WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash D	ocument #	25-074		SERGEA	NT E	cer/Deputy . KNULL		
_	Crash Date 07/19/2025	Crash Time 07:51 AM		Date Ar 07/19/2		Time Arrived 07:56 AM				
0F511L	Date Notified 07/19/2025	Time Notified 07:51 AM		Total Ui	nits	Total Injure 01	Total Injured Total Kill 01 00		led	
_0F	On Emergency Hit	and Run	✓ Lane Close		Work Zone	Traile	r or 1	Γowed	Reporting Threshold	
6 I L	Government Property		hool Zone	School NO	Bus Related	Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amer	ded		Secondary Crash	
	Description Diagram						I D-	construction	Dec	
					WOTTO 0	\$		otos By		
		CTH DL			NOT TO S	CALE		ditional Infor IOTOS	mation	
	STH 136	02	.5 \	TRA	NQUILITY LN					
		\	122							
	I, a sworn law enforceme									
	BOTH UNITS SB ON CTH DL. UNIT AND ATTEMPTED TO GO AROUND OF NECK PAIN BUT REFUSED EM WERE BOTH REMOVED BY CRAIG	UNIT 2 ON THE L S TREATMENT/TR	EFT. UNIT 2 STA	RTED TO	EXECUTE TURN AND \	WAS STRUCK BY	UNIT	1. DRIVER	OF UNIT 1 COMPLAINED	

