

6TL0D5DZ3N
25-05792

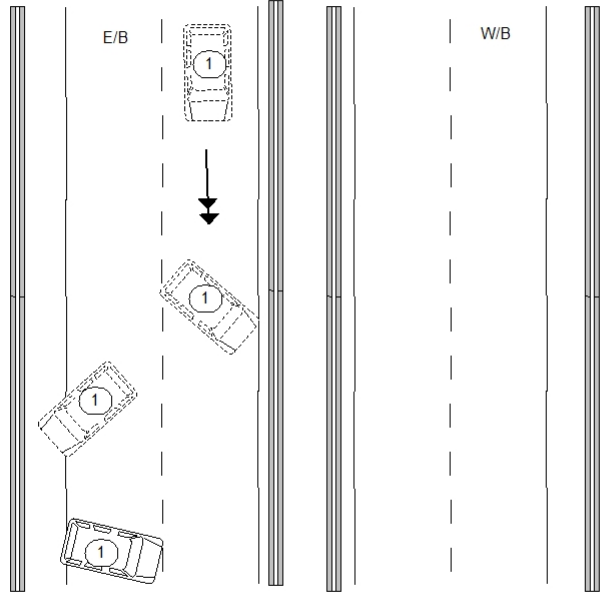
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 25-05792		Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 06/10/2025		Crash Time 03:29 PM		Date Arrived 06/10/2025		Time Arrived 03:38 PM	
Date Notified 06/10/2025		Time Notified 03:29 PM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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>US HY 12, Between Exits 218 & 219</p> 		Photos By DEPUTIES HUNTER, DRILL
		Additional Information PHOTOS

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

UNIT 1 WAS E/B ON US HY 12. OPERATOR OF UNIT 1 STATED SHE WAS PASSING A VEHICLE IN THE #1 LANE, AND THEN ATTEMPTED TO BRAKE. WHEN SHE ATTEMPTED TO BRAKE, THE PEDAL WENT ALL THE WAY TO THE FLOOR. SHE STATED SHE LOST CONTROL OF THE VEHICLE AND DIDN'T KNOW WHAT TO DO. UNIT 1 VEERED TO THE LEFT AND OPERATOR OVER-CORRECTED, VEERING TO THE RIGHT AND STRIKING THE CONCRETE BARRICADE. UNIT 1 CAME TO REST OBSTRUCTING THE #2 LANE. PASSENGERS REPORTED FEELING A VIOLENT SHAKING OF THE VEHICLE AS THE INCIDENT BEGAN. OPERATOR AND OWNER BOTH STATED THEY WERE AWARE THE VEHICLE HAD SOME MECHANICAL ISSUES, AND IT WAS IN THE PROCESS OF BEING FIXED.

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Location

INTERSECTION ON USH12 EB AT USH12 EB IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.470370822	Longitude -89.776150105
	X Coordinate 275449.46875	Y Coordinate 4816795
	Structure Type	

Crash Scene

First Harmful Event OTHER NON-COLLISION		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 06/10/2025	Time Initial Lane/Rd Closed 03:29 PM	LAW ENFORCEMENT, FIRE/EMS	
Date All Lanes Open 06/10/2025	Time All Lanes Open 04:08 PM	Date Scene Cleared 06/10/2025	Time Scene Cleared 04:15 PM

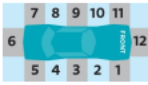
Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel EASTBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 4	
	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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	VEHICLE					
		License Plate Number BAC6577	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 3D4GH57V29T559929		Make DODG	Year 2009	Model JOURNEY		

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UNIT	VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
		Initial Contact Point 00 - NON-COLLISION	Vehicle Damage	
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	BRAKES, STEERING	
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name MARIO ALVARADO MOLDONADO (608) 432-2696	Owner Address 1020 PLUM ST WISCONSIN DELLS, WI 53965 , US	
		Sequence Of Events		
		UNIT	VEHICLE	01 Event EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
02 Event CONCRETE TRAFFIC BARRIER				
03 Event				
04 Event				
UNIT	INDIVIDUAL	Individual		
		DRIVER ANAYELI BALLEZA CHAVEZ (608) 432-2696	Citations Issued 2	Sex FEMALE
			Date of Birth	Race HISPANIC
		Address 1020 PLUM ST WISCONSIN DELLS, WI 53965 , US	Driver License Number	
		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	
		01	001	Injury 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		

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UNIT INDIVIDUAL	01	001	Distracted By		Distracted By Source UNKNOWN			
			Distracted By Action UNKNOWN					
			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	
UNIT INDIVIDUAL	01	002	Drug Type					
			Individual Condition APPEARED NORMAL					
			Individual					
			PASSENGER MARIO ALVARADO MALDONADO (608) 867-6994		Citations Issued 0	Sex MALE		
			Date of Birth		Race HISPANIC			
			Address 1020 PLUM ST WISCONSIN DELLS, WI 53965 , US		Driver License Number			
			Safety Equipment		On Duty Crash		Safety Equipment	
			Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
			Helmet Use		Helmet Compliance			
			Eye Protection		Tint Compliance			
UNIT INDIVIDUAL	01	002	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			

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4 of 7

Crash Date 06/10/2025
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UNIT 01	INDIVIDUAL	Distracted By Action			
		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 01	INDIVIDUAL	Individual			
		PASSENGER KIMBERLY MARTINEZ BELLEZA		Citations Issued 0	
				Sex FEMALE	
				Date of Birth	
				Race HISPANIC	
		Address 1009 PLUM ST WISCONSIN DELLS, WI 53965 , US		Driver License Number	
		Safety Equipment	On Duty Crash	Safety Equipment	
			Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
UNIT 01	003	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	
		Hospital		EMS Run #	
				Date of Death	
				Time of Death	
Distracted By	Distracted By Source				
	Distracted By Action				

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5 of 7

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		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 01	INDIVIDUAL	Individual			
		PASSENGER KEILANNY MARTINEZ BALLEZA		Citations Issued 0	Sex FEMALE
		Date of Birth		Race HISPANIC	
		Address 1009 PLUM ST WISCONSIN DELLS, WI 53965 , US		Driver License Number	
		Safety Equipment			
		On Duty Crash		Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - FORWARD FACING	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		UNIT 01	004	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					
Distracted By Source					
Distracted By Action					
Non Motorist	Striking Unit #			Location	

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6 of 7

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UNIT	INDIVIDUAL	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			
01	004	Individual Condition APPEARED NORMAL			
		Violations			
		UTC Number BG110376	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE
		UTC Number BG110375	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE