WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Docume	ent # Agency 25-069	Crash Number 72	Investigating O DEPUTY B.		
Crash Date 07/06/2025	Crash Time 04:02 PM	Date Art 07/06/2		Time Arrived 04:31 PM		
Date Notified 07/06/2025	Time Notified 04:03 PM	Total Ur 02	nits	Total Injured 02	Total Kille	ed
On Emergency	Hit and Run	ane Closure	Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active School Z		Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (STANDAR	D CRASH)		Amended	i	Secondary Crash
Description Diagram	•				econstruction	•
	USH 12 betwee		Not to Sc	ale	hotos By	rmation
I, a sworn law enforce					FOR OTHER	VEHICLES DUE TO
ON JULY 6, 2025 AT APPROXING CONGESTION WHEN UNIT 1 STATE OPERATOR OF UNIT 1 WAWERE TRANSPORTED TO SAL	TRUCK THEM. THE OPERAT AS CITED FOR AUTOMOBILE	OR OF UNIT 2 TOLD FOLLOWING TOO C	ME SHE WAS UNABLE TO SELY. TWO OCCUPAN	TO STOP IN TIME TO	O AVOID THE	COLLISION WITH UNIT 1.

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Crash Date 07/06/2025

L	oca	ition								
		JSH12 EB				Latitude			Longitu	ude
		MIS				43.30774	44753		-89.75	9165385
		RAIRIE RD IE TOWN OF PRAIRI	E DIL CAC			X Coordin	ate		Y Cool	rdinate
		UK COUNTY	E DU SAC			276225.375 4798687.5				687.5
						Structure NO STR	Type UCTURE			
C	rae	h Scene				1				
_		larmful Event				First Harm	nful Event Lo	ncation		
		OR VEH IN TRANSPO	ORT			ON ROA		Joanon		
		er of Collision				Light Con				
0	3 - F	RONT TO REAR				DAYLIG				
F	Road	Surface Condition(s)				Roadway	Factor(s)			
	RY									
E	nviro	nment Factor(s)				1				
N	IONE	Ε				NONE				
٧	Veath	er Condition(s)								
C	LOL	YOU								
Α	nima	I Туре				Relation T	o Trafficwa	у		
							CWAY - OI			
		Classification - Location LIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
T	ribal	Land			Access Co				Special Study	
L	West to the second seco					NO CON	ITROL			
	vitnin IO	Interchange Area	Junction Location NON-JUNCTION		NOT AN	INTERSE	CTION			
Ū	nit	Summary			<u> </u>					
		tatus		Vehicle Ope	erating As C	lassification	1	Unit Type		
11	N TR	RANSIT D CLASS				AUTOMOBILE				
. \	ehicle	е Туре		•			Operating As Endorsements			
`		RT) UTILITY VEHICL								
1	otal (Occs	Train/Bus # Recorded		itions Issued	I	Total Trail 0	ers		azMat Types
		nce?	Direction Of Travel	1			Speed Lin	nit	0 Total La	nes
Ι,	isura 'ES	nce !	SOUTHBOUND	Pre	CrashTire Mark	•	55	imit Total Lanes		illes
. L	_	Harmful Event: Collision \		Special Fur			L	Emergency	Motor Ve	
) N		OR VEH IN TRANSPO		NO SPEC	IAL FUNC	TION		NOT APPI	_ICABLI	E
		Way		Traffic Cont					rol Inoper	ative/Missing
		WAY, NOT DIVIDED		NO CONT				NO		
		e Type	e)	Road Curva				Road Grade	:	
		CKTOP (BITUMINOU: Bus or HazMat	3)	STRAIGH	11			LEVEL		
	IO	Dus of Flaziviat								
		ehicle								
		icense Plate Number		Plate Type	e		St	Country of Is		
		BAA3367		AUT			WI	UNITED ST	ATES	
2		√ehicle Identification Nur 2FMDK4KC5DBB139		Make FORD		Year Model 2013 EDGE Bus Use				
		Color	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Body Style	<i>i</i>					
		BRO - BROWN			, DRT UTILI	TY VEHIC	LE	240 000		
	<u>-</u> ب	Initial Contact Point			Vehicle Damage					
	. اب	12 - FRONT		7 8 9 10 11 — 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER,						
(ا <u>د</u>			10 155	T SIDE FE	ONT 44	I FFT ED	ONT CODAI	-R	6
		Extent Of Damage FUNCTIONAL DAMA	05	10 - LEF 12 - FRC		RONT, 11 -	LEFT FR	ONT CORNE	ER,	5 4 3 2 1

