WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/26/2023

	Document Number Override	Primary Crash	Document #		Agency Crash Number 23-12710			Investigating Officer/Deputy DEPUTY S. ELLICKSON			
<u>ן</u>	Crash Date 11/26/2023	Crash Time 09:08 AM	09:08 AM		rived 2023		ime Arrived 9:42 AM				
5	Date Notified 11/26/2023	Time Notified 09:08 AM		Total U 03	nits	To 00	otal Injured 0	led			
֡֝֞֞֝֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֡֟֜֓֓֓֓֡֡֓֡֓֡֡֓֓֓֡֡֡֡֓֡֓֡֡֡֡֡֡֓֡֓֡֡֡֡֡֡֡	On Emergency	lit and Run	Lane Close	ure	Work Zone		Trailer	or Towed	Reporting Threshold		
O I LUDRAFINA	Government Property	Active Sc	chool Zone	School NO	Bus Related	Ta	ags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)			Amende	ed	Secondary Crash		
_	Description Diagram							Reconstruction			
	Not to Scale	 U2	U3		I	W √ S	→DE	Photos By			
	U2 U2 I, a sworn law enforcem	nent officer agr	n ave I test to a	t added	Holly Circle	this ron	oort	Additional Inf			
	UNIT 1 WAS TRAVELING EASTBOOWN. UNIT 2 WAS GOING WE	OUND ON HOLLY C	CIRCLE. UNIT 1 WA LY CIRCLE. UNIT 2	S ATTEM WAS AT	PTING TO GO UP HIL TEMPTING TO GO DO	L BUT SL DWN HILL	ID DOWN TI WHEN IT S	TARTED TO S	LID AND RAN INTO UNIT 1.		
	UNIT 2 WAS ABLE TO MOVE ANI THE HILL AND CAME TO A STOP			ILEMPTE	D TO GO AROUND UN	NII 1 AND	GO UP TH	= HILL. UNIT :	STARTED TO SLID DOWN		

