

6TL0DDT5QB

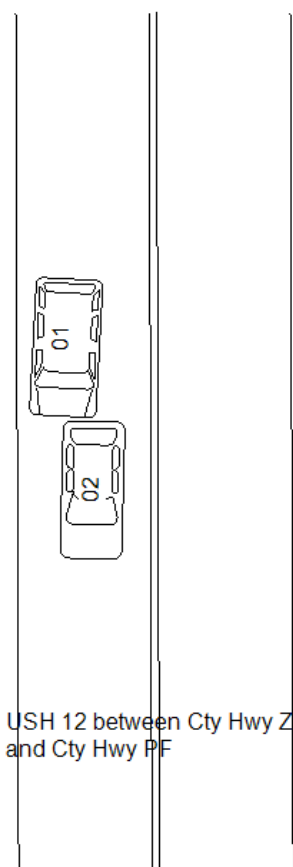
25-06972

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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Document Number Override <b>6TL0FKD6NV</b>		Primary Crash Document #		Agency Crash Number <b>25-06972</b>		Investigating Officer/Deputy <b>DEPUTY B. TRAGER</b>	
Crash Date <b>07/06/2025</b>		Crash Time <b>04:02 PM</b>		Date Arrived <b>07/06/2025</b>		Time Arrived <b>04:31 PM</b>	
Date Notified <b>07/06/2025</b>		Time Notified <b>04:03 PM</b>		Total Units <b>02</b>		Total Injured <b>02</b>	Total Killed <b>00</b>
<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 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 checked="" type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

## Description

Diagram	Reconstruction By
 <p>Not to Scale</p> <p>USH 12 between Cty Hwy Z and Cty Hwy PF</p>	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.

ON JULY 6, 2025 AT APPROXIMATELY 4:02PM UNIT 2 WAS SLOWING ON USH 12 BETWEEN CTY HWY Z AND CTY HWY PF FOR OTHER VEHICLES DUE TO CONGESTION WHEN UNIT 1 STRUCK THEM. THE OPERATOR OF UNIT 2 TOLD ME SHE WAS UNABLE TO STOP IN TIME TO AVOID THE COLLISION WITH UNIT 1. THE OPERATOR OF UNIT 1 WAS CITED FOR AUTOMOBILE FOLLOWING TOO CLOSELY. TWO OCCUPANTS IN UNIT 2 COMPLAINED OF MINOR INJURIES AND WERE TRANSPORTED TO SAUK PRAIRIE HOSPITAL. BOTH VEHICLES WERE REMOVED BY OPERATORS.

WRONG REGISTRATION PLATE USED.

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## Location

ON USH12 EB 0.49 MI S OF PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.307744753</b>	Longitude <b>-89.759165385</b>
	X Coordinate <b>276225.375</b>	Y Coordinate <b>4798687.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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

UNIT	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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>																	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</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>LEVEL</b>																	
	Truck Bus or HazMat <b>NO</b>																					
	<b>Vehicle</b> <table border="1"> <tr> <td>License Plate Number <b>BAA3367</b></td> <td>Plate Type <b>AUT</b></td> <td>St <b>WI</b></td> <td>Country of Issuance <b>UNITED STATES</b></td> </tr> <tr> <td>Vehicle Identification Number <b>2FMDK4KC5DBB13923</b></td> <td>Make <b>FORD</b></td> <td>Year <b>2013</b></td> <td>Model <b>EDGE</b></td> </tr> <tr> <td>Color <b>BRO - BROWN</b></td> <td colspan="2">Body Style <b>UT - SPORT UTILITY VEHICLE</b></td> <td>Bus Use</td> </tr> <tr> <td colspan="2">Initial Contact Point <b>12 - FRONT</b></td> <td colspan="2"></td> </tr> </table>						License Plate Number <b>BAA3367</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>2FMDK4KC5DBB13923</b>	Make <b>FORD</b>	Year <b>2013</b>	Model <b>EDGE</b>	Color <b>BRO - BROWN</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	Initial Contact Point <b>12 - FRONT</b>			
	License Plate Number <b>BAA3367</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>																		
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SAUK COUNTY SHERIFFS DEPARTMENT  
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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>FOLLOWING TOO CLOSE</b>		
		Owner Name <b>CORTNEY BUSS</b>	Owner Address <b>125 NINA DR DARLINGTON, WI 53530 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	VEHICLE	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>CORTNEY BUSS</b>	
		<b>Individual</b>		
		DRIVER <b>MADISON WELACHA (608) 778-3448</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>
UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>	
		Address <b>125 NINA DR DARLINGTON, WI 53530 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
UNIT	INDIVIDUAL	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
UNIT	INDIVIDUAL	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

