

6TL0CTJN3V

Document Number Override		Primary Crash Document #		Agency Crash Number 23-08100		Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 07/28/2023		Crash Time 05:38 PM		Date Arrived 07/28/2023		Time Arrived 08:43 PM	
Date Notified 07/28/2023		Time Notified 08:43 PM		Total Units 02		Total Injured 07	Total Killed 00
<input type="checkbox"/> On Emergency		<input type="checkbox"/> Hit and Run		<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone	
<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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

Description

Diagram		Reconstruction By	
<p>not to scale</p>		Photos By A KULAS	
		Additional Information NONE, PHOTOS	

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

UNIT 1 WAS SOUTH BOUND ON CTH U. UNIT 1 HAD A STOP SIGN. UNIT 1 PULLED OUT FROM THE STOP SIGN IN FRONT OF UNIT 2. UNIT 2 WAS WEST BOUND ON STH 33 AND T BONED UNIT 2. UNIT 1 SPUN AROUND AND OVER TURNED AND CAME TO REST ON ITS ROOF. UNIT 2 SPUN AROUND AND STOPPED. A WITNESS ADVISED UNIT 1 PULLED OUT IN FRONT OF UNIT 2. OPERATOR OF UNIT 1 WAS CITED FOR NO VALID DL AND FAIL TO YIELD FROM A STOP SIGN.

6TL0CTJN3V
23-08100

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Location

ON CTHU SB 5 FT N OF STH33 WB IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.503107929	Longitude -89.633313953
	X Coordinate 287118.40625	Y Coordinate 4820055.5
	Structure Type NO STRUCTURE	

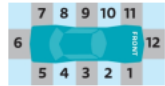
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 07/28/2023	Time Initial Lane/Rd Closed 05:38 PM	Date Scene Cleared 07/28/2023	
Date All Lanes Open 07/28/2023	Time All Lanes Open 06:50 PM		

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER VAN	Operating As Endorsements				
	Total Occs 6	Train/Bus # Recorded	Total # Citations Issued 2	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	01	Vehicle				
		License Plate Number DQ70637		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
01	Vehicle Identification Number 5TDZK23CX7S017303		Make TOYOTA	Year 2007	Model HIGHLANDER	

UNIT	VEHICLE	Color TAN - TAN	Body Style MV - MINI VAN	Bus Use	
		Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING		
		What Driver Was Doing ENTERING TRAFFIC LANE	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name JAIME MERINO (312) 792-6297	Owner Address 5505 W SCHUBERT AVE BSMT CHICAGO, IL 69639 , US		
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
	02	Event OVERTURN/ROLLOVER			
	03	Event			
	04	Event			
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company FRED LOYA	Individual JAIME MERINO		
01	001	Individual			
		Driver JAIME MERINO (312) 792-6297	Citations Issued 2	Sex MALE	
			Date of Birth	Race HISPANIC	
		Address 5505 W SCHUBERT AVE BSMT CHICAGO, IL 69639 , US	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	
01	001	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED	
		Medical Transport EMS GROUND	EMS Agency Identifier 6000368	EMS Run #	



UNIT	Hospital ST CLARE HOSP		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
01 001	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
	Passenger ALEJANDRO MERINO (312) 792-5235		Citations Issued 0	Sex MALE
	Address 5505 W SCHUBERT AVE BSMT CHICAGO, IL 60639 , US		Date of Birth	Race HISPANIC
	Driver License Number			
	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01 002	Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND		EMS Agency Identifier 6000368	EMS Run #
	Hospital ST CLARE HOSP		Date of Death	Time of Death

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	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	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	
UNIT	Individual	
	Passenger	Citations Issued Sex
	MARIA DEL ROSARIO GARCIA	0 FEMALE
	(312) 792-6297	Date of Birth Race
		HISPANIC
	Address	Driver License Number
	5505 W SCHUBERT AVE BSMT	
	CHICAGO, IL 69639 , US	
	On Duty Crash	Safety Equipment
	SHOULDER & LAP BELT	
Row	Seat Position	
02 - SECOND ROW	08 - MIDDLE	
Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance	
UNIT	Injury	
	Injury Severity	Airbag
	SUSPECTED MINOR INJURY	NON DEPLOYED
	Ejected	Ejection Path Trapped/Extricated
	NOT EJECTED	NOT EJECTED/NOT APPLICABLE NOT TRAPPED
	Medical Transport	EMS Agency Identifier EMS Run #
	EMS GROUND	6000368
	Hospital	Date of Death Time of Death
	ST CLARE HOSP	
	Distracted By	Distracted By Source