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Lo	cation							
	RIVATE PROPERTY			Latitude		Longitude		
	HRISTMAS MOUNTA	IN RD		43.609928745		-89.866448414		
IN	THE TOWN OF DEL	LONA		X Coordinate		Y Coordinate		
IN	SAUK COUNTY			268679.9375		4832543		
						4002040		
				Structure Type NO STRUCTURE	=			
L				NO 31KOCTOKI	_			
Cr	ash Scene							
Fir	st Harmful Event			First Harmful Event	Location			
М	OTOR VEH IN TRANS	SPORT		ON ROADWAY				
Ma	anner of Collision			Light Condition DAYLIGHT				
01	- ANGLE							
	pad Surface Condition(s)			Roadway Factor(s)				
	` ,			1 (caaway 1 actor(s)				
SI	NOW, ICE							
En	vironment Factor(s)							
	` ,	NO.		NONE				
**	EATHER CONDITION	15		NONE				
We	eather Condition(s)							
SI	NOW							
An	imal Type			Relation To Traffice	vay			
				NON TRAFFICW	AY - OTHER			
Cr	ash Classification - Loca	tion		Crash Classification - Jurisdiction PRIVATE PROPERTY				
PF	RIVATE PROPERTY							
Tri	ibal Land			Access Control		Special Study		
				NO CONTROL				
\//i	ithin Interchange Area	Junction Location	Intersect		on Type			
N	-	NON-JUNCTION		INTERSECTION				
.,,		NON-SONCTION	NOT AI	· INTERSECTION				
	nit Summary							
	nit Summary iit Status		Vehicle Operating As 0	Classification	Unit Type			
Un			Vehicle Operating As (Classification	Unit Type AUTOMOE	BILE		
Un IN Ve	nit Status			Classification	AUTOMOE	BILE s Endorsements		
Un IN Ve	it Status TRANSIT	ICLE		Classification	AUTOMOE			
Ur IN Ve (S	nit Status TRANSIT shicle Type	ICLE Train/Bus # Recorded			AUTOMOE Operating As			
Ur IN Ve (S	nit Status TRANSIT whicle Type PORT) UTILITY VEH		D CLASS		AUTOMOE Operating As	s Endorsements		
Ur IN Ve (S To 1	nit Status TRANSIT chicle Type PORT) UTILITY VEH tal Occs		D CLASS Total # Citations Issue 0	d Total Tr	AUTOMOE Operating As	s Endorsements Total HazMat Types		
P (S) To Ins	nit Status TRANSIT chicle Type PORT) UTILITY VEH ttal Occs surance?	Train/Bus # Recorded Direction Of Travel	Total # Citations Issue O Pre CrashTir	d Total Tr 0 e Speed I	AUTOMOE Operating As	s Endorsements Total HazMat Types 0 Total Lanes		
Un IN Ve (S To 1 Ins	it Status TRANSIT chicle Type PORT) UTILITY VEH tal Occs surance?	Train/Bus # Recorded Direction Of Travel EASTBOUND	Total # Citations Issue 0 Pre CrashTir Mark	d Total Tr	AUTOMOE Operating As ailers	Total HazMat Types O Total Lanes		
Ur IN Ve (S To 1 Ins	it Status TRANSIT chicle Type PORT) UTILITY VEH ctal Occs surance? ES ost Harmful Event: Collisi	Direction Of Travel EASTBOUND ion With	Total # Citations Issue O Pre CrashTir	d Total Tr 0 e Speed I	AUTOMOE Operating As ailers	Total HazMat Types O Total Lanes 2 Motor Vehicle Use		
Ur IN Ve (S To 1 Ins YE	it Status TRANSIT chicle Type PORT) UTILITY VEH ctal Occs surance? ES ost Harmful Event: Collisi OTOR VEH IN TRAN:	Direction Of Travel EASTBOUND ion With	Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC	d Total Tr 0 e Speed I	AUTOMOE Operating As ailers Limit Emergency NOT APPL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use		
Verice (S) To 1 Ins YE Md Tra	it Status TRANSIT chicle Type PORT) UTILITY VEH ctal Occs surance? ES ost Harmful Event: Collisi OTOR VEH IN TRANs	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC	d Total Tr 0 e Speed I	AUTOMOE Operating As ailers Limit Emergency NOT APPL Traffic Contr	Total HazMat Types O Total Lanes 2 Motor Vehicle Use		
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Uring IN Ve (S (S To 1 Ins YE Md Mr Tra	init Status TRANSIT Shicle Type PORT) UTILITY VEH stal Occs surance? ES Dost Harmful Event: Collisi OTOR VEH IN TRANS affic Way VO-WAY, NOT DIVID	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature	d Total Tr 0 e Speed I	AUTOMOE Operating Astallers Limit Emergency NOT APPL Traffic Contr NO Road Grade	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE ol Inoperative/Missing		
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Ur IN Ve (S (S To 1 Insured Final Fi	TRANSIT Shicle Type PORT) UTILITY VEH stal Occs Surance? ES Dost Harmful Event: Collisi OTOR VEH IN TRANS affic Way VO-WAY, NOT DIVID urface Type LACKTOP (BITUMING uck Bus or HazMat D Vehicle License Plate Number CZ24082	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT ED OUS)	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type AUT - AUTOMOBI	d Total Tr 0 e Speed I 15 CTION	AUTOMOE Operating As ailers Limit Emergency NOT APPL Traffic Contr NO Road Grade UPHILL Country of Iss UNITED ST	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE ol Inoperative/Missing		
Ur IN Vec (S To 1 Insured From 1 Ins	TRANSIT shicle Type PORT) UTILITY VEH stal Occs surance? ES DOST Harmful Event: Collisi OTOR VEH IN TRANS affic Way VO-WAY, NOT DIVID uck Bus or HazMat D Vehicle License Plate Number CZ24082 Vehicle Identification	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT ED OUS)	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type AUT - AUTOMOBI Make	d Total Tr 0 e Speed I 15 CTION St LE IL Year	AUTOMOE Operating As ailers Emergency NOT APPL Traffic Contr NO Road Grade UPHILL Country of Iss UNITED ST Model	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE ol Inoperative/Missing		
