

6TL0BFKDH  
22-12821

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 22-12821		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 12/24/2022		Crash Time 09:00 AM		Date Arrived 12/24/2022		Time Arrived 09:08 AM	
Date Notified 12/24/2022		Time Notified 09:05 AM		Total Units 01		Total Injured 00	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>	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 1 WAS TRAVELING WESTBOUND ON USH 12. UNIT 1 SLID ON THE ICE COVERED OVERPASS AND WENT ONTO THE RIGHT SHOULDER STRIKING THE CONCRETE BARRIER. UNIT 1 THEN CROSSED BOTH LANES OF TRAFFIC AND STRUCK THE INSIDE CONCRETE BARRIER HEAD ON.

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Location

ON USH12 WB 0.33 MI S OF STH33 EB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.470043745	Longitude -89.775858839
	X Coordinate 275471.8125	Y Coordinate 4816758
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event <b>CONCRETE TRAFFIC BARRIER</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>ICE</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>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements				
	Total Occs <b>4</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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>CONCRETE TRAFFIC BARRIER</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</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

UNIT VEHICLE 01	License Plate Number <b>ADY1080</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>3GKALPEX1KL296750</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2019</b>	Model <b>TERRAIN</b>	
	Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use		
	Initial Contact Point <b>04 - RIGHT SIDE REAR</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>				



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Form containing vehicle information (Towed Due To Damage, What Driver Was Doing), sequence of events (CONCRETE TRAFFIC BARRIER), policy holder (AMERICAN-FAMILY-MUTUAL-INS-CO), individual details (EVA ELENA DE LA CRUZ), safety equipment (SHOULDER & LAP BELT), injury status (NO APPARENT INJURY), and distracted by status (NOT DISTRACTED).

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>001</b>	<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>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>				
				Passenger <b>JUAN RICARDO SALAS</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth [REDACTED]		Race <b>HISPANIC</b>		
				Address <b>S7559 US HIGHWAY 12 # 15 NORTH FREEDOM, WI 53951 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>01</b>	<b>002</b>	<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				
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</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 #				
Hospital			Date of Death	Time of Death				
<b>Distracted By</b>		Distracted By Source						
Distracted By Action								
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	<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>Individual</b>	
		Passenger <b>ABIGAIL DE LA CRUZ-VALLES</b>	Citations Issued <b>0</b>
	Sex <b>FEMALE</b>		
	Date of Birth [REDACTED]		
	Race <b>HISPANIC</b>		
Address <b>S7559 US HIGHWAY 12 # L-15 NORTH FREEDOM, WI 53951 , US</b>	Driver License Number [REDACTED]		
	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	003	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>
		<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	
		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-CURTAIN</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 #			
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			

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
01	003	<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			
		<b>Individual</b>			
		Passenger RICARDO ALAN SALAS	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race HISPANIC	
		Address S7559 US HIGHWAY 12 # L-15 NORTH FREEDOM, WI 53951 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	004	<b>Safety Equipment</b>	On Duty Crash
Row 02 - SECOND ROW	Seat Position 09 - RIGHT			SHOULDER & LAP BELT	
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				
<b>Injury</b>	Injury Severity NO APPARENT INJURY			Airbag DEPLOYED-CURTAIN	
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	
<b>Distracted By</b>	Distracted By Source				
Distracted By Action					
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

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UNIT INDIVIDUAL          01 004	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>		