

6TL0C884K9  
23-06906

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 <b>23-06906</b>		Investigating Officer/Deputy <b>DEPUTY T. SUTHERLAND</b>	
Crash Date <b>07/01/2023</b>		Crash Time <b>03:45 PM</b>		Date Arrived <b>07/01/2023</b>		Time Arrived <b>03:55 PM</b>	
Date Notified <b>07/01/2023</b>		Time Notified <b>03:50 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON 07-01-23 UNIT 1 WAS SOUTHBOUND ON USH 12. UNIT 2 WAS ALSO SOUTHBOUND ON USH 12. UNIT 1 STARTED TO TAKE THE MOON ROAD EXIT AND THEN THE OPERATOR CHANGED HIS MIND SWERVED BACK INTO THE SOUTHBOUND LANE OF TRAFFIC ON USH 12 SIDE SWIPING UNIT 2. NO INJURIES REPORTED.

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Location

ON USH12 EB 106 FT N OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.561584191</b>	Longitude <b>-89.778456565</b>
	X Coordinate <b>275601.4375</b>	Y Coordinate <b>4826932</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

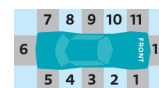
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>EXIT RAMP-RELATED</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

<b>VEHICLE</b>	License Plate Number <b>ARA9153</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1G1ND52F65M245211</b>		Make <b>CHEVROLET</b>	Year <b>2005</b>	Model <b>CLASSIC</b>	
	Color <b>RED - RED</b>		Body Style <b>4D - 4DR</b>		Bus Use	
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>10 - LEFT SIDE FRONT</b>			



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>				
01	Owner Name <b>ANTHONY RONQUILLO DEXTRE</b>		Owner Address <b>713 CHURCH STREET WISCONSIN DELLS, WI 53965 , US</b>			
	<b>Sequence Of Events</b>					
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		Event				
		Event				
		Event				
UNIT	01	<b>Policy Holder</b>				
		Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>ANTHONY RONQUILLO DEXTRE</b>		
UNIT	INDIVIDUAL	<b>Individual</b>				
		Driver <b>DIEGO RONCEROS ELIAS (608) 844-4816</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>1770 PARKWAY WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>HISPANIC</b>	
		Driver License Number				
01	001	<b>Safety Equipment</b>		On Duty Crash		
		Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		Helmet Use		
		Helmet Compliance		Eye Protection		
		Tint Compliance		Injury Severity <b>NO APPARENT INJURY</b>		
		Airbag <b>NON DEPLOYED</b>		Ejected <b>NOT EJECTED</b>		
Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>				
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
Distracted By Action <b>NOT DISTRACTED</b>						

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		UNIT	INDIVIDUAL	<b>Individual</b>			
Passenger <b>CLAUDIA DEXTRE LINARES</b> (608) 844-4816	Citations Issued <b>0</b>			Sex <b>FEMALE</b>			
Date of Birth				Race <b>HISPANIC</b>			
Address <b>1770 PARKWAY WISCONSIN DELLS, WI 53965 , US</b>				Driver License Number			
<b>Safety Equipment</b>				On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
UNIT	INDIVIDUAL			<b>Injury</b>			
				Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		<b>Distracted By</b>		Distracted By Source			
		Distracted By Action					
		<b>Non Motorist</b>		Striking Unit #	Location		

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UNIT	Prior Action		
	Action		
	Action Other		To/From School
01	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>
			Suspected Drug Use <b>NO</b>
	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
	<b>TEST NOT GIVEN</b>		
	Drug Test Given	Drug Test Type	Drug Test Results
	<b>TEST NOT GIVEN</b>		
	Drug Type		
	Individual Condition		
	<b>APPEARED NORMAL</b>		
	<b>Individual</b>		
UNIT	Passenger	Citations Issued	Sex
	<b>GAMELLA GUERRERO</b>	<b>0</b>	<b>FEMALE</b>
		Date of Birth	Race
			<b>HISPANIC</b>
	Address	Driver License Number	
	<b>720 LAKE STREET BARABOO, WI 53913 , US</b>		
	<b>Safety Equipment</b>		On Duty Crash
			Safety Equipment
	Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>
	<b>02 - SECOND ROW</b>	<b>07 - LEFT</b>	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
01	<b>Injury</b>		Airbag
	Injury Severity		<b>NON DEPLOYED</b>
	<b>NO APPARENT INJURY</b>		
	Ejected	Ejection Path	Trapped/Extricated
	<b>NOT EJECTED</b>	<b>NOT EJECTED/NOT APPLICABLE</b>	<b>NOT TRAPPED</b>
	Medical Transport	EMS Agency Identifier	EMS Run #
	<b>NOT TRANSPORTED</b>		
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>		Distracted By Source
			Distracted By Action
<b>Non Motorist</b>		Striking Unit #	
		Location	
Prior Action			

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UNIT	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>Individual</b>		
	Passenger <b>MELINAE RODRIGUEZ</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>701 STONEY ACRES ROAD WISCONSIN DELLS, WI 53965 , US</b>	Date of Birth <b>Race HISPANIC</b>	
Driver License Number			
UNIT	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
	Hospital	EMS Run #	Time of Death
	Date of Death	Time of Death	
	<b>Distracted By</b>	Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	004	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	01	<b>Violations</b>				
		UTC Number <b>BD759615</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(a)</b>	Description <b>OPERATE W/O VALID LICENSE (1ST VIOLATION)</b>	

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>	
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>			Operating As Endorsements	
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>GD86015</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FDWX6DX6HDB00328</b>	Make <b>FORD</b>	Year <b>2017</b>	Model <b>F650</b>
		Color <b>WHI - WHITE</b>	Body Style <b>2D - 2DR</b>		Bus Use
		Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>	Vehicle Damage <b>03 - RIGHT SIDE MIDDLE</b>		
		Extent Of Damage <b>MINOR DAMAGE</b>	Towed Due To Damage <b>NOT TOWED</b>		
		Vehicle Removed By <b>OPERATOR</b>			

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>CRAIGS TOWING (608) 963-0498</b>		Owner Address <b>2125 WEST PINE STREET BARABOO, WI 53913 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>BENCHMARK-INS-CO</b>		Organization/Company <b>CRAIGS TOWING</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JOSHUA HAUGE (608) 963-0498</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>2125 WEST PINE STREET BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number	
02 005	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>		Striking Unit #	Location	



UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		