WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #	Investigating Officer/De DEPUTY J. TROTH			
Crash Date 08/02/2025	Crash Time 07:50 PM	Date Arrived 08/02/2025	Time Arrived 08:17 PM		
Date Notified	Time Notified 07:55 PM	Total Units	,	l Killed	
O8/02/2025 Date Notified O8/02/2025 On Emergency Hit Government Property	and Run Lane Closu	ure Work Zone	00 00 Trailer or Towe	d Reporting Threshold	
Government Property	Active School Zone	School Bus Related	Tags	σσσια	
✓ Reportable	Crash Type DT4000 (STANDARD CRASH	1)	Amended	Secondary Crash	
Description					
Diagram	-		Photos By TROTH	·	
	Best Western Parking Lot	W N N N N N N N N N N N N N N N N N N N	Additional	I Information S	
_	nt officer, agree that I have no				
UNIT 2 CAME INTO THE PARKING	D BY IL PHOTO DL AS JAMES GON LOT AT A HIGH RATE OF SPEED. JA D BY WI PHOTO DL AS DANIEL BAA DF THE PARKING STALL.	AMES STRUCK UNIT 2 ON THE DRI	VER SIDE REAR WHEEL W	VELL.	

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	_oc	ation ===									
Ī		KING LOT				Latitude			Longitud	de	
	CTI	IBD SB LOT 725				43.47795345			_	9568238	
	(HOUSE/BUILDING 725)						ate		Y Coord	linate	
						276009.90625			481761		
		HE VILLAGE OF WES AUK COUNTY	Structure								
	IN 5	AUK COUNTY		BUILDING	i						
(Cra:	sh Scene									
ī	-	Harmful Event				First Harm	nful Event Lo	cation			
		OR VEH IN TRANSP	ORT					OR ZONE			
ŀ		ner of Collision				Light Cond					
	05 - REAR TO SIDE						aidon				
ŀ							Factor(s)				
	DRY	` ,	rtoddway	1 40101(0)							
ŀ	Envir	onment Factor(s)									
	NON	IE				NONE					
ŀ	Wea	ther Condition(s)				-					
	CLE	AR									
-	Anim	аl Туре				Relation T	o Trafficway	/			
								Y - PARKIN	G LOT		
	Cras	h Classification - Locatior	1			Crash Clas	ssification -	Jurisdiction			
	PRIVATE PROPERTY Tribal Land					PRIVATE PROPERTY Access Control Special Study NO CONTROL					
ŀ	With	n Interchange Area	Junction Location		Intersection	ction Type N INTERSECTION					
	NO	, and the second	NON-JUNCTION		NOT AN						
i	Jnii	Summary									
Ť		Status		Vehicle Op	erating As C	lassification	1	Unit Type			
	IN T	TRANSIT D CLASS					AUTOMOBILE				
₋┟	Vehi	shicle Type					Operating As Endorsements				
5	PAS	SENGER CAR									
ŀ	Total	Occs	Train/Bus # Recorded	Total # Citations Issued 0 Pre CrashTire		0		ers	Total Haz	Mat Types	
	1							0 imit Total La		anes	
ŀ		ance?	Direction Of Travel								
.	YES		WESTBOUND	Pre	Mark	05		0 Emergency Motor Vehicle Use			
	_	Harmful Event: Collision		Special Fur						icle Use	
,		TOR VEH IN TRANSP			IAL FUNC	CTION		NOT APPLICABLE			
ŀ		c Way	Traffic Cont	Traffic Control				Traffic Control Inoperative/Missing			
		KING LOT OR PRIVA	TE PROPERTY		NO CONTROL			NO			
ŀ		асе Туре		Road Curva				Road Grade LEVEL			
	BLA	CKTOP (BITUMINOU	IS)	STRAIGH							
ł		R Bus or HazMat	•					1			
	NO										
	\	/ehicle		In:			C+	Courte			
		License Plate Number	Plate Type	•	St IL		Country of Issuance UNITED STATES				
		FM72557	AUT								
;	01	Vehicle Identification Nu 2G1FA1E39E913598	Make CHEV			Year 2014	Model CAMARO Bus Use				
		Color	Body Style	;							
		RED - RED	2D - 2DR								
	Щ	Initial Contact Point		Vehicle Da	amage						
<u>.</u>	딩	07 - LEFT REAR CO	RNER	1						7 8 9 10 11	
	Ĭ	Extent Of Damage						R, 07 - LEFT >		6 2 12	
۱,	VEHICL	FUNCTIONAL DAMA	AGE	KEAR C	OKNEK, 0	08 - LEFT SIDE REAR					
) I STOTIONAL DAMAGE									