IN Ve (S To 1 Ins Md Mr Tra	TRANSIT Shicle Type PORT) UTILITY VEH stal Occs Surance? ES DEST HARMFUL EVENT: COllisi OTOR VEH IN TRANS CAFFIC Way VO-WAY, NOT DIVID UTACE Type LACKTOP (BITUMING UCK Bus or HazMat D Vehicle License Plate Number CZ24082 Vehicle Identification 5N1AR1NB8CC60	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT ED OUS)	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type AUT - AUTOMOBI Make NISSAN	d Total Tr 0 e Speed I 15 CTION	AUTOMOE Operating As ailers Emergency NOT APPL Traffic Contr NO Road Grade UPHILL Country of Iss UNITED ST Model CARRYALL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE ol Inoperative/Missing		
Ur IN Vec (S To 1 Insured From 1 Ins	TRANSIT Shicle Type PORT) UTILITY VEH stal Occs Surance? ES DEST HARMFUL EVENT: COllisi OTOR VEH IN TRANS CAFFIC Way VO-WAY, NOT DIVID UTACK TOP (BITUMING UTACK BUS OF HAZMAT D Vehicle License Plate Number CZ24082 Vehicle Identification 5N1AR1NB8CC60 Color	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT ED OUS)	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type AUT - AUTOMOBI Make NISSAN Body Style	d Total Tr 0 e Speed I 15 CTION St LE IL Year	AUTOMOE Operating As ailers Emergency NOT APPL Traffic Contr NO Road Grade UPHILL Country of Iss UNITED ST Model	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE ol Inoperative/Missing		
Ur IN Ve (S (S To 1 Insure TV Su BI Tru Nu	init Status TRANSIT Shicle Type PORT) UTILITY VEH stal Occs Surance? ES DIST Harmful Event: Collisi OTOR VEH IN TRANS DISTANCE Type LACKTOP (BITUMING LICENSE Plate Number CZ24082 Vehicle Identification 5N1AR1NB8CC60 Color GRY - GRAY	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT ED OUS)	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type AUT - AUTOMOBI Make NISSAN Body Style 4D - 4DR	d Total Tr 0 e Speed I 15 CTION St LE IL Year	AUTOMOE Operating As ailers Emergency NOT APPL Traffic Contr NO Road Grade UPHILL Country of Iss UNITED ST Model CARRYALL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE ol Inoperative/Missing		
Ur IN Ve (S To 1 Ins Tr VE MAM M M Tr: TV Su BI Tri NO	TRANSIT Shicle Type PORT) UTILITY VEH stal Occs Surance? ES DEST HARMFUL EVENT: COllisi OTOR VEH IN TRANS CAFFIC Way VO-WAY, NOT DIVID UTACE Type LACKTOP (BITUMING UTACE TYPE LICENSE PLATE NUMBE CZ24082 Vehicle Identification 5N1AR1NB8CC60 Color GRY - GRAY Initial Contact Point	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT ED OUS)	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type AUT - AUTOMOBI Make NISSAN Body Style	d Total Tr 0 e Speed I 15 CTION St LE IL Year	AUTOMOE Operating As ailers Emergency NOT APPL Traffic Contr NO Road Grade UPHILL Country of Iss UNITED ST Model CARRYALL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE ol Inoperative/Missing		
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Ur IN Ve (S To 1 Ins Tr VE MAM M M Tr: TV Su BI Tri NO	TRANSIT Shicle Type PORT) UTILITY VEH stal Occs Surance? ES DEST HARMFUL EVENT: COllisi OTOR VEH IN TRANS CAFFIC Way VO-WAY, NOT DIVID UTACE Type LACKTOP (BITUMING UTACE TYPE LICENSE PLATE NUMBE CZ24082 Vehicle Identification 5N1AR1NB8CC60 Color GRY - GRAY Initial Contact Point	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT ED OUS)	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type AUT - AUTOMOBI Make NISSAN Body Style 4D - 4DR	d Total Tr 0 e Speed I 15 CTION St LE IL Year	AUTOMOE Operating As ailers Emergency NOT APPL Traffic Contr NO Road Grade UPHILL Country of Iss UNITED ST Model CARRYALL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing		
Ur IN Ve (S (S To 1 Insure TV Su BI Tru Nu	TRANSIT Shicle Type PORT) UTILITY VEH stal Occs Surance? ES DEST HARMFUL EVENT: COllisi OTOR VEH IN TRANS CAFFIC Way VO-WAY, NOT DIVID UTACE Type LACKTOP (BITUMING UTACE TYPE LICENSE PLATE NUMBE CZ24082 Vehicle Identification 5N1AR1NB8CC60 Color GRY - GRAY Initial Contact Point	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT ED OUS)	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type AUT - AUTOMOBI Make NISSAN Body Style 4D - 4DR Vehicle Damage	d Total Tr 0 e Speed I 15 CTION St LE IL Year	AUTOMOE Operating As ailers Emergency NOT APPL Traffic Contr NO Road Grade UPHILL Country of Iss UNITED ST Model CARRYALL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE ol Inoperative/Missing		
Ur IN Ve (S To 1 Ins Tr VE MAM M M Tr: TV Su BI Tri NO	TRANSIT Shicle Type PORT) UTILITY VEH stal Occs Surance? ES DEST HARMFUL EVENT: COllisi OTOR VEH IN TRANS CAFFIC Way VO-WAY, NOT DIVID UTACE Type LACKTOP (BITUMING UTACE TYPE LICENSE PLATE NUMBE CZ24082 Vehicle Identification 5N1AR1NB8CC60 Color GRY - GRAY Initial Contact Point	Train/Bus # Recorded Direction Of Travel EASTBOUND ion With SPORT ED OUS)	D CLASS Total # Citations Issue 0 Pre CrashTir Mark Special Function NO SPECIAL FUNC Traffic Control NO CONTROL Road Curvature CURVE RIGHT Plate Type AUT - AUTOMOBI Make NISSAN Body Style 4D - 4DR Vehicle Damage	d Total Tr 0 e Speed I 15 CTION St LE IL Year	AUTOMOE Operating As ailers Emergency NOT APPL Traffic Contr NO Road Grade UPHILL Country of Iss UNITED ST Model CARRYALL	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use ICABLE ol Inoperative/Missing		

