

6TL0DKRB17
23-07089

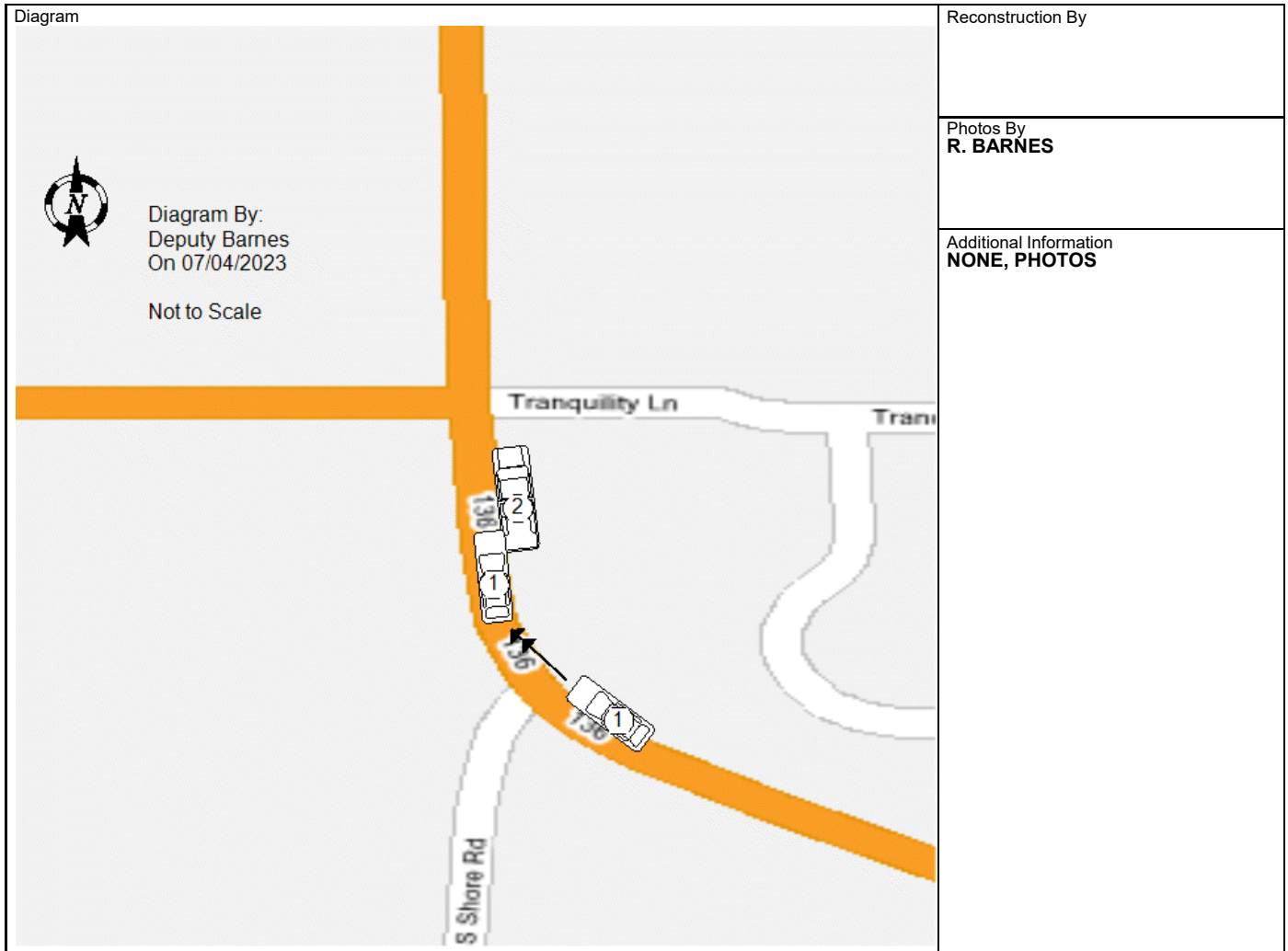
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 23-07089		Investigating Officer/Deputy DEPUTY R. BARNES	
Crash Date 07/04/2023		Crash Time 08:40 PM		Date Arrived 07/04/2023		Time Arrived 08:51 PM	
Date Notified 07/04/2023		Time Notified 08:43 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



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

ON 07/04/23 SAUK COUNTY DISPATCHES WERE DISPATCHED TO A TWO VEHICLE CRASH THAT OCCURRED ON HWY 136 NEAR TRANQUILITY LANE IN THE TOWN OF BARABOO. UNIT 2 WAS PULLED OFF THE ROADWAY, ATTEMPTING TO USE THEIR GPS WHEN UNIT 1 SIDE SWIPED UNIT 1. BOTH UNITS WERE FACING NORTHBOUND. AFTER SIDE SWIPING UNIT 2, UNIT 1 CONTINUED SOUTH BEFORE STOPPED ON HWY 136 AT GALL ROAD. BOTH UNITS SUSTAINED FUNCTIONAL DAMAGE.

