

6TL0D0GSL4

23-03121

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 23-03121 | | Investigating Officer/Deputy DEPUTY G. AKERS | |
| Crash Date 03/31/2023 | | Crash Time 08:08 PM | | Date Arrived 03/31/2023 | | Time Arrived 08:13 PM | |
| Date Notified 03/31/2023 | | Time Notified 08:08 PM | | 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 GA/KM | |
| | | Additional Information PHOTOS | |
| | | | |

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

V1 WAS TRAVELING EAST IN THE WEST BOUND LINE, V2 ATTEMPTED TO MANEUVER OUT OF THE WAY OF V1 AS IT WAS TRAVELING WEST BOUND. THE VEHICLES STRUCK EACH OTHER CAUSING MINOR INJURY TO THE DRIVER & PASSENGER OF V2. PLEASE SEE CASE REPORT FOR MORE INFORMATION.

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Location

| | | |
|---|-------------------------------------|-----------------------------------|
| ON STH60 EB 1237 FT E OF CTHO EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY | Latitude 43.271120361 | Longitude -89.784453953 |
| | X Coordinate 274038.65625 | Y Coordinate 4794688 |
| | Structure Type | |

Crash Scene

| | | | |
|---|--|---|---------------------------------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION | | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) WET | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) CLOUDY, RAIN | | | |
| 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 NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION | |
| Closure Type FULL CLOSURE | | Reasons for Closure | |
| Date Initial Lane/Rd Closed 03/31/2023 | Time Initial Lane/Rd Closed 08:22 PM | LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS | |
| Date All Lanes Open 03/31/2023 | Time All Lanes Open 09:09 PM | Date Scene Cleared 03/31/2023 | Time Scene Cleared 09:09 PM |

Unit Summary


| | | | | | | |
|-------------|---|---|--|--------------------------------|--|--|
| UNIT | 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 5 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? NO | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre CrashTire 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 | | | | | |
| | 01 | Vehicle | | | | |
| | | License Plate Number ARU2218 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| 01 | Vehicle Identification Number 1HGCS1B89BA006992 | Make HONDA | Year 2011 | Model ACCORD | | |

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| | | | |
|---|---|---|---|
| UNIT VEHICLE | Color BLK - BLACK | Body Style CP - COUPE | Bus Use |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 12 - FRONT |  |
| | Extent Of Damage DISABLING DAMAGE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By EVERETTS TOWING |
| | What Driver Was Doing GOING STRAIGHT | Driver Prior Action Other | Vehicle Factors NOT APPLICABLE |
| | Driver Actions FAILURE TO CONTROL | Owner Name MANUEL ALVAREZ-GARCIA (608) 370-3754 | Owner Address E11287 HWY O SAUK CITY, WI 53583 , US |
| UNIT VEHICLE | Sequence Of Events | | |
| | 01 | Event CROSS CENTERLINE | |
| | 02 | Event MOTOR VEH IN TRANSPORT | |
| | 03 | Event | |
| 04 | Event | | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver MANUEL ALVAREZ-GARCIA (608) 370-3754 | Citations Issued 5 | Sex MALE |
| | Date of Birth | Race | |
| Address E11287 HWY O SAUK CITY, WI 53583 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 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 |
| | Injury | Injury Severity NO APPARENT INJURY | Airbag DEPLOYED-COMBINATION |
| | 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 | INDIVIDUAL | 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 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 | | | | | |
| Violations | | | | | |
| 01 | 001 | UTC Number BG945052 | Issue To? 001 | Statute Number 346.63(2)(a)1 | Description CAUSE INJURY/OPERATE WHILE UNDER INFLUENCE 1ST |
| | | UTC Number BG945053 | Issue To? 001 | Statute Number 343.05(3)(a) | Description OPERATE W/O VALID LICENSE (2ND W/IN 3 YRS) |
| | | UTC Number BG945054 | Issue To? 001 | Statute Number 346.57(2) | Description FAILURE TO KEEP VEHICLE UNDER CONTROL |
| | | UTC Number BG945055 | Issue To? 001 | Statute Number 344.62(1) | Description OPERATE MOTOR VEHICLE W/O INSURANCE |
| | | UTC Number BG945056 | Issue To? 001 | Statute Number 346.935(2) | Description POSSESS OPEN INTOXICANTS IN MV-DRIVER |