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UNIT INDIVIDUAL 01 001	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b>		Striking Unit #	Location
	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>Violations</b>				
01	UTC Number <b>BL507653</b>	Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements		
	Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</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>TWO-WAY, NOT DIVIDED</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>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	<b>Vehicle</b>						
	02	License Plate Number <b>ARJ8859</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1G1BE5SM1J7185877</b>		Make <b>CHEV</b>	Year <b>2018</b>	Model <b>CRUZE</b>			

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UNIT	VEHICLE	Color <b>RED - RED</b>	Body Style <b>SD - SEDAN</b>	Bus Use
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>	Vehicle Damage <b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR</b>	
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>LILIA PUENTES VERGEL</b>	Owner Address <b>3625 S. WHITNALL AVE MILWAUKEE, WI 53207 , US</b>	
UNIT	VEHICLE	<b>Sequence Of Events</b>		
		Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	VEHICLE	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>PARKER EBSSEN</b>	
		<b>Individual</b>		
UNIT	INDIVIDUAL	DRIVER <b>FABIO ARCINIEGAS BARRANCO (414) 534-5009</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>HISPANIC</b>
		Address <b>3625 S. WHITNALL AVE MILWAUKEE, WI 53207 , US</b>	Driver License Number <b>STATE: OTHER JURISDICTION COUNTRY: COLOMBIA</b>	
UNIT	VEHICLE	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
UNIT	VEHICLE	Injury <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</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 #

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	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	
02 002	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	PASSENGER <b>JOSE QUITIAQUEZ MELO</b> <b>(414) 373-8964</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
			Date of Birth		Race	
	Address <b>3625 S WHITNALL AVE</b> <b>MILWAUKEE, WI 53207 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
	<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			
02 003	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>		EMS Run #	
	Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		Time of Death	

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UNIT	INDIVIDUAL	<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 <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>						
UNIT	INDIVIDUAL	<b>Individual</b>				
		PASSENGER <b>LILIA PUENTES VERGEL</b> <b>(414) 248-8636</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race	
		Address <b>3625 S WHITNALL AVE</b> <b>MILWAUKEE, WI 53207 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>	On Duty Crash		Safety Equipment	
			Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>NON DEPLOYED</b>	
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b>		EMS Run #		
Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		Time of Death		
UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source		

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UNIT	INDIVIDUAL	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		
			NO	NO		
		Alcohol Test Given		Alcohol Test Type	Alcohol Test Results	
		TEST NOT GIVEN				
		Drug Test Given		Drug Test Type	Drug Test Results	
TEST NOT GIVEN						
02	004	Drug Type				
		Individual Condition				
		APPEARED NORMAL				
		<b>Individual</b>				
		PASSENGER MAGALIS VERGEL (414) 295-1058		Citations Issued 0	Sex FEMALE	
				Date of Birth	Race	
		Address 3625 S WHITNALL AVE MILWAUKEE, WI 53207 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		<b>Safety Equipment</b>		On Duty Crash		Safety Equipment
						SHOULDER & LAP BELT
Row		Seat Position				
02 - SECOND ROW		07 - LEFT				
Helmet Use		Helmet Compliance				
Eye Protection		Tint Compliance				
02	005	<b>Injury</b>	Injury Severity	Airbag		
			NO APPARENT INJURY	NON DEPLOYED		
		Ejected	Ejection Path	Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
		Medical Transport		EMS Agency Identifier	EMS Run #	
		NOT TRANSPORTED				
		Hospital		Date of Death	Time of Death	
		<b>Distracted By</b>		Distracted By Source		
Distracted By Action						



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UNIT INDIVIDUAL          02 005	<b>Non Motorist</b>	Striking Unit #	Location			
	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>					