

6TL0CR2KS3
22-11631

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 22-11631		Investigating Officer/Deputy DEPUTY Z. DRILL	
Crash Date 11/20/2022		Crash Time 01:53 AM		Date Arrived 11/20/2022		Time Arrived 02:02 AM	
Date Notified 11/20/2022		Time Notified 01:54 AM		Total Units 02		Total Injured 02	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 JAHNKE
	Additional Information PHOTOS

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

UNIT 1 WAS TRAVELING EAST/SOUTH ON HWY 23 AND FAILED TO STOP AT THE STOP SIGN FOR THE INTERSECTION OF HWY 23/22. UNIT 1 STRUCK THE FRONT END PASSENGER SIDE OF UNIT TWO, WHICH WAS TRAVELING WEST ON HWY 33, THROUGH THE HWY 23/33 INTERSECTION WHERE THERE ARE NO TRAFFIC CONTROL SIGNALS. UNIT 2 HAD THE RIGHT OF WAY. DRIVER OF UNIT TWO TRANSPORTED BY EMS, DRIVER OF UNIT 1 WAS ARRESTED ON SCENE. PLEASE SEE NARRATIVE REPORT FOR FURTHER DETAILS.

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INTERSECTION ON STH33 WB AT STH23 EB IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude	Longitude
	43.532231944	-89.891745592
	X Coordinate	Y Coordinate
	266337.9375	4823984
	Structure Type	
	NO STRUCTURE	

First Harmful Event MOTOR VEH IN TRANSPORT			First Harmful Event Location ON ROADWAY		
Manner of Collision OTHER			Light Condition DARK/LIGHTED		
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 NO CONTROL		Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION			
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT			
Date Initial Lane/Rd Closed 11/20/2022	Time Initial Lane/Rd Closed 02:05 AM				
Date All Lanes Open 11/20/2022	Time All Lanes Open 02:54 AM	Date Scene Cleared 11/20/2022	Time Scene Cleared 03:30 AM		

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 4	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					


01 01	License Plate Number ARU2508	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FADP3F28DL265461	Make FORD	Year 2013	Model FOCUS

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other		
	Driver Actions DISREGARDED STOP SIGN		
	Owner Name CARLOS A SANCHEZ CASTRO (786) 824-5979	Owner Address 501 WISCONSIN DELLS PARKWAY S WISCONSIN DELLS, WI 53965 , US	
01 01	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event MOTOR VEH TRAN OTHER RDWY		
	Event		
01 01	Event		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Individual		
	Driver CARLOS A SANCHEZ CASTRO (786) 824-5979	Citations Issued 4	Sex MALE
		Date of Birth [REDACTED]	Race HISPANIC
	Address 501 WISCONSIN DELLS PARKWAY S WISCONSIN DELLS, WI 53965 , US	Driver License Number [REDACTED] STATE: FLORIDA COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
01 001	Injury		Injury Severity SUSPECTED SERIOUS INJUR
	Airbag DEPLOYED-FRONT		
	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

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UNIT INDIVIDUAL	Distracted By		Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN			
	Non Motorist		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			
	To/From School			
	Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use NO
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD	Alcohol Test Results PENDING
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
UNIT INDIVIDUAL	Drug Type			
	Individual Condition			
	UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL			
	Individual			
	Passenger MAYRENA P ALBERTO ARQUIMIDES		Citations Issued 0	Sex
			Date of Birth	Race
	Address , , NI		Driver License Number	
	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance	
UNIT INDIVIDUAL	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT
	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	

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UNIT INDIVIDUAL	Distracted By Action			
	Non Motorist	Striking Unit #	Location	
		Prior Action		
	Action			
	Action Other			To/From School
	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			
Violations				
01	UTC Number BG020092	Issue To? 001	Statute Number 346.63(2)(a)1	Description CAUSE INJURY/OPERATE WHILE UNDER INFLUENCE 1ST
02	UTC Number BG020093	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/OUT VALID LICENSE - CAUSE GREAT BODILY HARM
03	UTC Number BG020094	Issue To? 001	Statute Number 346.46(1)	Description FAIL/STOP AT STOP SIGN
04	UTC Number BG020095	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE

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 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					


Vehicle

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02	UNIT	VEHICLE	License Plate Number 351VEM	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1G4HP52K94U257324	Make BUICK	Year 2004	Model LESABRE CU
			Color GRY - GRAY	Body Style 4D - 4DR	Bus Use	
			Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 11 - LEFT FRONT CORNER, 12 - FRONT		
02	UNIT	VEHICLE	Extent Of Damage DISABLING DAMAGE			
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING		
			What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
			Driver Prior Action Other	NOT APPLICABLE		
02	UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
02	02	02	Owner Name LETICIA E KEDING (608) 542-2870	Owner Address E8868 STATE HWY 33 BARABOO, WI 53913 , US		
Sequence Of Events						
02	UNIT	INDIVIDUAL	Event MOTOR VEH IN TRANSPORT			
			Event MOTOR VEH TRAN OTHER RDWY			
			Event			
			Event			
Policy Holder						
02	UNIT	INDIVIDUAL	Insurance Company ERIE-INS-CO	Individual MARK KEDING		
Individual						
02	UNIT	INDIVIDUAL	Driver MARK A KEDING	Citations Issued 0	Sex MALE	
				Date of Birth [REDACTED]	Race WHITE	
02	UNIT	INDIVIDUAL	Address E8868 STATE HWY 33 BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
02	UNIT	INDIVIDUAL	Safety Equipment		Safety Equipment	
			Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
			Helmet Use		Helmet Compliance	
			Eye Protection		Tint Compliance	
02	003		Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT	

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UNIT INDIVIDUAL 02 003	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
	Medical Transport EMS GROUND		EMS Agency Identifier 6001024		EMS Run #	
	Hospital REEDSBURG AREA MED CTR		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit # Location			
	Prior Action					
	Action					
	Action Other To/From School					
	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					