

6TL092T5T2
SC23-04790

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 SC23-04790		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 05/14/2023		Crash Time 02:03 PM		Date Arrived 05/14/2023		Time Arrived 02:08 PM	
Date Notified 05/14/2023		Time Notified 02:04 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

<p>Diagram</p>	Reconstruction By
	Photos By A. KING
	Additional Information PHOTOS

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

U1 WAS TRAVELING WESTBOUND ON HY136 WHEN IT APPROACHED THE WESTERN ROUNDABOUT OF HY136 AND HY12. AS U1 ENTERED THE ROUNDABOUT, U2 WAS ENTERING THE ROUNDABOUT AS WELL. U1 WAS IN THE RIGHT HAND LANE AND U2 WAS IN THE LEFT HAND LANE. U1 FAILED TO STAY IN DESIGNATED BY ATTEMPTING TO GET INTO THE LEFT HAND LANE AS U1 WAS ALREADY IN THE INTERSECTION. U1 THEN GOT IN FRONT OF U2, WHICH RESULTED IN U2 STRIKING U1. OPERATOR OF U1 ADMITTED TO BEING IN THE IMPROPER LANE AND QUICKLY SWERVED OVER AND GOT STRUCK BY U2. OPERATOR OF U1 ADMITTED TO NOT HAVING INSURANCE. OPERATOR OF U2 STATED HE WAS IN THE LEFT HAND LANE OF HY136 HEADED TO THE WESTERN ROUNDABOUT OF HY12. OPERATOR OF U2 SAID WHEN HE WAS IN THE LEFT HAND LANE OF THE ROUNDABOUT, GOING STRAIGHT TO CONTINUE WESTBOUND, U1 SWERVED IN FRONT OF HIM. OPERATOR OF U2 SAID THIS IS WHEN HE STRUCK U1. BOTH OPERATORS STATED THEY HAD NO INJURIES AND DID NOT WANT EMS. U1 WAS TOWED FROM THE SCENE BY CRAIG'S TOWING. U2 WAS REMOVED FROM THE SCENE BY OWNER.

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Location

ON STH33 WB 37 FT W OF STH136 WB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude	Longitude
	43.4748729	-89.776185939
	X Coordinate	Y Coordinate
	275463.25	4817295
Structure Type		

Crash Scene

First Harmful Event	First Harmful Event Location	
MOTOR VEH IN TRANSPORT	ON ROADWAY	
Manner of Collision	Light Condition	
01 - ANGLE	DAYLIGHT	
Road Surface Condition(s)	Roadway Factor(s)	
WET	NONE	
Environment Factor(s)		
NONE		
Weather Condition(s)		
RAIN		
Animal Type	Relation To Trafficway	
	TRAFFICWAY - ON ROAD	
Crash Classification - Location	Crash Classification - Jurisdiction	
PUBLIC PROPERTY	NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study
	PARTIAL CONTROL	
Within Interchange Area	Junction Location	Intersection Type
YES	INTERSECTION	ROUNDBOUT

Unit Summary

UNIT 01	Unit Status	Vehicle Operating As Classification	Unit Type		
	IN TRANSIT	D CLASS	AUTOMOBILE		
	Vehicle Type	Operating As Endorsements			
	PASSENGER CAR				
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
	1		2	0	0
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	NO	WESTBOUND		25	2
Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use			
MOTOR VEH IN TRANSPORT	NO SPECIAL FUNCTION	NOT APPLICABLE			
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing			
ONE-WAY TRAFFIC	YIELD SIGN	NO			
Surface Type	Road Curvature	Road Grade			
CONCRETE	CURVE LEFT	LEVEL			
Truck Bus or HazMat					
NO					

Vehicle

UNIT VEHICLE 01 01	License Plate Number	Plate Type	St	Country of Issuance
	668XHM	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	1G11C5SL2EF107290	CHEVROLET	2014	MALIBU
Color	Body Style	Bus Use		
WHI - WHITE	SD - SEDAN			
Initial Contact Point	Vehicle Damage			
09 - LEFT SIDE MIDDLE	09 - LEFT SIDE MIDDLE			
Extent Of Damage				
DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE			
01 01	Owner Name OLGA MARIE GARRIDO (608) 370-9621		Owner Address 431 WATER ST # 105 PRAIRIE DU SAC, WI 53578 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver KENYA LETICIA GARCIA (608) 370-9621		Citations Issued 2	Sex FEMALE
	Address 431 WATER ST # 105 PRAIRIE DU SAC, WI 53578 , US		Date of Birth [REDACTED]	Race HISPANIC
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
01 001	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		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	
01 001	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
	Non Motorist		Striking Unit #	Location

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UNIT INDIVIDUAL	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			
	01 001	UTC Number BB339174	Issue To? 001	Statute Number 346.34(1)(a)3
02 01	UTC Number BB339175	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 TRUCK			
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements			
	Total Occs 1		Train/Bus # Recorded		Total # Citations Issued 1		Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 25	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 ONE-WAY TRAFFIC			Traffic Control YIELD SIGN			Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE			Road Curvature CURVE LEFT			Road Grade LEVEL	
	Truck Bus or HazMat NO							

Vehicle

UNIT 02	License Plate Number TK7891		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GGCS199178702465		Make ISUZU	Year 2007	Model I290
	Color DBL - BLUE, DARK		Body Style PK - PICKUP		Bus Use
	Initial Contact Point 12 - FRONT				

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UNIT VEHICLE	Vehicle Damage		7 8 9 10 11 5 4 3 2 1	
	Extent Of Damage FUNCTIONAL DAMAGE			12 - FRONT
	Towed Due To Damage NOT TOWED			Vehicle Removed By OWNER
	What Driver Was Doing NEGOTIATING CURVE			Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name TYLER JIMMIE VORNDRAN (608) 393-5651		Owner Address E8776 STATE ROAD 136 ROCK SPRINGS, WI 53961 , US	
	Sequence Of Events			
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver TYLER JIMMIE VORNDRAN (608) 393-5651		Citations Issued 1	Sex MALE
	Date of Birth [REDACTED]		Race WHITE	
	Address E8776 STATE ROAD 136 ROCK SPRINGS, WI 53961 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	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	
UNIT INDIVIDUAL	Injury		Injury Severity	Airbag
	NO APPARENT INJURY		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)		

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UNIT INDIVIDUAL 02 002 03	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			
Violations				
UTC Number BB339176	Issue To? 002	Statute Number 344.62(2)	Description OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE	