			Special Study	
	Within Interchange Area NO		tersection Type OT AN INTERSE	CTION					
ĺ	Unit Summary =								
	Unit Status		Vehicle Operati	ng As Classification	3	UnitType			
	IN TRANSIT D CLASS				AUTOMOBILE				
01	Vehicle Type		<u>'</u>			Operating A	s Endorse	ments	
0	PASSENGER CAR						<u> </u>		
	Total Occs 04	Train/Bus#Recorded	Total#Citations  0	sissued	d Total Traile  0		ilers Total HazMat Types 0		
	Insurance?	Direction Of Travel	Pre Cra	shTire	Speed Li			es	
Ш	NO	SOUTHBOUND	Ma Ma		65	04			
UNIT	Most Harmful Event: Collision MOTOR VEH IN TRANSI			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
			<b>I</b>			Traffic Control Inoperative/Missing			
	Traffic Way		Traffic Control			Traffic Con	trol Inopera	tive/Missing	
	DIVIDED HWY W/O TRAI	FFIC BARRIER	Traffic Control NO CONTRO	L		NO	,	ative/Missing	
	DIVIDED HWY W/O TRAI Surface Type	FFIC BARRIER	NO CONTRO Road Curvature			NO Road Grade	,	ative/Missing	
	DIVIDED HWY W/O TRAI Surface Type CONCRETE	FFIC BARRIER	NO CONTRO			NO	,	ative/Missing	
	DIVIDED HWY W/O TRAI Surface Type	FFIC BARRIER	NO CONTRO Road Curvature			NO Road Grade	,	ative/Missing	
	DIVIDED HWY W/O TRAI Surface Type CONCRETE Truck Bus or HazMat NO	FFIC BARRIER	NO CONTRO Road Curvature		SSASSSSA	NO Road Grade	,	ative/Missing	
	DIVIDED HWY W/O TRAI Surface Type CONCRETE Truck Bus or HazMat NO Vehicle	FFIC BARRIER	NO CONTRO Road Curvature STRAIGHT		T St	NO Road Grade		ative/Missing	
	DIVIDED HWY W/O TRAI Surface Type CONCRETE Truck Bus or HazMat NO	FFIC BARRIER	NO CONTRO Road Curvature		St   WI	NO Road Grade LEVEL	suance	ative/Missing	
	DIVIDED HWY W/O TRAI Surface Type CONCRETE Truck Bus or HazMat NO  Vehicle License Plate Number AKB4841 Vehicle Identification N		NO CONTRO Road Curvature STRAIGHT		1	NO Road Grade LEVEL Country of Is	suance	ative/Missing	
01	DIVIDED HWY W/O TRAI Surface Type CONCRETE Truck Bus or HazMat NO Vehicle License Plate Number AKB4841	umber	NO CONTRO Road Curvature STRAIGHT  Plate Type AUT - AUTO	MOBILE	WI	NO Road Grade LEVEL  Country of Is UNITED S	suance	ative/Missing	
01	DIVIDED HWY W/O TRAI Surface Type CONCRETE Truck Bus or HazMat NO  Vehicle License Plate Number AKB4841 Vehicle Identification N	umber	NO CONTRO Road Curvature STRAIGHT  Plate Type AUT - AUTO Make	MOBILE	WI Year	Road Grade LEVEL  Country of Is UNITED ST	suance	ative/Missing	
01	DIVIDED HWY W/O TRAI Surface Type CONCRETE Truck Bus or HazMat NO  Vehicle License Plate Number AKB4841 Vehicle Identification N 1C3CCCCG9FN515	umber	Plate Type AUT - AUTO Make CHRYSLER Body Style 4D - 4DR	MOBILE	WI Year	Road Grade LEVEL  Country of Is UNITED ST Model 200	suance	ative/Missing	
	DIVIDED HWY W/O TRAI  Surface Type  CONCRETE  Truck Bus or HazMat  NO  Vehicle  License Plate Number  AKB4841  Vehicle Identification N  1C3CCCCG9FN515  Color  BLK - BLACK  Initial Contact Point	umber <b>495</b>	Plate Type AUT - AUTO Make CHRYSLER Body Style	MOBILE	WI Year	Road Grade LEVEL  Country of Is UNITED ST Model 200	suance		
UNIT 01	DIVIDED HWY W/O TRAI Surface Type CONCRETE Truck Bus or HazMat NO  Vehicle License Plate Number AKB4841 Vehicle Identification N 1C3CCCCG9FN515 Color BLK - BLACK	umber <b>495</b>	Plate Type AUT - AUTO Make CHRYSLER Body Style 4D - 4DR Vehicle Damage	MOBILE	WI Year 2015	Road Grade LEVEL  Country of Is UNITED S  Model 200 Bus Use	suance TATES	7 8 9 10 11 6 12	