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	Action			
		Action Other			
		To/From School			
		Distracted By Source			
	01	003	Drug & Alcohol		
			Suspected Alcohol Use	Suspected Drug Use	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
Drug Test Given			Drug Test Type	Drug Test Results	
Drug Type					
Individual Condition					
Individual					
Passenger			Citations Issued	Sex	
FERNANDO FERNANDEZ (312) 792-6297			0	MALE	
Address			Date of Birth	Race	
5505 W SCHUBERT AVE BSMT CHICAGO, IL 69639 , US			HISPANIC		
01	004	Safety Equipment			
		On Duty Crash	Safety Equipment		
		Row	Seat Position	SHOULDER & LAP BELT	
		02 - SECOND ROW	07 - LEFT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity	Airbag
				SUSPECTED SERIOUS INJUR	NON DEPLOYED
		Ejected	Ejection Path	Trapped/Extricated	
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
Medical Transport		EMS Agency Identifier	EMS Run #		
EMS GROUND		6000368			
Hospital		Date of Death	Time of Death		
ST CLARE HOSP					
Distracted By					
Distracted By Action					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	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 MELINA MERINO (312) 792-6297		Citations Issued 0	Sex FEMALE		
				Date of Birth	Race HISPANIC		
		Address 5505 W SCHUBERT AVE BSMT CHICAGO, IL 69639 , US		Driver License Number			
		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			
		Injury		Injury Severity SUSPECTED MINOR INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND		EMS Agency Identifier 6000368		EMS Run #			
Hospital ST CLARE HOSP		Date of Death		Time of Death			
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit #		Location			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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		
	Individual		
	UNIT	Passenger ABRIL MERINO (312) 792-6297	Citations Issued 0
Date of Birth		Race HISPANIC	
Address 5505 W SCHUBERT AVE BSMT CHICAGO, IL 69639 , US		Driver License Number	
Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 06 -UNKNOWN ROW		Seat Position 09 - RIGHT	Helmet Compliance
Helmet Use		Tint Compliance	
Eye Protection		Airbag NON DEPLOYED	
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			
Non Motorist	Striking Unit #	Location	
Prior Action			

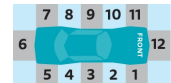
UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	006	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Results
			Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
	02	01	Violations			
			UTC Number BG941897	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)
	02	01	UTC Number BG041898	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHTWAY FROM STOP SIGN

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 WESTBOUND		<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 3	
		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 STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO						

Vehicle

02	02	License Plate Number ADV7917		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1G1ZE5ST3GF241838		Make CHEVROLET	Year 2016	Model MALIBU	
		Color BLU - BLUE		Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 12 - FRONT					



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23-08100

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name EUGENE BIESEK (608) 697-9192	Owner Address 901 MOORE ST #3 BARABOO, WI 53913 , US	
Sequence Of Events			
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
Policy Holder			
UNIT VEHICLE	Insurance Company GEICO-CASUALTY-CO	Individual EUGENE BIESEK	
	Individual		
UNIT INDIVIDUAL	Driver EUGENE BIESEK (608) 697-9192	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address 901 MOORE ST #3 BARABOO, WI 53913 , US	Driver License Number	
Safety Equipment			
UNIT INDIVIDUAL	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 SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6000368	EMS Run #
	Hospital ST CLARE HOSP	Date of Death	Time of Death

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Distracted By		Distracted By Source				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
			Prior Action					
		Action						
		Action Other				To/From School		
		02	007	Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use	
						NO	NO	
				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								
Witness								
WITN	01	Individual		Address				
		TOBY THUMS (608) 566-4420		W10898 TIPPERARY RD POYNETTE, WI 53955 , US		Date of Birth		