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/19/2025

Crash Time 07:51 AM

LOC	ation									
	ERSECTION					Latitude			Longitud	le
	CTH DL/ STH136 EB					43.43820	5296		-89.743	703874
	RANQUILITY LN					X Coordin	ate		Y Coord	inate
	HE TOWN OF BARAE	300				277956.2			481313	
IN 5	AUK COUNTY					Structure ⁻	Tyne			
						NO STRI				
_	sh Scene									
First	Harmful Event					First Harm	ful Event	Location		
MO	TOR VEH IN TRANSP	ORT				ON ROA	DWAY			
Manı	ner of Collision					Light Cond	dition			
01 -	ANGLE					DAYLIGI	-TF			
Road	d Surface Condition(s)					Roadway	Factor(s)			
WE	г									
Envir	ronment Factor(s)									
WE	ATHER CONDITIONS					NONE				
Wea	ther Condition(s)									
CLC	OUDY, RAIN									
Anim	al Type					Relation T	o Trafficw	ay		
								ON ROAD		
_	h Classification - Location							- Jurisdiction		
1	BLIC PROPERTY						NO SPECIAL JURISDICTION Access Control Special Study			
Tribal Land				Access Control NO CONTROL				Special Study		
With	in Interchange Area	Junction Location			Intersectio	n Type				
NO		INTERSECTION			FOUR-W	AY INTER	RSECTIO	N		
Clos	ure Type			Reasons for Closure						
CLC	SURE-ONE DIRECTION	ON								
Date	Initial Lane/Rd Closed	Time Initial Lane/Rd Clos	ed	LAW	ENFORCI	EMENT, T	OW TRU	ICK, FIRE/EM	S	
07/1	9/2025	07:51 AM								
Date	All Lanes Open	Time All Lanes Open		Date S	Scene Clear	ed	Т	ime Scene Clea	red	
07/1	9/2025	08:23 AM		07/19	9/2025		0	8:24 AM		
Unit	Summary =	•								
	Status		Vehi	cle Ope	erating As Cl	lassification		Unit Type		
IN T	RANSIT		DС	LASS	· ·			AUTOMOE	BILE	
	cle Type							Operating As		nents
	ORT) UTILITY VEHICL	.E								
•	Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Tra	ailers	Total Haz	Mat Types
1			0				0		0	,,
	ance?	Direction Of Travel		Dra	CrashTire		Speed L	imit	Total Lan	es
YES		SOUTHBOUND		Pre	Mark		45		2	
	Harmful Event: Collision		Spec	ial Fun				Emergency I		icle Use
	TOR VEH IN TRANSP				IAL FUNC	TION		NOT APPL		
	ic Way	<u> </u>	Traff	ic Cont	rol			Traffic Contr	ol Inonera	tive/Missing
	D-WAY, NOT DIVIDED			CONT				NO	отторста	ave/wissing
	ace Type			d Curva				Road Grade		
	CKTOP (BITUMINOU	e)		AIGH				LEVEL		
	k Bus or HazMat	ა)	316	AIGH	I			LEVEL		
NO	K Bus or Hazimat									
	/ahiala									
	Vehicle		I a.	_			Ct	Country of		
	License Plate Number			e Type			St	Country of Iss		
	ALJ4227		AU				WI	UNITED ST	AIES	
_	Vehicle Identification Nu		Mal				Year	Model		
6	1C4NJRFBXFD2913	34	JEI	=P			2015	PATRIOT		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use					
		SIL - SILVER (ALUMINUM) Initial Contact Point		UT - SPORT UTILI [*] Vehicle Damage	TY VEHICLE						
_	쁫	01 - RIGHT FRONT CORNER	verlicie Damage			7 8 9 10 11					
UNIT	VEHICLE	Extent Of Damage	01 - RIGHT FRON	CORNER		6 2 2 12					
ا ر	¥.	DISABLING DAMAGE	5 4 3 2 1								
		Towed Due To Damage		Vehicle Removed By							
		TOWED DUE TO DISABLING What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT		7 0							
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
	ш	Driver Actions FOLLOWING TOO CLOSE, IMPROPER OVERTAKING / PASSING LEFT									
╘	VEHICLE										
UNIT	표										
	>										
		Owner Name		Owner Address							
01	7	JESSICA MCCONNELL (608) 448-7955		100 1/2 1ST ST							
0	0	(600) 440-7933		BARABOO, WI 53913 , US							
		L Sequence Of Events									
		Event	_								
	2	MOTOR VEH IN TRANSPOR	.T								
	02	Event									
	03	Event									
	40	Event									
_		L Policy Holder									
UNIT		Insurance Company		INDIVIDUAL							
ر ا		PROGRESSIVE-CLASSIC-IN	IS-CO	JESSICA MCCO	NNELL						
		Individual									
		DRIVER JESSICA MCCONNELL		Citations Issued 0	Sex FEMALE						
	¥	(608) 448-7955		Date of Birth	Race						
⊨	IDUAI										
N O	INDIN	Address 100 1/2 1ST ST		Driver License Number							
	Ξ	BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sai	On Duty Cr fety Equipment	ash	Safety Equipment							
	Ou.	Row	Seat Position	SHOULDER & LAP BELT							
		01 - FRONT ROW	07 - LEFT	O TO O L D L T C L	A. DELI						
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
		Lyc i Totcodon		Till Compliance							
01	001	Injury Seve	rity	Airbag	_						
	0	Injury POSSIBL	E INJURY ection Path	NON DEPLOYED)	Trapped/Extricated					
		-	OT EJECTED/NOT APP	LICABLE		NOT TRAPPED					
		Medical Transport		EMS Agency Identif	ier	EMS Run #					
		NOT TRANSPORTED									