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		Towed Due To Damage		Vehicle Remo	oved By				
		NOT TOWED			•				
		What Driver Was Doing		Vehicle Facto	ors				
		BACKING							
		Driver Prior Action Other		NOT APPL	ICABLE				
		Driver Actions		1					
	щ	UNKNOWN							
╘	CL								
LNO	VEHICLE								
	VE								
		Owner Name		Owner A					
7	01	CARLOS GONZALEZ MO (773) 600-4092	LINA		MARSHFIE GO, IL 6063				
0	0	(773) 600-4092		CITICA	30, IL 0003	0,03			
		Sequence Of Events							
	01	Event MOTOR VEH IN TRANSP	ORT						
	02	Event							
		Event							
	03								
	_	Event							
	04								
_	i	Policy Holder							
UNIT	Ī	Insurance Company		INDIVIDUA	AL.				
\supset		KEMPER-INDEPENDENC	E-INS-CO		ONZALEZ	ALCIVAR			
		Individual							
		DRIVER		Citations Is	ssued	Sex			
		JAMES GONZALEZ ALCI	0		MALE				
	Ι	(773) 600-4092	Date of Bir	th	Race				
—	INDIVIDUAL								
	Σ	Address	Driver Lice	Driver License Number					
_		5931 S MARSHFIELD AVE CHICAGO, IL 60636, US	STATE: ILLINOIS COUNTRY: UNITED STATES						
	=	CHICAGO, IL 60636 , US							
	Sat	On Duty fety Equipment	r Crash	Safety Equ	ipment				
	Ou.			SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULD	ER & LAP	BELI			
		Helmet Use	07 - LEF1	Helmet Compliance					
		Heimet Ose		Troiniet compilance					
		Eye Protection		Tint Comp	Tint Compliance				
				'					
_	Ξ,	Injury S	everity	Airbag					
2	001	<i>Injury</i> NO AP	PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path				Trapped/Extricated		
		NOT EJECTED	PLICABLE			NOT TRAPPED			
		Medical Transport	EMS Agen	cy Identifier		EMS Run #			
		NOT TRANSPORTED Hospital		Date of De	oth		Time of Death		
		ι ισομιαι		Date of De	auı		Time of Death		
		Distract	ed By Source						
		Distracted By UNKN	OWŃ						
		D: () 1D 1 ::							
		Distracted By Action UNKNOWN							