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		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
		Billor I Hor Acadin Caron						
		Driver Actions						
	Щ	FOLLOWING TOO CLOSE						
UNIT	<u> </u>							
5	VEHICLE							
	>							
		Owner Name		Owner Address				
_	_	CORTNEY BUSS		125 NINA DR	50500 UC			
0	01			DARLINGTON, WI 53530 , US				
		0.5						
		Sequence Of Events Event						
	01	MOTOR VEH IN TRANSPO	RT					
	02	Event						
	03	Event						
		Event						
	04							
╘	l	Policy Holder						
LIND		Insurance Company PROGRESSIVE-CLASSIC-	INS-CO	INDIVIDUAL CORTNEY BUSS				
		Individual						
		DRIVER		Citations Issued	Sex			
	Ļ	MADISON WELACHA (608) 778-3448		1	FEMALE			
_	INDIVIDUAL	(000) 110 0440		Date of Birth	Race WHITE			
L N N	Σ	Address		Driver License Number				
_	N	125 NINA DR DARLINGTON, WI 53530 ,	us	STATE: WISCONSIN COUNTRY: UNITED STATES				
		parentoron, m cocco ,						
		On Duty (Crash	Safety Equipment				
	Sat	ety Equipment		Caloty Equipmont				
		Row	Seat Position	SHOULDER & LAP	BELT			
		01 - FRONT ROW	07 - LEFT					
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
2	001	Injury Sev	=	Airbag				
	0	, , , , , , , , , , , , , , , , , , ,	PARENT INJURY Ejection Path	NON DEPLOYED		Trapped/Extricated		
			NOT EJECTED/NOT APP	LICABLE		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		Distracted By Distracted NOT AP	d By Source	CTED)		1		
		Distracted By Action		,				
		NOT DISTRACTED						

Crash Date 07/06/2025

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

					· · · · · ·									
		Non Motorist	Strik	ing Unit#	Lo	ocation								
		Prior Action												
ĺ		Action												
	INDIVIDUAL													
I	ם													
L	Σ													
		Action Other											To/From School	
			Susr	pected Alcoh	nol Use			Suspected Drug Use						
	L	Orug & Alcohol	NO	700100 7 11001	101 000			NO						
		Alcohol Test Given			Al	cohol Test Ty	ре				Alcohol Test	Results		
		TEST NOT GIVEN												
		Drug Test Given			D	rug Test Type			Drug ⁻	Test Results				
		TEST NOT GIVEN												
2	001	Drug Type												
	٥													
		Individual Condition												
APPEARED NORMAL														
	1	Violations												
	01	UTC Number BL507653	lssu 001	ie To?	Statute 346.1 4	Number 1(1m)		Description AUTOMOBILE FOLL	OWIN	G TOO CI	OSFLY			
			001		0 1011	.()		7.0 . 0.11.0 2.12 . 011						
		t Summary Status					Vol	nicle Operating As Classif	ication		Unit Type			
		RANSIT						CLASS	ication	ı	AUTOMOE	RII F		
		cle Type					DOLAGO			Operating As Endorsements				
05		SENGER CAR												
	Total	Occs		Train/Bus #	# Recor	ded	Tot	al # Citations Issued		Total Traile	ers	Total HazN	lat Types	
	4						0			0		0		
		ance?		Direction C		Pre Crasiffire			Speed Limit		it			
늘	YES	Harmful Event: Collision	on Mi		ООИВ		Sne	Mark ecial Function		55	Emergency Motor Vehicle Use			
5		TOR VEH IN TRANS						SPECIAL FUNCTION	N		NOT APPLICABLE			
		ic Way					Tra	ffic Control			Traffic Contr	ol Inoperativ	ve/Missing	
		D-WAY, NOT DIVIDE	ΕD				NC	CONTROL			NO			
		асе Туре						ad Curvature			Road Grade	!		
		CKTOP (BITUMING	OUS)				ST	RAIGHT			LEVEL			
	Truci NO	k Bus or HazMat												
		/objete												
		Vehicle License Plate Number	r				DI-	ate Type		St	Country of Iss	suance		
		ARJ8855						JT			-			
		Vehicle Identification I	Numb	er				ake			UNITED STATES Model			
05	02	1FMCU9G98EUB8	0270)			F	ORD			ESCAPE			
		Color						dy Style			Bus Use			
		RED - RED					U.	T - SPORT UTILITY V	EHIC	LE				
		Initial Contact Point 05 - RIGHT REAR	COP	NEP									7 8 9 10 11	
		VO - NIGHT REAR	JUR				J						6	

