

6TL0FB0012  
24-03225

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0FB0012

Document Number Override		Primary Crash Document #		Agency Crash Number <b>24-03225</b>		Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>04/02/2024</b>		Crash Time <b>11:00 AM</b>		Date Arrived <b>04/02/2024</b>		Time Arrived <b>11:21 AM</b>	
Date Notified <b>04/02/2024</b>		Time Notified <b>11:10 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" type="checkbox"/> Trailer or Towed	<input checked="" type="checkbox"/> Reporting Threshold		
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram		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.

UNIT 1 DRIVER STATED HE WAS TRAVELING S/B ON USH 12. UNIT 1 DRIVER STATED A RED SEMI WITH TRAILER STRUCK HIS REAR PASSENGER SIDE CAUSING HIM TO LOSE CONTROL. UNIT 1 DRIVER STATED HE TRAVELED THROUGH THE MEDIAN, INTO THE N/B LANES AND INTO THE DITCH BETWEEN THE N/B LANES AND NORTH REEDSBURG OFF RAMP/

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Location

ON USH12 EB 387 FT S OF N REEDSBURG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.5313615</b>	Longitude <b>-89.787338768</b>
	X Coordinate <b>274771.4375</b>	Y Coordinate <b>4823599</b>
	Structure Type	

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>WET, SNOW, ICE</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY, RAIN, SNOW</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>NON-JUNCTION</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>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</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/O 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>HILLCREST</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>AVU9426</b>				Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>2GNALBEK2F6237775</b>				Make <b>CHEVROLET</b>	Year <b>2015</b>	Model <b>EQUINOX</b>	
		Color <b>BLK - BLACK</b>				Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
		Initial Contact Point <b>99 - UNKNOWN</b>				Vehicle Damage <b>02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR</b>			
		Extent Of Damage <b>DISABLING DAMAGE</b>							



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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>		
	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>				
01	01	Owner Name <b>SANTOS ZELEDON ARAUZ</b>		Owner Address <b>22 FAWN DR BARABOO, WI 53913 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event <b>RUN OFF ROADWAY LEFT</b>			
		Event <b>DITCH</b>			
		Event			
01	01	<b>Individual</b>			
		Driver <b>SANTOS ZELEDON ARAUZ</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
		Date of Birth		Race <b>HISPANIC</b>	
		Address <b>22 FAWN DR BARABOO, WI 53913 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
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		Airbag <b>DEPLOYED-FRONT</b>			
<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-FRONT</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>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location		

UNIT	INDIVIDUAL	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>				
		<b>Individual</b>				
		UNIT	INDIVIDUAL	Passenger <b>MARIA RIZO</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth			Race <b>HISPANIC</b>		
Address <b>22 FAWN DR LAKE DELTON, WI 53940 , 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>DEPLOYED-FRONT</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		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				

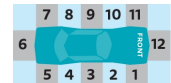
UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	02	01	<b>Violations</b>			
			UTC Number <b>BK741953</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(a)</b>	Description <b>OPERATE W/O VALID LICENSE (1ST VIOLATION)</b>
	02	01	UTC Number <b>BK741954</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>

**Unit Summary**

UNIT	02	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>B CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>STRAIGHT TRUCK (INSERT TRUCK)</b>					Operating As Endorsements	
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	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/O 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>HILLCREST</b>		
		Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>						

**Vehicle**

02	02	License Plate Number		Plate Type	St	Country of Issuance
		Vehicle Identification Number		Make	Year	Model
		Color		Body Style		Bus Use
		Initial Contact Point <b>99 - UNKNOWN</b>				



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UNIT VEHICLE	Extent Of Damage <b>VEHICLE NOT AT SCENE</b>		Vehicle Damage <b>16 - VEHICLE NOT AT SCENE</b>	
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>UNKNOWN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>UNKNOWN</b>	
UNIT VEHICLE	Driver Actions <b>UNKNOWN</b>			
	Owner Name		Owner Address	
02	<b>Sequence Of Events</b>			
UNIT VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT TRAILER/	<b>Trailer/Towed</b>			
	Trailer Plate #	Plate Type	Make	State
	Country of Issuance	Address		
UNIT INDIVIDUAL	Unit Type		Unknown	
	Vehicle Identification Number		, ,	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>UNKNOWN UNKNOWN</b>		Citations Issued <b>0</b>	Sex
	Address <b>UNKNOWN UNKNOWN, ,</b>		Date of Birth	Race
	Driver License Number			
	<b>Safety Equipment</b>			
UNIT INDIVIDUAL	On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</b>

UNIT	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
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use
	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>NOT OBSERVED</b>				
UNIT 02 003	<b>Carrier</b>			
	<input checked="" type="checkbox"/> <b>Use Vehicle Owner Same as Carrier</b>		Source	
	Name		Address	
	GVWR		Vehicle Configuration	Cargo Body Type
	US DOT #		Carrier Type	Permitted Load
	<input type="checkbox"/> <b>OS/OW Load</b>	WI Permit Number	<input type="checkbox"/> <b>Permitted Vehicle On Permitted Route</b>	<input type="checkbox"/> <b>Escort Vehicle Required By Permit</b>
	<input type="checkbox"/> <b>Escort Vehicle Present</b>			
Measured Height		Measured Length	Measured Width	Measured Weight