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 07/19/2025

Crash Time 07:51 AM

		Hospital			Date of Death			Time of Death		
		Поэрна			Date of Death			Time or Dea	2011	
		Distracted By N	stracted By Source	E (NOT DISTRA	CTED)					
			UI APPLICABL	E (NOT DISTRA	CIED)					
		Distracted By Action								
		NOT DISTRACTED								
		Non Motorist	riking Unit#	Location						
		Prior Action		L						
		Action								
	بِ									
l.	▼									
5	₫									
UNIT	INDIVIDUAL									
	9									
	=									
		Action Other								To/From School
		Action Other								10/110111 3011001
		I Sı	spected Alcohol U	lea	Suspected Drug Use					
		Drug & Alcohol N	o O)SC	NO					
				Alb- T4 T				Alb- T	4 D I4 -	
		Alcohol Test Given		Alcohol Test Type	•			Alcohol Test Results		
		TEST NOT GIVEN		D T4 T	D. T. (T			lto.		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug I	est Results			
01	90	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
Į	Uni	t Summary 👅								
	Unit	Status		V	ehicle Operating As Class	ification		Unit Type		
	IN T	RANSIT		0	CLASS			AUTOMO	BILE	
2	Vehi	cle Type						Operating As Endorsements		
02	PAS	SSENGER CAR								
	Tota	l Occs	Train/Bus # Re	corded	Total # Citations Issued Total Trail			ilers Total HazMat Types		
	3			0	0 0				0	
	Insu	rance?	Direction Of Tr	avel	Pre CrashTire		Speed Lim	it	Total Lane	S
\vdash	YES	3	SOUTHBOU	ND	Mark		45	2		
UNIT	Most	Harmful Event: Collision	With		pecial Function			Emergency Motor Vehicle Use		
ا ر	MO	TOR VEH IN TRANSP	ORT	N	NO SPECIAL FUNCTION	N		NOT APP	LICABLE	
	Traff	ic Way		Т	raffic Control			Traffic Cont	rol Inoperati	ve/Missing
	TWO	D-WAY, NOT DIVIDED		N	IO CONTROL			NO		
	Surfa	асе Туре		R	Road Curvature			Road Grade)	
	BLA	CKTOP (BITUMINOU	S)	s	TRAIGHT			LEVEL		
	Truc	k Bus or HazMat		•				ı		
	NO									
	,	Vehicle								
		License Plate Number			Plate Type		St	Country of Is		
		DW26380			AUT		IL	UNITED STATES		
7	N	Vehicle Identification Nur	mber		Make		Year	Model		
02	02	4T1K61AK0PU13742	1	-	TOYT		2023	CAMRY		
		Color		1	Body Style			Bus Use		
		WHI - WHITE			4D - 4DR					

WISCONSIN MOTOR VEHICLE CRASH REPORT

LIND	VEHICLE	Initial Contact Point 10 - LEFT SIDE FRONT Extent Of Damage DISABLING DAMAGE		/ehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1				
		Towed Due To Damage		/ehicle Removed By				
		TOWED DUE TO DISABLE What Driver Was Doing		CRAIGS TOWING /ehicle Factors				
		LEFT TURN Driver Prior Action Other		NOT APPLICABLE				
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION					
02	02	Owner Name ERICK PEDRAZA (224) 419-8268		Owner Address 208 N BUTRICK S WAUKEGAN, IL 60				
		Sequence Of Events						
	10	MOTOR VEH IN TRANSPO	ORT					
	02	Event						
	03	Event						
	04	Event						
_		Policy Holder						
UNIT		Insurance Company		INDIVIDUAL				
_		STATE-FARM-CLASSIC-I	NS-CO	ERICK PEDRAZA				
	ı	Individual						
		DRIVER ERICK PEDRAZA		Citations Issued	Sex			
	٦L	(224) 419-8268		0	MALE Race			
_)U	,		Date of Birth	Race			
LINO	INDIVIDUAL	Address 208 N BUTRICK ST WAUKEGAN, IL 60085, U	JS	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES				
	Cod	On Duty	Crash	Safety Equipment				
	Sai	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT			
		Helmet Use	'	Helmet Compliance				
		Eye Protection		Tint Compliance				
05	005	Injury So Injury NO AP	everity PARENT INJURY	Airbag NON DEPLOYED				
		Ejected	Ejection Path	ı		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		Time of Death		

