

6TL0DCL4HW

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 6TL0CR2KS3		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 checked="" 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.

ADDING UNIT 1 PASSENGER INFORMATION

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Location

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	

Crash Scene

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	
Date Initial Lane/Rd Closed 11/20/2022	Time Initial Lane/Rd Closed 02:05 AM	LAW ENFORCEMENT	
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 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 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					

Vehicle

License Plate Number ARU2508	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
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01 UNIT VEHICLE	Vehicle Identification Number 1FADP3F28DL265461	Make FORD	Year 2013	Model FOCUS	
	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			
01 UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors			
	Driver Prior Action Other	NOT APPLICABLE			
	Driver Actions DISREGARDED STOP SIGN				
01 UNIT VEHICLE	Owner Name CARLOS A SANCHEZ CASTRO (786) 824-5979	Owner Address 501 WISCONSIN DELLS PARKWAY S WISCONSIN DELLS, WI 53965 , US			
	Sequence Of Events				
01 UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT				
	Event MOTOR VEH TRAN OTHER RDWY				
	Event				
	Event				
01 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 UNIT INDIVIDUAL	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 UNIT INDIVIDUAL	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#	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	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		
Drug Type						
Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL						
UNIT INDIVIDUAL	Individual					
	Passenger ALBERTO A MAYRENA PALACIOS		Citations Issued 0		Sex MALE	
			Date of Birth		Race AMERICAN INDIAN OR ALASKAN NATIVE	
	Address 110 SILVER DR REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance			
	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		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By	Distracted By Source				
		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	002	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

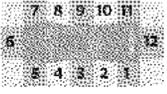
UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR				Operating As Endorsements			
	Total Occs 1		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0
	Insurance? YES		Direction Of Travel 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								

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UNIT 02	VEHICLE	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		
		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		
		Driver Actions NO CONTRIBUTING ACTION			
UNIT 02	VEHICLE	Owner Name LETICIA E KEDING (608) 542-2870	Owner Address E8868 STATE HWY 33 BARABOO, WI 53913 , US		
		Sequence Of Events			
UNIT 01	EVENT	Event MOTOR VEH IN TRANSPORT			
		Event MOTOR VEH TRAN OTHER RDWY			
		Event			
		Event			
UNIT 02	POLICY HOLDER	Insurance Company ERIE-INS-CO	Individual MARK KEDING		
		Individual			
UNIT INDIVIDUAL	INDIVIDUAL	Driver MARK A KEDING	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address E8868 STATE HWY 33 BARABOO, WI 53913 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 02	SAFETY EQUIPMENT	On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	

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Form with fields for Injury Severity (SUSPECTED SERIOUS INJUR), Airbag (DEPLOYED-FRONT), Ejected (NOT EJECTED), Ejection Path (NOT EJECTED/NOT APPLICABLE), Trapped/Extricated (NOT TRAPPED), EMS GROUND, EMS Agency Identifier (6001024), EMS Run #, Hospital (REEDSBURG AREA MED CTR), Date of Death, Time of Death, Distracted By Source (NOT APPLICABLE), Distracted By Action (NOT DISTRACTED), Non Motorist, Striking Unit #, Location, Prior Action, 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).