

6TL0DM0C3K
25-04768

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 25-04768		Investigating Officer/Deputy LIEUTENANT S. SCHRAM	
Crash Date 05/17/2025		Crash Time 08:37 PM		Date Arrived 05/17/2025		Time Arrived 08:37 PM	
Date Notified 05/17/2025		Time Notified 08:37 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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
		Photos By SGT. TATE
		Additional Information PHOTOS, BODY CAMERA VIDEO

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

UNIT 1 WAS TURNING NORTHBOUND ONTO THE INTERSTATE OFF WEST MUNROE IN THE VILLAGE OF LAKE DELTON FROM THE EASTBOUND LANES. UNIT 1 OPERATOR STATED HE HAD A YELLOW LIGHT TO TURN AND HAD A CLEAR ROADWAY. UNIT 1 OPERATOR SAID AS HE WAS TURNING A VEHICLE BEING OPERATED AT A HIGH RATE OF SPEED CAME THROUGH THE INTERSECTION AND STRUCK THE REAR PASSENGER SIDE OF HIS VEHICLE. UNIT 2 OPERATOR WAS WESTBOUND ON WEST MUNROE TRAVELING THROUGH THE INTERSECTION WITH THE TRAFFIC LIGHTS AND STRUCK THE REAR PASSENGER SIDE OF UNIT 1. UNIT 1 PULLED OVER ON THE ON RAMP, UNIT 2 CONTINUED ON AND LEFT THE SCENE. USING FLOCK CAMERA FOOTAGE, UNIT 2 WAS ABLE TO BE IDENTIFIED AND LOCATED. UNIT 1 SUSTAINED FUNCTIONAL DAMAGE, UNIT 2 SUSTAINED FUNCTIONAL DAMAGE TO THE FRONT PASSENGER SIDE. UNIT 2 OPERATOR CITED FOR HIT AND RUN TO ATTENDED VEHICLE AND FAILURE TO NOTIFY POLICE OF ACCIDENT.

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Location

INTERSECTION ON STH23 EB AT RAMP IH90 WB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.589137519	Longitude -89.809331699
	X Coordinate 273211.25	Y Coordinate 4830076
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION		Light Condition DUSK	
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 NO CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT 01	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 00	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 06	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	License Plate Number AUF2667		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2C3CDZFJ5KH750132		Make DODG	Year 2019	Model CHALLENGER
	Color MAR - MAROON (BURGUNDY)		Body Style CP - COUPE		Bus Use
	Initial Contact Point 04 - RIGHT SIDE REAR		Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR		
	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 LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name ANJEL LOPEZ (262) 365-3362		Owner Address 539 E SUMNER STREET HARTFORD, WI 53027 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL ANJEL LOPEZ	
03	Individual			
	DRIVER ANJEL LOPEZ (262) 365-3362		Citations Issued 00	Sex MALE
04	Date of Birth		Race HISPANIC	
	Address 539 E SUMNER STREET HARTFORD, WI 53027 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Safety Equipment SHOULDER & LAP BELT			
01	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
001	Eye Protection		Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
01	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
001	Hospital		Date of Death	Time of Death
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
01	Distracted By Action NOT DISTRACTED			

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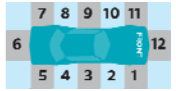
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UNIT 01 001	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
	Drug Type						
	Individual Condition APPEARED NORMAL						

Unit Summary

UNIT 02	VEHICLE	Unit Status HIT AND RUN		Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK					Operating As Endorsements	
		Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 02	Total Trailers 0	Total HazMat Types 0		
		Insurance? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 06		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
		Truck Bus or HazMat NO						
		Vehicle						
		License Plate Number RG9081		Plate Type LTK	St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number 3GNTKEE38BG224758		Make CHEV	Year 2011	Model AVALANCHE				
Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use				
Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 12 - FRONT						
Extent Of Damage FUNCTIONAL DAMAGE								
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR						

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UNIT VEHICLE	What Driver Was Doing		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions UNKNOWN			
	Owner Name EDWARD MILLER (608) 393-3271		Owner Address S2214 BUSSE LANE BARABOO, WI 53913 , US	
02 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	DRIVER EDWARD MILLER (608) 393-3271		Citations Issued 02	Sex MALE
	Address S2214 BUSSE LANE BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
02 002	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment RESTRAINT USE UNKNOWN
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN			
Non Motorist		Striking Unit #	Location	
Prior Action				

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
		Suspected Alcohol Use		Suspected Drug Use		
		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 NOT OBSERVED				
		Violations				
		01	UTC Number BI589913	Issue To? 002	Statute Number 346.70(1)	Description FAILURE OF OCCUPANT TO NOTIFY POLICE OF ACCIDENT
		02	UTC Number BI589914	Issue To? 002	Statute Number 346.67(1)	Description HIT AND RUN