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23-12710

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

Crash Date 11/26/2023

		Towed Due To Damage		Vehicle Removed By			
		NOT TOWED		OPERATOR			
		What Driver Was Doing		Vehicle Factors			
		OTHER					
		Driver Prior Action Other		NOT APPLICABLE			
		ATTEMPTING TO GO UP	HILL				
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION				
		Owner Name		Owner Address			
7	10	RODRIGUEZ ELEAZAR N (773) 915-6729	IARROQUIN	780 BUFFALO AV			
		Sequence Of Events					
	01	MOTOR VEH IN TRANSP	ORT				
	02	Event MOTOR VEH IN TRANSP	ORT				
	03	Event					
	04	Event					
_		Policy Holder					
LIND	Ī	Insurance Company		Individual			
\supset		DIRECT AUTO		ELEAZAR MARRO	QUIN RODRIGUE	Z	
		Individual					
		Driver		Citations Issued	Sex		
	_	RODRIGUEZ ELEAZAR N	IARROQUIN	0	MALE		
	A	(773) 915-6729		Date of Birth	Race		
	9						
5	INDIVIDUAL	Address 780 BUFFALO AVE APT 1 CALUMET CITY, IL 60409		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
		On Duty	/ Crash	Safety Equipment			
	Saf	fety Equipment					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAF	PBELT		
		Helmet Use	•	Helmet Compliance			
		Eye Protection		Tint Compliance			
_	Σ	Injury S	everity	Airbag			
2	00	Injury _{NO AP}	PARENT INJURY	NON DEPLOYED			
		Ejected	Ejection Path NOT EJECTED/NOT AP	DI ICABI E		Trapped/Extricated NOT TRAPPED	
		NOT EJECTED Medical Transport	NOT EJECTED/NOT AP		r		
			EMS Agency Identifier EMS Run #		EWO TRUTT		
		NOT TRANSPORTED					
				Date of Death		Time of Death	
		NOT TRANSPORTED Hospital Distract	ed By Source			Time of Death	
		NOT TRANSPORTED Hospital	ed By Source PPLICABLE (NOT DISTR			Time of Death	