Unit Summary

| | | | | | | |
|-------------|-----------|---|---|---|--|--------------------------------|
| UNIT | 02 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | | Vehicle Type (SPORT) UTILITY VEHICLE | | | Operating As Endorsements | |
| | | Total Occs 2 | 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 | |

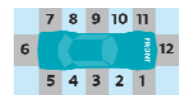
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Truck Bus or HazMat NO
Vehicle
02 02 License Plate Number ACE4455, Plate Type AUT - AUTOMOBILE, St WI, Country of Issuance UNITED STATES
02 02 Vehicle Identification Number 1FMCU0F69LUA78296, Make FORD, Year 2020, Model ESCAPE
02 02 Color BLK - BLACK, Body Style UT - SPORT UTILITY VEHICLE, Bus Use
02 02 Initial Contact Point 01 - RIGHT FRONT CORNER, 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 02 Extent Of Damage DISABLING DAMAGE
02 02 Towed Due To Damage TOWED DUE TO DISABLING DAMAGE, Vehicle Removed By CRAIGS TOWING
02 02 What Driver Was Doing GOING STRAIGHT, Vehicle Factors NOT APPLICABLE
02 02 Driver Prior Action Other
02 02 Driver Actions NO CONTRIBUTING ACTION
02 02 Owner Name SILVIA SALAZAR PEREZ (608) 393-2819, Owner Address S7559 US HIGHWAY 12 # K-14 NORTH FREEDOM, WI 53951 , US
Sequence Of Events
01 Event CROSS CENTERLINE
02 Event MOTOR VEH IN TRANSPORT
03 Event
04 Event
UNIT
02 02 Policy Holder
Insurance Company PROGRESSIVE-CASUALTY-INS-CO, Individual SILVIA SALAZAR PEREZ
Individual
02 02 Driver IVAN LOPEZ (608) 340-0820, Citations Issued 0, Sex MALE, Date of Birth, Race HISPANIC
Address 2836 W WELL ST MILWAUKEE, WI 53208 , US, Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
Safety Equipment
On Duty Crash, Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW, Seat Position 07 - LEFT
Helmet Use, Helmet Compliance



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|------|------------|---|--|--|---------------------------------------|--|----------------------|
| 02 | 002 | Eye Protection | | Tint Compliance | | | |
| | | Injury | Injury Severity SUSPECTED MINOR INJURY | | Airbag DEPLOYED-COMBINATION | | |
| | | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED | |
| | | Medical Transport EMS GROUND | | EMS Agency Identifier 6000555 | | EMS Run # 2303298 | |
| | | Hospital SAUK PRAIRIE HOSP | | 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 | | | | | |
| UNIT | INDIVIDUAL | 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 | | | | | |
| | | Individual | | | | | |
| | | Passenger SILVIA SALAZAR PEREZ (608) 393-2819 | | | Citations Issued 0 | | Sex FEMALE |
| | | Address S7559 US HIGHWAY 12 # K-14 NORTH FREEDOM, WI 53951 , US | | | Date of Birth | | |
| | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | Race | | |
| 02 | 002 | Safety Equipment | | On Duty Crash | | | |
| | | Safety Equipment SHOULDER & LAP BELT | | | | | |
| | | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | | | | |
| | | Helmet Use | | Helmet Compliance | | | |
| | | Eye Protection | | Tint Compliance | | | |

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|--|-----|--|--|--|--|----------------------|----------------|
| 02 | 003 | Injury | | Injury Severity SUSPECTED MINOR INJURY | Airbag DEPLOYED-COMBINATION | | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport EMS GROUND | | EMS Agency Identifier 6000555 | EMS Run # 2303299 | | |
| | | Hospital SAUK PRAIRIE HOSP | | Date of Death | Time of Death | | |
| | | Distracted By | | Distracted By Source | | | |
| | | Distracted By Action | | | | | |
| | | Non Motorist | | Striking Unit # | Location | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| | | UNIT | INDIVIDUAL | 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 | | | | | | | |
| 02 | 003 | | | | | | |
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