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25-06972

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

	Щ		Г	Vehicle Damage								
UNIT	VEHICLE			04 - RIGHT SIDE REA	AR 05 - RIGHT RE	AR CORNER						
5	표	Extent Of Damage		06 - REAR	ar, 00 - 100111 112	.Art GOTTILLT,						
	>	FUNCTIONAL DAMAGE Towed Due To Damage	,	Vahiala Damayad Dy								
		NOT TOWED		Vehicle Removed By OPERATOR								
		What Driver Was Doing		Vehicle Factors								
		SLOW/STOPPING										
		Driver Prior Action Other	ļ.	NOT APPLICABLE								
		Driver Actions NO CONTRIBUTING ACT	ION									
_	LE	NO CONTRIBUTING ACT	ION									
UNIT	읟											
n	VEHICL											
	_											
		Owner Name		Owner Address								
02	02	PARKER EBSEN		W5212 STATE HIG								
0	0			DURAND, WI 54736 , US								
		0,										
		Sequence Of Events Event										
	01	MOTOR VEH IN TRANSP	ORT									
	02	Event										
	3	Event										
	03	-										
	04	Event										
⊢		Policy Holder										
UNIT		Insurance Company		INDIVIDUAL								
_		PROGRESSIVE-CLASSIC	-INS-CO	PARKER EBSEN								
		Individual										
		DRIVER FABIO ARCINIEGAS BAF	RANCO	Citations Issued 0	Sex MALE							
	AL	(414) 534-5009		Date of Birth	Race							
_	DIVIDUAL			Date of Birtin	HISPANIC							
UNIT	Ξ	Address		Driver License Number								
)		3625 S. WHITNALL AVE		CTATE, CTUER HUDISPICTION COUNTRY, COLOMBIA								
	_	MILWAUKEE, WI 53207 ,	US .	STATE: OTHER JURISDICTION COUNTRY: COLOMBIA								
	ļ	On Duty	Crash	Safety Equipment								
	Sat	fety Equipment		Caroty Equipmont								
		Row	Seat Position	SHOULDER & LAP	BELT							
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Compliance								
		Eye Protection		Tint Compliance								
~	7	Injury S	everity	Airbag								
02	005	Injury _{NO AP}	PARENT INJURY	NON DEPLOYED								
		Ejected	Ejection Path	LICABLE		Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT APPI			NOT TRAPPED						
		Medical Transport		EMS Agency Identifier EMS Run #								
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EWS Kull#						
				Date of Death		Time of Death						

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								(555) 555 1555		
		Distracted By	NOT APPLICAL	irce BLE (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED)							
		Non Motorist	Striking Unit#	Location						
		Prior Action								
		Action								
	A F									
LNO	IDU,									
5	INDIVIDUAL									
	_									
		Action Other						To/From School		
			Suspected Alcoho	ol Use	Suspected Drug Use					
	L	Orug & Alcohol	NO		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	5			
02	005	Drug Type		- 1		-1				
		Individual Condition								
		APPEARED NORM	IAL							
	- 1	ndividual								
	_	PASSENGER JOSE QUITIAQUE	Z MELO		Citations Issued 0	Sex MALE				
_	INDIVIDUAL	(414) 373-8964			Date of Birth	Race				
LNO	Ĭ	Address 3625 S WHITNALL	۸۷۶		Driver License Numbe	er				
	Ξ	MILWAUKEE, WI 5			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	ety Equipment	On Duty Crash		Safety Equipment					
		Row 01 - FRONT ROW		Position RIGHT	SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
05	003	Injury	Injury Severity SUSPECTED N	IINOR INJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Ejection		ICARI E		Trapped/Extricated NOT TRAPPED			
		Medical Transport	NOTE	JEGTED/NOT AFFE	EMS Agency Identifier	-	EMS Run #			
		EMS GROUND Hospital			6000555 Date of Death		Time of Death			
		SAUK PRAIRIE HO	DSP Distracted By Sou	ırce						
		Distracted By	2.0dolod by 000							
Nisco	nsin M	Aotor Vehicle Crash		This report	does not include any C	JIS data.	Crash Date	07/06/2025		