WISCONSIN MOTOR VEHICLE CRASH REPORT SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 08/26/2022

		Towed Due To Damage		I .	ehicle Removed By								
		NOT TOWED			PERATOR								
		What Driver Was Doing GOING STRAIGHT		"	ehicle Factors								
		Driver Prior Action Other		N	NOT APPLICABLE								
		Divert her release											
LINI	VEHICLE	Driver Actions NO CONTRIBUTING ACTIO	IN	-									
2	-04	Owner Name NASTASIJA HRISTOVA			Owner Address 623 VINE ST # 104 WISCONSIN DELLS, WI 53965 , US								
		Sequence Of Events	***********										
	5	Event MOTOR VEH IN TRANSPO			***************************************	***************************************							
		Event											
	2	_											
	ខ	Event Event											
	4	Event											
		Individual											
		Driver ELIZABETH MARTINEZ ARIAS (608) 432-6955			Citations Issued	Sex							
	4				Date of Birth	FEMALE Race							
⊢	INDIVIDUAL				Date of Birth	HISPANIC							
ş	蓋	Address 610 COMMERCIAL AVE			Driver License Number								
	Z	WISCONSIN DELLS, WI 53	965 , US		STATE: WISCONSIN COUNTRY: UNITED STATES								
		On Duty (	Crash		Safety Equipment								
	Sai	ety Equipment											
		Row 01 - FRONT ROW	Seat Po 07 - LE		SHOULDER & LAP BELT								
		Helmet Use	_		Helmet Compliance								
		Eye Protection			Tint Compliance								
_		Injury Sev	erity		Airbag								
2	S	Injury PossiB	LE NJUF	RY	NON DEPLOYED								
		Ejected	Ejection Pa		ICABLE		Trapped/Extricated NOT TRAPPED						
		Medical Transport			EMS Agency Identifier		EMS Run#						
	NOT TRANSPORTED Hospital												
					Date of Death		Time of Death						
		Distracted By NOT AP	d By Source PLICABL	E (NOT DISTRAC	CTED)								
		Distracted By Action NOT DISTRACTED											
		Non Motorist	nit#	Location									

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/26/2022

		Prior Action									
		Action									
	4										
<u></u>	NDIVIDUAL										
EN S	S										
	Z										
		Action Other						To/From School			
	•	Suspec Drug & Alcohol NO	ted Alcohol (	Jse	Suspected Drug Use			1			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	<b>1</b>				
2	60	Drug Type									
			Individual Condition								
		ndividual Condition									
		APPEARED NORMAL									
		Individual									
		Passenger LUIS A TEPETLA MARTII	NEZ		Citations issued  0	Sex MALE					
	Ħ	(608) 432-6955			Date of Birth	Race HISPANIC					
LNS	INDIVIDUA	Address			Driver License Number						
_	Z	610 COMMERCIAL AVE WISCONSIN DELLS, WI 53965 , US									
	Sai	On Duty Tety Equipment	Crash		Safety Equipment						
		Row	SeatPo		SHOULDER & LAP BELT						
		01 - FRONT ROW HelmetUse	09 - R	IGH I	Helmet Compliance						
		Eye Protection			Tint Compliance						
					,						
2	8	Injury S Injury NO AP	everity PARENT I	NJURY	Airbag NON DEPLOYED						
		Ejected	Ejection Pa	ıth.			Trapped/Extricated				
		NOT EJECTED  Medical Transport	MOLEJE	CTED/NOT APP	EMS Agency Identifier		NOT TRAPPED EMS Run#				
		NOT TRANSPORTED			Ewo Agency Identified		LWO ACCUM				
		Hospital			Date of Death		Time of Death				
		Distracted By	ed By Sourc	e			1				
		Distracted By Action									
		Striking	Unit#	Location							
		Non Motorist									
	-655 BREET	FIUFACIOS									

