

6TL0F68VND
24-03200

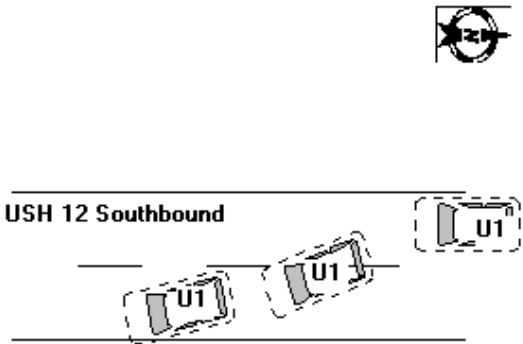
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 24-03200 | Investigating Officer/Deputy SERGEANT T. CLAUER | |
| Crash Date 04/01/2024 | | Crash Time 04:26 PM | Date Arrived 04/01/2024 | Time Arrived 04:40 PM | |
| Date Notified 04/01/2024 | | Time Notified 04:27 PM | Total Units 01 | 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 checked="" 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  <p>USH 12 Southbound</p> <p>U1</p> <p>U1</p> <p>U1</p> <p>NOT TO SCALE</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

UNIT ONE WAS TRAVELING SOUTH ON USH 12. UNIT ONE LOST CONTROL ON THE SLUSH COVERED OVERPASS. UNIT ONE STRUCK THE CEMENT BARRIER ON THE EAST SIDE OF THE ROADWAY. UNIT ONE OPERATOR WAS NOT INJURED. UNIT ONE WAS DRIVEABLE.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON USH12 EB 138 FT S OF USHL U EB IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.55791466 | Longitude -89.780717463 |
| | X Coordinate 275405.1875 | Y Coordinate 4826530.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | | |
|--|--|---|---------------|
| First Harmful Event CONCRETE TRAFFIC BARRIER | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) SNOW | | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | | |
| Weather Condition(s) SNOW | | | |
| Animal Type | | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | | Access Control FULL 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 PASSENGER CAR | | | | Operating As Endorsements | |
| | Total Occs 01 | 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 65 | Total Lanes 04 | |
| | Most Harmful Event: Collision With CONCRETE TRAFFIC BARRIER | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way DIVIDED HWY W/TRAFFIC BARRIER | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature CURVE RIGHT | | Road Grade HILLCREST | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | | |
|--|----------------|---|--|--|---------------------|---|
| UNIT | Vehicle | | | | | |
| | 01 | License Plate Number ACL9065 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number KNDJN2A24K7911525 | | Make KIA MOTORS CORPORAT | Year 2019 | Model SOUL |
| | VEHICLE | Color BLK - BLACK | | Body Style 4D - 4DR | | Bus Use |
| | | Initial Contact Point 01 - RIGHT FRONT CORNER | | Vehicle Damage 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| Extent Of Damage FUNCTIONAL DAMAGE | | | | | | |



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| | | | | |
|---|---|--|---|-------------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions SPEED TOO FAST/COND | | | |
| 01 01 | Owner Name KATHERINE CANALES CASADO (608) 566-9765 | | Owner Address 1017A PARKSIDE AVE # 204 BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 01 | 01 | Event CONCRETE TRAFFIC BARRIER | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO | | Individual KATHERINE CANALES CASADO | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver KATHERINE CANALES CASADO (608) 566-9765 | | Citations Issued 0 | Sex FEMALE |
| | Address 1017A PARKSIDE AVE # 204 BARABOO, WI 53913 , US | | Date of Birth | Race HISPANIC |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | |
| | Eye Protection | | Helmet Compliance | |
| | Tint Compliance | | Airbag NON DEPLOYED | |
| | Injury | | Injury Severity NO APPARENT INJURY | |
| 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 Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By | | | | |
| Distracted By Action NOT DISTRACTED | | | | |

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| | | | | | | | |
|-------------------|-----------------------|---|--|-------------------|---|---------------------------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| | Action Other | | | | | To/From School | |
| | 01 | 001 | 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 | | | | |
| | Property Owner | | | | | | |
| PROP OWNER | 01 | Government WISCONSIN DEPT OF TRANSPORTATION (608) 246-3800 | | | Address 2101 WRIGHT ST MADISON, WI 53705 2583, US | | |
| | | Fixed Objects Struck | | | | | |
| 01 | 01 | Striking Unit | Struck Object | Structure Number | Damage Tag Number | | |
| | | 01 | CONCRETE TRAFFIC BARRIER | | | | |