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Crash Date 11/26/2023

		Non Motorist	king Unit#	Location							
		Prior Action									
		Action									
	A F										
UNIT	INDIVIDUAL										
5											
	=										
		Action Other						To/From School			
		I Sus	spected Alcohol U	lse.	Suspected Drug Use						
	L	Drug & Alcohol No)		NO						
		Alcohol Test Given TEST NOT GIVEN					Alcohol Test F	Results			
		Drug Test Given TEST NOT GIVEN	iven Drug Test Typ			Drug Test Result	S				
10	001	Drug Type									
	0										
		Individual Condition									
		APPEARED NORMAL									
		t Summary ===									
		Status RANSIT			ehicle Operating As Classi CLASS	ncation	Unit Type AUTOMOBI	ILE			
02		cle Type SSENGER VAN		•			Operating As	Endorsements			
	Tota	Occs	Train/Bus # Re		Total # Citations Issued Total Trail			Total HazMat Types			
	1 Insu	rance?	Direction Of Tra		0 0 Speed L			0 Total Lanes			
LINO	YES	Harmful Event: Collision V	WESTBOUN		Mark Decial Function	Mark 15		2 Motor Vehicle Use			
5	MO	TOR VEH IN TRANSPO			O SPECIAL FUNCTIO	N	NOT APPLICABLE				
		ic Way D-WAY, NOT DIVIDED			raffic Control O CONTROL		Traffic Control Inoperative/Missing NO				
	Surfa	асе Туре		Ro	oad Curvature		Road Grade				
		CKTOP (BITUMINOUS k Bus or HazMat)		URVE LEFT		DOWNHILL	-			
	NO	,									
	,	Vehicle License Plate Number		P	Plate Type	St	Country of Issu	uance			
		995H132			AUT - AUTOMOBILE	TN	UNITED STA	ATES			
02	07	Vehicle Identification Num 5TDKK3DC9GS73402			Make OYOTA	Year 2016	Model SNA				
		Color WHI - WHITE			Body Style BD - 4DR	<u> </u>	Bus Use				
	Ш	Initial Contact Point			ehicle Damage		<u> </u>	7 8 9 10 11			
UNIT	VEHICLE	08 - LEFT SIDE REAR Extent Of Damage			08 - LEFT SIDE REAR			6 8 12			
	7	MINOR DAMAGE Towed Due To Damage						5 4 3 2 1			
		NOT TOWED			Vehicle Removed By OPERATOR						

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23-12710

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		What Driver Was Doir	ng		V	ehicle Factors						
		OTHER										
		Driver Prior Action Otl			N	OT APPLICABLE						
		Driver Actions	GO DOW	N HILL								
	ш	NO CONTRIBUTION	IG ACTIO	N								
╘	CLI											
LIND	VEHICL											
	K											
		Owner Name				Owner Address						
	~	CHRISTMAS MOU	INTAIN			S944 CHRISTMAS						
05	02	(608) 253-1000				WISCONSIN DEL	LS, WI 53965 , U	S				
	Ş	Sequence Of Event	vents									
	01	MOTOR VEH IN TI	RANSPO	RT								
	02	Event										
	03	Event										
	04	Event	Event									
LIND		Policy Holder Insurance Company				Organization/Company						
5		MCGRIFF INSURANCE			Organization/Company CHRISTMAS MOUN							
	ı	Individual										
		Driver AMANDA KOZOYED				Citations Issued	Sex					
	AL	(715) 697-6141			0 Date of Birth	FEMALE Race						
_	INDIVIDUAL				Date of Dirac	WHITE						
	$\overline{\leq}$	Address				Driver License Number	-					
	Ĭ	1598 16TH CT ARKDALE, WI 546	313 , US			STATE: WISCONSI	N COUNTRY: UNI	TED STATES				
	Sat	ety Equipment	On Duty (Crash		Safety Equipment						
		Row		Seat Po	sition	SHOULDER & LAP BELT						
		01 - FRONT ROW		07 - LE	FT							
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
05	005		Injury Sev	erity		Airbag						
0	ĕ			ARENT II		NON DEPLOYED						
		Ejected NOT EJECTED		Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport	Į.			EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	ED			Date of Death		Time of Death				
	Hospital					Date of Death		Time of Death				
		Distracted By	Distracted NOT AP	By Source	E (NOT DISTRAC	TED)						
		Distracted By Action NOT DISTRACTED)									
		Non Motorist	Striking U	nit#	Location							
		NON WICKINS										