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

Crash Date 08/26/2022

		Action									
	INDIVIDUAL										
FIN	₫										
$\neg$	ã										
	=										
		Action Other						To/From School			
		Sucr	nacted Al	cohol Use	Suspected Drug Use						
	1	Drug & Alcohol NO	Jaoleu A	oction obs	NO						
		Alcohol Test Given		Alcohol Test T	уре		Alcohol Test Results				
		TEST NOT GIVEN		Dwg Took Tymo		D	1				
		Drug Test Given TEST NOT GIVEN		Drug Test Type	=	Drug Test Result	3				
2	200	Drug Type									
0	5										
		Individual Condition									
APPEARED NORMAL											
		Individual			Ta	Ta					
		Pessenger CASSANDRA TEPETLA MARTINEZ			Citations issued  0	Sex FEMALE					
	4	(608) 432-6955			Date of Birth	Race					
FIND	₫	Address			Driver License Numb	HISPANIC					
ā	NDIVIDUA	610 COMMERCIAL AVE	COMMERCIAL AVE			er					
		WISCONSIN DELLS, W	/1 53965	, us							
		On F	Outy Cras	h	Safety Equipment						
	Sai	ety Equipment	Josy Oldo		Safety Equipment	Safety Equipment					
		Row		Seat Position	SHOULDER & LAI	SHOULDER & LAP BELT					
		02 - SECOND ROW HelmetUse		)7 - LEFT	HeimetCompliance						
		Healiet Ose			Treatilet Compliance						
		Eye Protection			Tint Compliance	Tint Compliance					
	~	nim	y Severity	<i>y</i>	Airbag						
2	83	Sissimponnonnonnonnononia		ENT INJURY	NON DEPLOYED						
		Ejected	1 -	tion Path			Trapped/Extricated				
		NOT EJECTED  Medical Transport	NO	T EJECTED/NOT AF	PLICABLE EMS Agency Identifie	27	NOT TRAPPED EMS Run#				
		NOT TRANSPORTED			Emo Agency identifie		Livo Mann				
		Hospital			Date of Death		Time of Death				
		   Nietr	acted By	Source			1				
		Distracted By	u								
		Distracted By Action									
		Striki	ing Unit#	Location							
		Non Motorist									
		Prior Action									
	PROFESSION NO.	i									

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Crash Date 08/26/2022

								. ,					
TINO	INDIVIDUAL	Action											
		Action Other						To/From School					
	1	Orug & Alcohol NO	cted Alcohol C	Jse	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							
2	800	Drug Type				1							
	Individual Condition												
		APPEARED NORMAL											
		ndividual Passenger			Citations Issued Sex								
	7	JANET M TEPETLA MARTINEZ (608) 432-6955			0	FEMALE							
⊨	8				Date of Birth	Race HISPANIC							
TINO	INDIVIDUAL	Address 610 COMMERCIAL AVE WISCONSIN DELLS, WI	53965 , US		Driver License Number								
	Sal	ety Equipment	ty Crash		Safety Equipment								
		Row 02 - SECOND ROW	Seat Po		SHOULDER & LAP BELT								
		Helmet Use			Helmet Compliance								
		Eye Protection			Tint Compliance								
5	8	injury NO A	Severity PPARENT II	NJURY	Airbag NON DEPLOYED								
		Ejected NOT EJECTED	Ejection Pa		.ICABLE		Trapped/Extricated NOT TRAPPED						
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#						
		Hospital			Date of Death		Time of Death						
		Distracted By	cted By Source	Đ	•								
		Distracted By Action											
		Non Motorist	g Unit#	Location									
		Prior Action											