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Location

ON BREEZY KNOLL LN/ STH136 WB 183 FT S OF BREEZY KNOLL LN/ STH123 NB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.437726619	Longitude -89.743666074
	X Coordinate 277957.5625	Y Coordinate 4813082.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	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 (SPORT) UTILITY VEHICLE	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 SOUTHBOUND	<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 CURVE RIGHT	Road Grade DOWNHILL		
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number SFW2755	Plate Type AUT - AUTOMOBILE	St TX	Country of Issuance UNITED STATES
		Vehicle Identification Number 3C4PDCAB8JT237005	Make DODGE	Year 2018	Model JOURNEY
		Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER		



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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01 01	Owner Name LUIS HERNANDEZ MARTINEZ		Owner Address 2111 ROSENBERRY ROAD FITCHBURG, WI 53711 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver LUIS HERNANDEZ MARTINEZ		Citations Issued 5	Sex MALE
	Address 2111 ROSENBERRY ROAD FITCHBURG, WI 53711 , US		Date of Birth	Race HISPANIC
			Driver License Number	
01 001	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		
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 UNKNOWN		
Distracted By Action UNKNOWN				
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	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 GIVEN		Drug Test Type BLOOD	Drug Test Results PENDING	
	Drug Type				
	Individual Condition		PHYSICALLY IMPAIRED, UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL		
	Violations				
	01	001	UTC Number BG944989	Issue To? 001	Statute Number 346.63(1)(a)
UTC Number BG944081			Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OCCUPANT TO NOTIFY POLICE OF ACCIDENT
UTC Number BG944082			Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)
UTC Number BG944083			Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE
UTC Number BG944064			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 TRUCK			
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements			
		Total Occs 4		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0	Total HazMat Types 0
		Insurance? YES		Direction Of Travel SOUTHBOUND		<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 CURVE RIGHT		Road Grade DOWNHILL	
		Truck Bus or HazMat NO							
		Vehicle							
		License Plate Number FLY9883				Plate Type LTK - LIGHT TRUCK		St NC	Country of Issuance UNITED STATES

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02 UNIT VEHICLE	02	Vehicle Identification Number JTEBU14R168069555	Make TOYOTA	Year 2006	Model 4RUNNER SR	
		Color SIL - SILVER (ALUMINUM)	Body Style PK - PICKUP	Bus Use		
		Initial Contact Point 08 - LEFT SIDE REAR	Vehicle Damage 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage FUNCTIONAL DAMAGE				
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors			
		Driver Prior Action Other	NOT APPLICABLE			
02 UNIT VEHICLE		Driver Actions NO CONTRIBUTING ACTION				
	02	Owner Name JUAN CHITICA (608) 347-5834	Owner Address 2405 HIGHLAND AVE DURHAM, NC 27704 , US			
Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
02 UNIT	Policy Holder					
		Insurance Company GEICO-CASUALTY-CO	Individual JUAN CHITICA			
02 UNIT INDIVIDUAL	Individual					
		Driver JUAN CHITICA (608) 347-5834	Citations Issued 0	Sex MALE		
			Date of Birth	Race HISPANIC		
	Address 2405 HIGHLAND AVE DURHAM, NC 27704 , US	Driver License Number STATE: NORTH CAROLINA COUNTRY: UNITED STATES				
02 UNIT	Safety Equipment					
		On Duty Crash		Safety Equipment		
		Row 06 -UNKNOWN ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02 UNIT	002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		

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UNIT INDIVIDUAL	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	
	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		
02 002	Drug Type				
	Individual Condition APPEARED NORMAL				
	Individual				
	Passenger MA LOERA LANDEROS (608) 347-5834		Citations Issued 0	Sex FEMALE	
	Address 2405 HIGHLAND AVE DURHAM, NC 27704 , US		Date of Birth	Race HISPANIC	
	On Duty Crash		Safety Equipment		
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	02 003	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 #		

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death		
	Distracted By		Distracted By Source				
	Distracted By Action						
	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		
02 003	Drug Type						
	Individual Condition APPEARED NORMAL						
	Individual						
	Passenger KATYANNA CHITICA (608) 512-6053			Citations Issued 0	Sex FEMALE		
	Address 602 E JOHNSON ST MADISON, WI 53703 , US			Date of Birth			
			Race				
UNIT INDIVIDUAL	Driver License Number			STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash				
			Safety Equipment				
	Row 02 - SECOND ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT		
	Helmet Use				Helmet Compliance		
	Eye Protection				Tint Compliance		
	02 004	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	

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UNIT INDIVIDUAL	Distracted By Distracted By Source	
	Distracted By Action	
	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		
UNIT INDIVIDUAL	Individual	
	Passenger DANTE KATZ ANDRADE (608) 440-4203	Citations Issued 0 Sex MALE
		Date of Birth Race WHITE
	Address 1232 SPAIGHT ST MADISON, WI 53703 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT
	SHOULDER & LAP BELT	
	Helmet Use Helmet Compliance	
	Eye Protection Tint Compliance	
UNIT INDIVIDUAL	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	

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UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use	
			NO	NO	
	02	005	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
			TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results	
TEST NOT GIVEN					
Drug Type					
Individual Condition					
APPEARED NORMAL					