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		Non Motorist	ing Unit#	Location							
		Prior Action									
		Action									
	AL										
LIND	INDIVIDUAL										
5	IDIV										
	Z										
		Action Other						To/From School			
		Suga	pected Alcohol U	loo	Suspected Drug Use						
	L	Drug & Alcohol NO	Decled Alcohol C	150	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	S				
2	001	Drug Type									
)	Individual Condition									
		APPEARED NORMAL									
_		t Summary Status		IV	ehicle Operating As Classi	ification	Unit Type				
	IN T	RANSIT			CLASS		AUTOMOBILE				
05		cle Type ORT) UTILITY VEHICLE	1				Operating As Endorsements				
	Tota 1	otal Occs Train/Bus # Recorded		corded To	otal # Citations Issued	Total Trail	ers Total Haz	Mat Types			
_	Insu	Insurance? Direction Of Travel YES NORTHBOUND		_	Pre CrashTire	Speed Lin	nit Total Lan	es			
LNO	Most	t Harmful Event: Collision Wi	ith	S	pecial Function		Emergency Motor Veh				
	Traff	MOTOR VEH IN TRANSPORT Traffic Way			raffic Control		Traffic Control Inopera				
		RKING LOT OR PRIVATI ace Type	PROPERTY		O CONTROL oad Curvature		NO Road Grade				
		ACKTOP (BITUMINOUS))		TRAIGHT		LEVEL				
	NO,	Vehicle									
		License Plate Number			Plate Type S AUT N		Country of Issuance				
					Make	WI Year	UNITED STATES Model				
05	α						GRAND CHER				
İ	02				JEEP	2018					
	0	Color		E	Body Style		Bus Use				
				E							
È		Color BLU - BLUE Initial Contact Point 04 - RIGHT SIDE REAF		E	Body Style UT - SPORT UTILITY N /ehicle Damage	/EHICLE	Bus Use	7 8 9 10 11 6 8 12			
TINO	VEHICLE 0	Color BLU - BLUE Initial Contact Point	₹	E	Body Style UT - SPORT UTILITY V	/EHICLE	Bus Use	7 8 9 10 11 6 2 2 1 5 4 3 2 1			

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		What Driver Was Doin	ng			Veh	icle Factors				
		GOING STRAIGHT	•								
		Driver Prior Action Oth	ner			NO	T APPLICABLE				
		Driver Actions									
	ш	UNKNOWN									
⊨	VEHICLE										
LIND	Ĭ										
_	VE										
		Owner Name DANIEL BAKKE					Owner Address 1687B 5TH AVE				
02	02	(715) 977-1619					STAR PRAIRIE, WI	54026 , US			
		,									
		L Sequence Of Ev	/onts								
		Event									
	01	MOTOR VEH IN TR	RANSPO	RT							
	02	Event									
	03	Event									
	04	Event									
	Ò										
⊢	Policy Holder										
LIND		Insurance Company				INDIVIDUAL					
_		GEICO-ADVANTAGE-INSURANCE-CO			DANIEL BAKKE						
		Individual									
		DRIVER DANIEL BAKKE				Citations Issued Sex MALE					
	AL	(715) 977-1619					ate of Birth	MALE Race			
_	INDIVIDUAL					-	vate of Birth	HISPANIC			
	⅀	Address	7B 5TH AVE			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
ر	N P	1687B 5TH AVE									
	_	STAR PRAIRIE, WI 54026 , US									
		On Duty Crash				Safety Equipment					
	Saf	fety Equipment				Calcif Equipment					
		Row Seat Position				- 5	SHOULDER & LAP E	BELT			
		01 - FRONT ROW			FT						
		Helmet Use	net Use			Helmet Compliance					
		Eye Protection				Tint Compliance					
		l ·									
05	002	Injury	Injury Se	verity			irbag				
	0	Ejected	NO APE	PARENT I	NJURY	NON DEPLOYED Trapped/Extricated					
		NOT EJECTED	' '			LIC	ABLE		NOT TRAPPED		
		Medical Transport				E	MS Agency Identifier		EMS Run #		
	NOT TRANSPORTED										
		Hospital					ate of Death		Time of Death		
		5.	Distracte	d By Source					1		
		Distracted By	NOT AF	PLICABL	E (NOT DISTRA	ACT	ED)				
		Distracted By Action NOT DISTRACTED									
		Non Motorist	Striking U	Jnit#	Location						
				Init#	Location						

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I		Daine Antine					
		Prior Action					
		Action					
	Ţ						
١.	٨						
≒	<u> </u>						
LNO	≥						
-	INDIVIDUAL						
	Z						
		Action Other					To/From School
İ		Suspected Alcohol	Use	Suspected Drug Use			•
	L	Drug & Alcohol NO		NO			
ĺ		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
ĺ		Drug Test Given	Drug Test Type		Drug Test Results	3	
		TEŠT NOT GIVEN					
2	2	Drug Type					
05	002						
		Individual Condition					
		APPEARED NORMAL					
l							