

6TL0DRXHK2
23-12710

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0DRXHK2

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|--|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 23-12710 | | Investigating Officer/Deputy DEPUTY S. ELLICKSON | |
| Crash Date 11/26/2023 | | Crash Time 09:08 AM | | Date Arrived 11/26/2023 | | Time Arrived 09:42 AM | |
| Date Notified 11/26/2023 | | Time Notified 09:08 AM | | Total Units 03 | | 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

| | | | |
|---|--|---|--|
| Diagram | | Reconstruction By | |
| <p>Not to Scale</p> <p>Holly Circle</p> | | <p>Photos By</p> | |
| | | <p>Additional Information PHOTOS</p> | |

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

UNIT 1 WAS TRAVELING EASTBOUND ON HOLLY CIRCLE. UNIT 1 WAS ATTEMPTING TO GO UP HILL BUT SLID DOWN THE HILL COMING TO A STOP HALF WAY DOWN. UNIT 2 WAS GOING WESTBOUND ON HOLLY CIRCLE. UNIT 2 WAS ATTEMPTING TO GO DOWN HILL WHEN IT STARTED TO SLID AND RAN INTO UNIT 1. UNIT 2 WAS ABLE TO MOVE AND PULL INTO A DRIVEWAY. UNIT 3 ATTEMPTED TO GO AROUND UNIT 1 AND GO UP THE HILL. UNIT 3 STARTED TO SLID DOWN THE HILL AND CAME TO A STOP STRIKING UNIT 1.

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Location

| | | |
|---|---------------------------------------|-----------------------------------|
| PRIVATE PROPERTY CHRISTMAS MOUNTAIN RD IN THE TOWN OF DELLONA IN SAUK COUNTY | Latitude 43.609928745 | Longitude -89.866448414 |
| | X Coordinate 268679.9375 | Y Coordinate 4832543 |
| | 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) SNOW, ICE | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) SNOW | | |
| Animal Type | Relation To Trafficway NON TRAFFICWAY - OTHER | |
| Crash Classification - Location PRIVATE PROPERTY | Crash Classification - Jurisdiction PRIVATE PROPERTY | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | |
|------------|---|---|--|----------------------------|--------------------------------|
| UNIT 01 | 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 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 15 | 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 UPHILL | | |
| | Truck Bus or HazMat NO | | | | |

| | | | | |
|---|---|---------------------------------------|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | |
| | License Plate Number CZ24082 | Plate Type AUT - AUTOMOBILE | St IL | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 5N1AR1NB8CC605098 | Make NISSAN | Year 2012 | Model CARRYALL |
| | Color GRAY - GRAY | Body Style 4D - 4DR | Bus Use | |
| | Initial Contact Point 08 - LEFT SIDE REAR | Vehicle Damage | | |
| Extent Of Damage MINOR DAMAGE | 12 - FRONT | | | |



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| | | | | |
|---|---|--|---|--------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing OTHER | | Vehicle Factors | |
| | Driver Prior Action Other ATTEMPTING TO GO UPHILL | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | Owner Name RODRIGUEZ ELEAZAR MARROQUIN (773) 915-6729 | | Owner Address 780 BUFFALO AVE APT 1 CALUMET CITY, IL 60409 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event MOTOR VEH IN TRANSPORT | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company DIRECT AUTO | | Individual ELEAZAR MARROQUIN RODRIGUEZ | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver RODRIGUEZ ELEAZAR MARROQUIN (773) 915-6729 | | Citations Issued 0 | Sex MALE |
| | Address 780 BUFFALO AVE APT 1 CALUMET CITY, IL 60409 , US | | Date of Birth | Race |
| | Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES | | | |
| 01 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Safety Equipment SHOULDER & LAP BELT | | Helmet Compliance | |
| | Helmet Use | | Tint Compliance | |
| | Eye Protection | | Airbag NON DEPLOYED | |
| | Injury | | Injury Severity NO APPARENT INJURY | |
| 001 | 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 | | | | |

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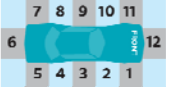
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| | | | | | |
|---|--|--|------------------------------------|---------------------------------|--|
| UNIT INDIVIDUAL 01 001 | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From 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 Summary

| | | | | | | |
|----------------|---|---|---|----------------------------|--|--|
| UNIT 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER VAN | | | | 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 Crash Tire Mark | Speed Limit 15 | 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 LEFT | | Road Grade DOWNHILL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | | |
|---|---|--|--|---------------------|---|---|
| UNIT VEHICLE 02 02 | Vehicle | | | | | |
| | License Plate Number 995H132 | | Plate Type AUT - AUTOMOBILE | St TN | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 5TDKK3DC9GS734023 | | Make TOYOTA | Year 2016 | Model SNA | |
| | Color WHI - WHITE | | Body Style 4D - 4DR | | Bus Use | |
| | Initial Contact Point 08 - LEFT SIDE REAR | | Vehicle Damage 08 - LEFT SIDE REAR | | |  |
| | Extent Of Damage MINOR DAMAGE | | Vehicle Removed By OPERATOR | | | |
| Towed Due To Damage NOT TOWED | | | | | | |

