

6TL0B655WG
23-06909

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 23-06909		Investigating Officer/Deputy DEPUTY W. NEUBAUER		
Crash Date 07/01/2023		Crash Time 04:35 PM		Date Arrived 07/01/2023		Time Arrived 04:43 PM		
Date Notified 07/01/2023		Time Notified 04:41 PM		Total Units 01		Total Injured 02	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	
<p style="text-align: center;">NOT TO SCALE</p> <p style="text-align: center;">USH 12</p>		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 DRIVER TRIED TO APPLY THE BRAKE AND LOST CONTROL. UNIT 1 ENTERED THE MEDIAN, RE-ENTERED THE ROADWAY, LEFT THE ROADWAY TO THE RIGHT, OVERTURNED, AND CAME TO REST IN THE DITCH. BOTH DRIVER AND PASSENGER SUSTAINED MINOR INJURIES. BOTH REFUSED AMBULANCE SERVICE

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Location

ON USH12 EB 828 FT N OF SHADY LANE RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.549274693	Longitude -89.787299116
	X Coordinate 274841.375	Y Coordinate 4825588.5
	Structure Type	

Crash Scene

First Harmful Event OVERTURN/ROLLOVER	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 4
	Most Harmful Event: Collision With DITCH	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	VEHICLE	License Plate Number ARA9153	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1ND52F65M245211	Make CHEVROLET	Year 2005	Model CLASSIC
		Color RED - RED	Body Style SD - SEDAN		Bus Use
		Initial Contact Point 00 - NON-COLLISION	Vehicle Damage		
Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BILLS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors BRAKES	
	Driver Prior Action Other			
	Driver Actions RAN OFF ROADWAY			
01	01	Owner Name ANTHONY RONQUILLO MUNOZ (608) 844-4816		Owner Address 1770 WIS DELLS PKWY WISCONSIN DELLS, WI 53965 , US
Sequence Of Events				
01	01	Event RUN OFF ROADWAY LEFT		
02	02	Event RUN OFF ROADWAY RIGHT		
03	03	Event OVERTURN/ROLLOVER		
04	04	Event DITCH		
Individual				
UNIT INDIVIDUAL	Driver DIEGO RONCEROS-ELIAS (608) 844-4816		Citations Issued 1	Sex MALE
	Address 1770 WIS DELLS PKWY WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race HISPANIC
			Driver License Number	
Safety Equipment		On Duty Crash	Safety Equipment	
01	001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity SUSPECTED MINOR 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				
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	001	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 LINARES C.A. DEXTRE (608) 844-4816		Citations Issued 0	Sex FEMALE
				Date of Birth	Race HISPANIC
		Address 1770 PARKWAY WISCONSIN DELLS, WI 53965 , US		Driver License Number	
		01	002	Safety Equipment	On Duty Crash
Row 01 - FRONT ROW	Seat Position 09 - RIGHT			SHOULDER & LAP BELT	
Helmet Use				Helmet Compliance	
Eye Protection				Tint Compliance	
Injury	Injury Severity SUSPECTED MINOR 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				
Distracted By Action					
01	002	Non Motorist	Striking Unit #	Location	
		Prior Action			

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UNIT INDIVIDUAL	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	UTC Number BE614213	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)