WISCONSIN MOTOR VEHICLE CRASH REPORT

		_						,			
		Distracted By	Distracted I	By Source LICABLE (NOT DISTRA	ACTED)						
		Distracted By Action NOT DISTRACTED)								
	ļ	Non Motorist	Striking Un	it# Location							
		Prior Action		<u> </u>							
		Action									
	IAL										
LNO	VIDU										
٦	INDIVIDUAL										
		Action Other						To/From School			
	Ĺ	Drug & Alcohol	Suspected NO	Alcohol Use	Suspected Drug Use NO			I			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
05	002	Drug Type									
	0	Individual Condition									
		APPEARED NORMAL									
		ndividual									
					Citations Issued	Sex					
	Ļ	PASSENGER BRANDON GUARDA (224) 219-2524			0	MALE					
⊢	INDIVIDUAL	(224) 219-2524			Date of Birth	e of Birth Race HISPANIC					
FIND	DIM	Address 215 WASHINGTON			Driver License Number						
	2	WAUKEGAN, IL 60085 , US									
	Sat	ety Equipment	On Duty Cr	ash	Safety Equipment						
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER & LAP BELT						
		Helmet Use		100 10000	Helmet Compliance						
		Eye Protection			Tint Compliance						
05	003	Injury	Injury Seve	rity RENT INJURY	Airbag NON DEPLOYED						
		Ejected	Ej	ection Path			Trapped/Extricated				
		NOT EJECTED	N	OT EJECTED/NOT APP			NOT TRAPPED				
		Medical Transport NOT TRANSPORT	ED		EMS Agency Identifie	er	EMS Run #				
		Hospital			Date of Death		Time of Death				
		Distracted By	Distracted I	By Source	-1		I				

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Distracted By Action									
		Non Motorist	ng Unit#	Location							
		Prior Action									
		Action									
_	INDIVIDUAL										
LNO	/IDI										
_	IDI										
	=										
		Action Other						To/From School			
		Susp	ected Alcohol	Use	Suspected Drug Use						
	L	Drug & Alcohol NO			NO						
		Alcohol Test Given		Alcohol Test Type	•		Alcohol Test Results				
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Toot Dooult					
		TEST NOT GIVEN		Drug Test Type		Drug Test Result	S				
02	003	Drug Type		•		-					
	0										
		Individual Condition									
		APPEARED NORMAL									
		L Individual									
		PASSENGER			Citations Issued	Sex					
	_	IVAN NAVA			0	MALE					
	INDIVIDUAL	(224) 440-8752			Date of Birth	Race	₹ace				
	ND	Address			Driver License Number	er					
\supset	<u>D</u>	425 CENTER ST			STATE, II I INOIS COUNTRY, UNITED STATES						
	=	WAUKEGAN, IL 60085	, US		STATE: ILLINOIS COUNTRY: UNITED STATES						
		l On D	uty Crash		Safety Equipment						
	Sat	fety Equipment	aty Ordon		Carety Equipment						
		Row		osition	SHOULDER & LAF	BELT					
		02 - SECOND ROW	07 - L	EFT							
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
•	4	Injury	/ Severity		Airbag						
02	004	Injury _{NO}	APPARENT	INJURY	NON DEPLOYED						
		Ejected	Ejection P	ath			Trapped/Extricated				
		NOT EJECTED	NOT EJE	CTED/NOT APPL			NOT TRAPPED EMS Run #				
		Modical Transport	L								
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	ſ	EWS Kull#				
					Date of Death		Time of Death				
		NOT TRANSPORTED Hospital Distri	acted By Source	ce							
		NOT TRANSPORTED Hospital	acted By Source	ce							

Crash Date 07/19/2025

Crash Time 07:51 AM

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

Crash Date 07/19/2025

Crash Time 07:51 AM

		Non Motorist	Striking Unit#	Location				
		Prior Action						
LIND	INDIVIDUAL	Action						
		Action Other						To/From School
	I	Drug & Alcohol	Suspected Alcohol U NO	Jse	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	3		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
05	004	Drug Type						
		Individual Condition APPEARED NORM	IAL					