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| | | | | | |
|---|--|--|---|-------------------------------|--|
| UNIT VEHICLE | What Driver Was Doing OTHER | | Vehicle Factors | | |
| | Driver Prior Action Other ATTEMPTING TO GO DOWN HILL | | NOT APPLICABLE | | |
| | Driver Actions NO CONTRIBUTING ACTION | | | | |
| | Owner Name CHRISTMAS MOUNTAIN (608) 253-1000 | | Owner Address S944 CHRISTMAS MOUNTAIN ROAD WISCONSIN DELLS, WI 53965 , US | | |
| UNIT 02 | Sequence Of Events | | | | |
| | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | 02 | Event | | | |
| | 03 | Event | | | |
| | 04 | Event | | | |
| UNIT | Policy Holder | | | | |
| | Insurance Company MCGRIFF INSURANCE | | Organization/Company CHRISTMAS MOUNTAIN | | |
| UNIT INDIVIDUAL | Individual | | | | |
| | Driver AMANDA KOZOYED (715) 697-6141 | | Citations Issued 0 | Sex FEMALE | |
| | Address 1598 16TH CT ARKDALE, WI 54613 , US | | Date of Birth | Race WHITE | |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| UNIT 02 | 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 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 | | |
| | 02 | 002 | 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 Summary

| | | | | | | |
|------|----|---|---|---|--|--------------------------------|
| UNIT | 03 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | | Vehicle Type (SPORT) UTILITY VEHICLE | Operating As Endorsements | | | |
| | | Total Occs 3 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 15 | 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 UPHILL | |
| | | Truck Bus or HazMat NO | | | | |

Vehicle

| | | | | | | | |
|------|---------|----|----|---|---|---------------------|---|
| UNIT | VEHICLE | 03 | 03 | License Plate Number ATE9590 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | | | Vehicle Identification Number JF2SKARC1NH474930 | Make SUBARU | Year 2022 | Model FORESTER |
| | | | | Color GRN - GREEN | Body Style UT - SPORT UTILITY VEHICLE | Bus Use | |
| | | | | Initial Contact Point 04 - RIGHT SIDE REAR | Vehicle Damage | | |
| | | | | Extent Of Damage MINOR DAMAGE | 04 - RIGHT SIDE REAR | | |
| | | | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | | | | What Driver Was Doing OTHER | | | |

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|-------------------------------|---|--|--|----------------------|
| UNIT VEHICLE | Driver Prior Action Other ATTEMPTING TO GO UP HILL | | Vehicle Factors NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Owner Name BYRON SOMERS (262) 657-7387 | | Owner Address 4807 46TH AVE KENOSHA, WI 53144 , US | |
| UNIT 03 | Sequence Of Events | | | |
| | 01 | Event MOTOR VEH IN TRANSPORT | | |
| | 02 | Event | | |
| | 03 | Event | | |
| UNIT 04 | 04 | Event | | |
| | Policy Holder | | | |
| UNIT INDIVIDUAL | Insurance Company HORACE-MANN-INS-CO | | Individual BYRON SOMERS | |
| | Individual | | | |
| UNIT INDIVIDUAL | Driver BYRON SOMERS (262) 657-7387 | | Citations Issued 0 | Sex MALE |
| | Address 4807 46TH AVE KENOSHA, WI 53144 , US | | Date of Birth | Race WHITE |
| UNIT INDIVIDUAL | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | Safety Equipment | |
| | Safety Equipment | | Shoulder & Lap Belt | |
| UNIT INDIVIDUAL | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| UNIT INDIVIDUAL | 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 | |
| UNIT INDIVIDUAL | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # |
| | Hospital | | Date of Death | Time of Death |
| UNIT INDIVIDUAL | Distracted By | | | |
| | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | |
| UNIT INDIVIDUAL | Distracted By Action NOT DISTRACTED | | | |
| | Non Motorist | | | |
| UNIT INDIVIDUAL | Striking Unit # | | Location | |

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|------|------------|--|---|--|
| UNIT | INDIVIDUAL | Prior Action | | |
| | | Action | | |
| 03 | 003 | Action Other | | To/From School |
| | | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO |
| 03 | 003 | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| 03 | 003 | Drug Type | | |
| | | Individual Condition APPEARED NORMAL | | |
| UNIT | INDIVIDUAL | Individual | | |
| | | Passenger MOHAMMAD SAFARI (262) 300-9218 | Citations Issued 0 | Sex MALE |
| 03 | 004 | Date of Birth | Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN | |
| | | Address 5130 23RD AVE UPPER KENOSHA, WI 53140 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 03 | 004 | Safety Equipment | On Duty Crash | Safety Equipment |
| | | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | SHOULDER & LAP BELT |
| 03 | 004 | Helmet Use | | Helmet Compliance |
| | | Eye Protection | | Tint Compliance |
| 03 | 004 | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| 03 | 004 | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier |
| | | Hospital | | EMS Run # |
| 03 | 004 | Date of Death | | Time of Death |
| | | Distracted By Distracted By Source | | |
| 03 | 004 | Distracted By Action | | |
| | | Non Motorist | Striking Unit # | Location |
| 03 | 004 | Prior Action | | |

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| | | | | | |
|----------------------|------------|--|--|--|--|
| UNIT | INDIVIDUAL | Action | | | |
| | | Action Other | | To/From School | |
| 03 | 004 | 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 MOHAMMAD SAFARI (414) 750-6744 | | Citations Issued 0 | Sex MALE |
| | | Address 5130 23RD AVE KENOSHA, WI 53140 , US | | Date of Birth | Race WHITE |
| | | Driver License Number | | | |
| 03 | 005 | Safety Equipment | | | |
| | | On Duty Crash EMT/FIRST-RESPONDER | | Safety Equipment SHOULDER & LAP BELT | |
| | | Row 02 - SECOND ROW | Seat Position 07 - LEFT | | |
| | | 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 | | | | | |
| Distracted By Action | | | | | |
| 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 | | | |
| | 03 005 | | | |
| | | | | |
| | | | | |