

6TL0CR2KSQ
23-05233

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 23-05233	Investigating Officer/Deputy DEPUTY Z. DRILL	
Crash Date 05/24/2023		Crash Time 09:15 PM	Date Arrived 05/24/2023	Time Arrived 09:40 PM	
Date Notified 05/24/2023		Time Notified 09:20 PM	Total Units 02	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

Diagram 	Reconstruction By
	Photos By DEPUTY DRILL
	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 EASTBOUND ON HWY 12, JUST SOUTH OF THE INTERSTATE 90 OVERPASS. WHILE ENTERING THE 65MPH ZONE, UNIT 1 WAS STRUCK FROM THE REAR BY UNIT 2. UNIT 2 WAS ACCELERATING FOR THE 65MPH ZONE, THE DRIVER OF UNIT 2 LOOKED DOWN AT HER SPEEDOMETER AND WHEN SHE LOOKED UP, UNIT 1 WAS DIRECTLY IN FRONT OF HER. DRIVER OF UNIT 2 ATTEMPTED TO BRAKE BUT WAS UNABLE TO SLOW/STOP FAST ENOUGH, AND STRUCK THE REAR END OF UNIT 1. UNIT ONE AND TWO SUSTAINED DISABLING DAMAGE. DRIVER'S AIRBAG DEPLOYED ON UNIT 2. NO INJURIES REPORTED, NO TRANSPORT BY EMS. BOTH UNITS TOWED FROM THE SCENE.

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Location

Table with 3 columns: Address (ON USH12 EB, 1200 FT N, OF MOON RD, IN THE VILLAGE OF LAKE DELTON, IN SAUK COUNTY), Latitude (43.564580379), Longitude (-89.77855605), X Coordinate (275604.53125), Y Coordinate (4827265), Structure Type (NO STRUCTURE)

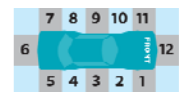
Crash Scene

Table with 4 columns: Event (MOTOR VEH IN TRANSPORT), Location (ON ROADWAY), Manner (03 - FRONT TO REAR), Light (DARK/UNLIT), Road Surface (DRY), Roadway Factor (NONE), Environment (NONE), Weather (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 (NO), Junction Location (ENTRANCE RAMP), Intersection Type (NOT AN INTERSECTION)

Unit Summary

Table with 5 columns: 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 (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (EASTBOUND), Pre Crash Tire Mark, Speed Limit (65), Total Lanes (4), Most Harmful Event: Collision With (MOTOR VEH IN TRANSPORT), Special Function (NO SPECIAL FUNCTION), Emergency Motor Vehicle Use (NOT APPLICABLE), Traffic Way (DIVIDED HWY W/TRAFFIC BARRIER), Traffic Control (NO CONTROL), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (UPHILL), Truck Bus or HazMat (NO)

Table with 4 columns: License Plate Number (ASU5470), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1N4BA41E87C863554), Make (NISSAN), Year (2007), Model (MAXIMA), Color (BLK - BLACK), Body Style (SD - SEDAN), Bus Use, Initial Contact Point (06 - REAR), Vehicle Damage (05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER), Extent Of Damage (DISABLING DAMAGE)



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	01	Owner Name MERYL NAVA RAMOS (608) 432-2238		Owner Address 200 W HIAWATHA DR WISCONSIN DELLS, WI 53965 , US	
Sequence Of Events					
01	01	Event MOTOR VEH IN TRANSPORT			
02	02	Event			
03	03	Event			
04	04	Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual MERYL NAVA RAMOS		
UNIT INDIVIDUAL	Individual				
	Driver SOFIA MERIZALDE SAN MARTIN		Citations Issued 0	Sex FEMALE	
	Address 200 W HIAWATHA DR WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race HISPANIC	
			Driver License Number		
01	001	Safety Equipment		Safety Equipment	
		On Duty Crash	SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					

WISCONSIN MOTOR VEHICLE CRASH REPORT

Form with sections: Non Motorist, Drug & Alcohol, Individual, Safety Equipment, Injury, Distracted By, Non Motorist. Includes fields for Striking Unit #, Location, Action, Suspected Alcohol Use, Suspected Drug Use, Passenger Name (MERYL NAVA RAMOS), Sex (FEMALE), Race (HISPANIC), Row (01 - FRONT ROW), Seat Position (09 - RIGHT), Injury Severity (NO APPARENT INJURY), Airbag (NON DEPLOYED).

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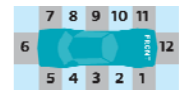
UNIT INDIVIDUAL 01 002
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

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 EASTBOUND Pre Crash Tire Mark Speed Limit 65 Total Lanes 4
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way DIVIDED HWY MEDIAN W/BARRIER Traffic Control NO CONTROL Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade UPHILL
Truck Bus or HazMat NO

Vehicle

UNIT 02 02
License Plate Number ANN2755 Plate Type AUT - AUTOMOBILE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 5NPEB4AC3DH517804 Make HYUNDAI Year 2013 Model SONATA
Color SIL - SILVER (ALUMINUM) Body Style SD - SEDAN Bus Use
Initial Contact Point 12 - FRONT Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT
Extent Of Damage DISABLING DAMAGE
Towed Due To Damage NOT TOWED Vehicle Removed By CRAIGS TOWING
What Driver Was Doing GOING STRAIGHT



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions			
	Owner Name JORDANA WHITEEAGLE		Owner Address E11249 LITTLEGEORGE RD BARABOO, WI 53913 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT 04	Event			
	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual AMBER GREENDEER	
	Individual			
UNIT INDIVIDUAL	Driver JORDANA WHITE EAGLE		Citations Issued 0	Sex FEMALE
	Address E11249 LITTLEGEORGE RD BARABOO, WI 53913 , US		Date of Birth Race	
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment			
UNIT 02	On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 003	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
UNIT 02	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action UNKNOWN			
	Non Motorist		Striking Unit #	Location

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UNIT	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				
	02	003			