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LIND	INDIVIDUAL	Action  Action Other								To/From School
	l	Drug & Alcohol NO	pected Alcohol U	lse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	/ре			Alcohol Tes	t Results	
		Drug Test Given TEST NOT GIVEN			•	Drug 1	Test Results			
2	75	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	Uni	t Summary ===								
	Unit	t Status TRANSIT			Vehicle Operating As Classification  D CLASS			Unit Type	)) E	
02		icle Type			D CLASS			Operating A		ments
Ö		SSENGER CAR	T : /0 #0				<u> </u>	<u> </u>	<del>7</del>	•••
	01	al Occs	Train/Bus#Re		Total#Citations Issued TotalTraile 01 0				0	zMat Types
⊨	YES	rance? 3	Direction Of Tra		Pre CrashTire Speed Line Mark 65		Speed Lim	nit	Total Lan	es
LNN	MO.	t Harmful Event: Collision Wi TOR VEH IN TRANSPOR			Special Function NO SPECIAL FUNCTION			NOT APPL	ICABLE	
		fic Way IDED HWY W/O TRAFFI	C BARRIER		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO		
		ace Type NCRETE			Road Curvature STRAIGHT			Road Grade LEVEL		
	Truc	ck Bus or HazMat						<del>-</del>		
	NO									
		Vehicle License Plate Number			Plate Type		St	Country of Is:	suance	
		AFL5439			AUT - AUTOMOBILE		WI	UNITED ST	ATES	
05	8	Vehicle Identification Numb 2G1WB58K789268593			Make CHEVROLET		Year 2008	Model IMP		
		Color SIL - SILVER (ALUMIN	IUM)		Body Style 4D - 4DR			Bus Use		
	Щ	Initial Contact Point	-		Vehicle Damage					7 8 9 10 11
UNIT	03 - RIGHT SIDE MIDDLE  Extent Of Damage FUNCTIONAL DAMAGE				02 - RIGHT SIDE FRO 04 - RIGHT SIDE REA		- RIGHT S	SIDE MIDDL	E,	6 12 5 4 3 2 1
	7	Towed Due To Damage	_		Vehicle Removed By					
		NOT TOWED  What Driver Was Doing			OPERATOR  Vehicle Factors					
		CHANGING LANES			NOT APPLICABLE					
		Driver Prior Action Other			HO! A!! LIVABLE					

Crash Date 08/26/2022
Crash Time 10:14 AM

### 6TL0B8M800

22-08458

WISCONSIN MOTOR VEHICLE CRASH REPORT SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 08/26/2022

LINO	VEHICLE	Driver Actions FAILURE TO CONTROL,	FAILED	TO KEEP IN DESK	GNATED LANE, LOC	OKED BUT DID NO	T SEE							
05	02	Owner Name TODD P MURRAY (608) 477-2717			Owner Address 904 MOORE ST BARABOO, WI S									
		Sequence Of Events												
	5	Event MOTOR VEH IN TRANSF		***************************************										
	05	Event												
	93	Event												
	8													
⊢		Policy Holder												
N		Insurance Company			Individual									
_		AMERICAN-FAMILY-INS	-co		TODD MURRAY									
		Individual												
		Driver EMILEE E BETTACK MU	DDAV		Citations Issued	Sex								
	#	(608) 477-2717	NNA!		01	FEMALE Race								
_	ā				Date of Birth	WHITE								
TNO	NDMDUA	Address 904 MOORE STREET #4: BARABOO, WI 53913 , L			STATE: WISCONSIN COUNTRY: UNITED STATES									
	Sai	On Dut	y Crash		Safety Equipment									
		Row 01 - FRONT ROW		at Position - <b>LEFT</b>	SHOULDER & LAP BELT									
		Helmet Use			Helmet Compliance									
		Eye Protection			Tint Compliance									
05	8	Injury <sub>NO AI</sub>			Airbag NON DEPLOYED									
		Ejected NOT EJECTED	Ejection	n Path EJECTED/NOT APP	I ICARI E		Trapped/Extricated NOT TRAPPED							
		Medical Transport	1012	.DECTEDATOT ACT	EMS Agency Identifi	er	EMS Run#							
		NOT TRANSPORTED												
		Hospital			Date of Death		Time of Death							
		Distracted By NOT A	ted By Sc APPLICA	vurce ABLE (NOT DISTRA	CTED)		1							
		Distracted By Action NOT DISTRACTED												
		Non Motorist	Unit#	Location										
		Prior Action												

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Crash Date 08/26/2022

UNIT		Action						
		Action Other  Orug & Alcohol	Suspected Alco		Suspected Drug Use			To/From School
		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		Drug Type						
		Individual Condition  NOT OBSERVED						
	į							7,7
		<b>Violations</b> UTC Number	Issue To?	Statute Number	Description			
2	<b>5</b>	BG115183	005	346.13(1)	UNSAFE LANE DEV	IATION		