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Crash Date 11/26/2023

		Prior Action										
		A -4:										
		Action										
	Ļ											
 	INDIVIDUAL											
LIND	10											
>												
	Z											
		Action Other								To/From School		
					TON TON OCHOC							
		Sus	pected Alcohol U	lse	Suspected D	rug Use				I.		
	L	Drug & Alcohol No			NO							
		Alcohol Test Given		Alcohol Test Typ	pe			Alcohol Tes	t Results			
		TEST NOT GIVEN		Drug Test Type		I Des	ug Test Results					
	2	Drug Test Given TEST NOT GIVEN				Dit	ug rest Results					
		Drug Type										
05	002	3 71	Drug Type									
		Individual Condition										
		APPEARED NORMAL										
		t Summary -		_				1				
		Status		Vehicle Operatir D CLASS	ng As Classificat	tion	Unit Type AUTOMO	DII E				
		RANSIT cle Type		D CLASS			Operating A		ments			
03	(SPORT) UTILITY VEHICLE							opordang,	io Endoroc	monto		
	-	Total Occs Train/Bus # Recorded			Total # Citations Issued Total Trail		Total Traile	ers	Total Haz	zMat Types		
	3				0		0		0			
		rance?	Direction Of Tra		Pre Cra	CrashTire Speed Limit		it	Total Lan	nes		
LNS	YES		EASTBOUNI			Mark 15		Emergency	2	siala I laa		
5		t Harmful Event: Collision W TOR VEH IN TRANSPO			Special Function NO SPECIAL FUNCTION			NOT APP	LICABLE	iicie Ose		
		ic Way			Traffic Control			Traffic Control Inoperative/Missing				
	TWC	D-WAY, NOT DIVIDED			NO CONTROL			NO				
İ		ace Type			Road Curvature			Road Grade				
		ACKTOP (BITUMINOUS))		CURVE RIGHT UPHILL							
		k Bus or HazMat										
	NO											
	`	Vehicle			Dista Tona		St	Country of Is	allanaa			
		License Plate Number ATE9590			Plate Type AUT - AUTO	MORII F	WI	UNITED S				
_		Vehicle Identification Numb	per		Make	WODILL	Year	Model	IAILO			
03	03	JF2SKARC1NH474930			SUBARU		2022	FORESTE	R			
		Color			Body Style		l	Bus Use				
		GRN - GREEN				UTILITY VEH	ICLE					
	"	Initial Contact Point			Vehicle Damag	e				7 8 9 10 11		
LNO	<u></u>	04 - RIGHT SIDE REAF	₹		A DICUT	NDE DEAD				6 2 2		
ן ⊃	VEHICLE	Extent Of Damage MINOR DAMAGE			04 - RIGHT S	DIDE KEAK				5 4 3 2 1		
ŀ	>	Towed Due To Damage			Vehicle Remov	ed By						
		NOT TOWED			OPERATOR							
'		What Driver Was Doing										
		OTHER										

6TL0DRXHK2

23-12710

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/26/2023

					V	ehicle Factors					
		Driver Prior Action Oth				IOT APPLICABLE					
		ATTEMPTING TO	GO UP H	ILL							
		Driver Actions NO CONTRIBUTION	IG ACTIO	N							
_	ĽE	NO CONTRIBOTIO	10 40 110								
LINO	VEHICL										
_	Œ										
		Owner Name				Owner Address					
03	03	BYRON SOMERS (262) 657-7387				4807 46TH AVE KENOSHA, WI 531	144 US				
0	0	(202) 001 1001				11211331111, 11133	, 00				
		Sequence Of Ev	vanta								
		Event	vents								
	01	MOTOR VEH IN TI	RANSPO	RT							
	02	Event									
	03	Event									
	04	Event									
		Dalias Haldan									
LIND		Policy Holder Insurance Company				I to all to district to					
5		HORACE-MANN-II	NS-CO			Individual BYRON SOMERS					
	ı	Individual									
		Driver BYRON SOMERS				Citations Issued	Sex				
	4	(262) 657-7387				0	MALE Race				
–	INDIVIDUAL	,				Date of Birth	WHITE				
L	Σ	Address	-			Driver License Number					
_	Z	4807 46TH AVE KENOSHA, WI 531	144 . US			STATE: WISCONSIN COUNTRY: UNITED STATES					
		,	,								
	0-4	- / -	On Duty C	crash		Safety Equipment					
	Sat	ety Equipment									
		Row		Seat Po		SHOULDER & LAP BELT					
		01 - FRONT ROW Helmet Use		07 - LE	IF I	Helmet Compliance					
		Troilliet Goo				Troinior Compilario					
		Eye Protection				Tint Compliance					
~	က		Injury Sev	erity		Airbag					
03	003	Injury	NO APP	-	NJURY	NON DEPLOYED					
		Ejected		jection Pa				Trapped/Extricated			
		NOT EJECTED Medical Transport	ľ	NOT EJE	CTED/NOT APPL	ICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORT	ED			EIVIS Agency Identiller		EIVIS Kuii #			
	Hospital				Date of Death		Time of Death				
			Distracted	By Source	1						
		Distracted By	NOT AP	PLICABL	E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Striking U	nit#	Location						