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		Distracted By Action									
		Non Motorist	Striking U	Init#	Location						
		Prior Action									
		Action									
—	INDIVIDUAL										
LNO	INID										
	ND										
		Action Other							To/From School		
			0 1			10 (10 11					
	Drug & Alcohol NO					Suspected Drug Use NO					
		Alcohol Test Given			Alcohol Test Type	!		Alcohol Test Results			
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Result	S			
02	003	Drug Type									
	0										
		Individual Condition									
		APPEARED NORM	IAL								
		ndividual									
		PASSENGER				Citations Issued	Sex				
		LILIA PUENTES VERGEL			0	FEMALE					
_	INDIVIDUAL	(414) 248-8636				Date of Birth	Race				
	ND	Address				Driver License Number					
\supset	Ē	3625 S WHITNALL									
	=	MILWAUKEE, WI 5	3207 , L	JS		STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty (Crash		Safety Equipment					
	Sat	ety Equipment									
		Row		Seat Po		SHOULDER & LAF	BELT				
		02 - SECOND ROV	V	09 - RI	GHT						
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
7	4		Injury Sev	verity		Airbag					
05	004		SUSPE	CTED MIN	OR INJURY	NON DEPLOYED					
		Ejected		Ejection Pat		ICABI E		Trapped/Extricated NOT TRAPPED			
		NOT EJECTED Medical Transport	L'	NOI EJE	CTED/NOT APPL	EMS Agency Identifier	•	EMS Run #			
		EMS GROUND				6000555		LIVIS IXUII #			
		Hospital SAUK PRAIRIE HO	OSP			Date of Death		Time of Death			
				d By Source	1	<u> </u>		ı			
		Distracted By Action									
		Distracted by Action									

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		_									
		Non Motorist	Striking I	Jnit#	Location						
		Prior Action									
LIND	INDIVIDUAL	Action									
		Action Other							To/From School		
		Action Other							10/110III OCHOOL		
	1	Drug & Alcohol	Suspecte NO	ed Alcohol U	lse	Suspected Drug U NO	se		,		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	3			
05	004	Drug Type									
		Individual Condition APPEARED NORM	IAL								
	ı	Individual									
		PASSENGER				Citations Issued	Sex				
	NAL	MAGALIS VERGEL (414) 295-1058				0 Date of Birth	Race				
LIND	INDIVIDUAL	Address 3625 S WHITNALL AVE MILWAUKEE, WI 53207 , US			Driver License Nu STATE: WISCO	mber NSIN COUNTRY: UN	ITED STATES				
	Sat	fety Equipment	On Duty	Crash		Safety Equipment					
	Jai	Row 02 - SECOND ROV	v	Seat Po		SHOULDER & LAP BELT					
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
02	002	Injury	Injury Se	PARENT I	NJURY	Airbag NON DEPLOYE	:D				
		NOT EJECTED		Ejection Pa	th CTED/NOT APPL			Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED					EMS Agency Iden	tifier	EMS Run #			
		Hospital	D:	15.0		Date of Death		Time of Death			
		Distracted By	Distracte	ed By Source	•						
		Distracted By Action									
		Non Motorist	Striking I	Jnit#	Location						

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Crash Date 07/06/2025

		Prior Action					
		Action					
	M						
LNO	בו						
5	<u>></u>						
	INDIVIDUAL						
		Action Other					To/From School
		Action Other					10/110111 SCHOOL
		Suspected	d Alcohol Use	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	D T T		In T 10 11		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
_	2	Drug Type					
02	005	· ,.					
		La dividual Caraditian					
		Individual Condition					
		APPEARED NORMAL					