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/26/2023

ı										
		Prior Action								
UNIT	INDIVIDUAL	Action Other						To/From School		
		Suspect Drug & Alcohol NO	ed Alcohol (Use	Suspected Drug Use					
		Alcohol Test Given		Alashal Toot Time	NO		Alcohol Test Results			
		TEST NOT GIVEN		Alcohol Test Type	=		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3			
03	003	Drug Type				_				
		Individual Condition								
		APPEARED NORMAL								
		Individual								
		Passenger MOHAMMAD SAFARI (262) 300-9218 Address 5130 23RD AVE UPPER			Citations Issued 0	Sex MALE				
_	INDIVIDUAL				Date of Birth	Race ASIAN OR NAT	ΓIVE HAWAIIAN OR C	OTHER PACIFIC ISLAN		
L N N	Σ				Driver License Number					
	Z	KENOSHA, WI 53140 , US	6		STATE: WISCONSIN	N COUNTRY: UN	ITED STATES			
	Sat	On Duty fety Equipment	Crash		Safety Equipment					
		Row 01 - FRONT ROW	Seat P		SHOULDER & LAP BELT					
		Helmet Use	I		Helmet Compliance					
		Eye Protection			Tint Compliance					
03	004	Injury Se	-		Airbag					
	0	Ejected NO AP	PARENT I		NON DEPLOYED		Trannod/Extricated			
		NOT EJECTED		ECTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
			15.0							
		Distracted By	ed By Sourc	ce						
		Distracted By Action								
		Non Motorist Striking	Unit#	Location						
		Prior Action		L						

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	_											
		Action										
_	INDIVIDUAL											
LNO	JDI											
5												
	Z											
		Action Other							To/From School			
			Suspected	Alcohol Us	se	Suspected Drug Use						
	L	Drug & Alcohol	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			9 7,		Brag root recalls	•				
03	004	Drug Type					•					
	0											
		Individual Condition	dividual Condition									
		APPEARED NORM	PPEARED NORMAL									
		lo alivial cal										
		Passenger MOHAMMAD SAFARI (414) 750-6744			Citations Issued	Sex						
	إـ				0	MALE						
_	INDIVIDUAL				Date of Birth	Race WHITE						
	M	Address				Driver License Numb						
–	ND	5130 23RD AVE KENOSHA, WI 531	140 US									
	_	RENGOLIA, WIGO	140 , 00									
	0-4	· · · · - · · · · · · · · · · · ·	On Duty Cr	ash		Safety Equipment						
	Sat	ety Equipment	EMT/FIRS									
		Row 02 - SECOND ROV	N	Seat Pos 07 - LE		SHOULDER & LA	PBELI					
		Helmet Use	<u> </u>	1	<u> </u>	Helmet Compliance						
		Eve Pretection				Ti to II						
		Eye Protection				Tint Compliance						
03	900	Injury	Injury Seve	rity		Airbag						
0	Ō	Ejected	NO APPA	RENT IN ection Pat	JURY	NON DEPLOYED		Trapped/Extricated				
		NOT EJECTED			TED/NOT APPL	ICABLE		NOT TRAPPED				
		Medical Transport				EMS Agency Identifie	er	EMS Run #				
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death				
		Ποσριίαι				Date of Death		Time of Death				
		Distracted By	Distracted I	By Source		•		-				
		Distracted By Action										
		Non Motorist	Striking Un	it#	Location							
		Prior Action										

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/26/2023

LIND	INDIVIDUAL	Action Action Other					To/From School
		Action Other					10/From School
	ı	Drug & Alcohol 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		
03	002	Drug Type	1				
		Individual Condition					
		APPEARED NORMAL					