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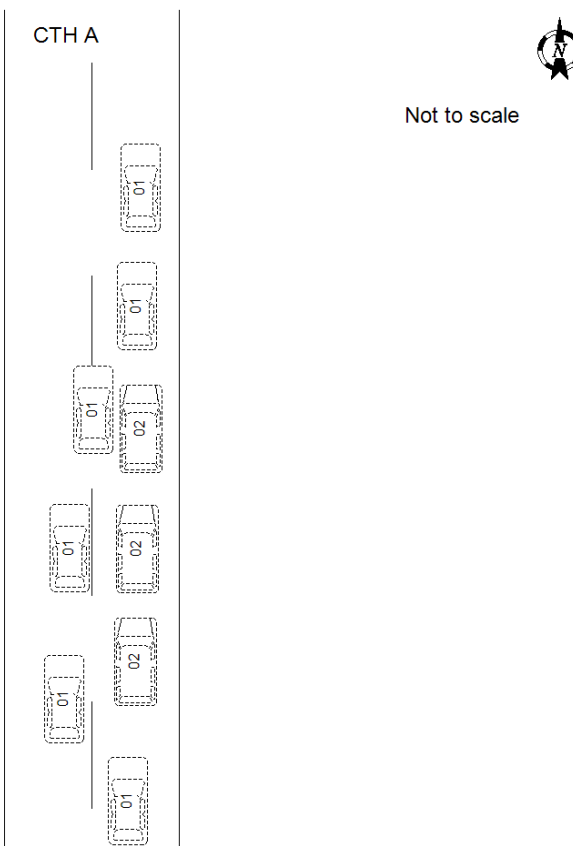
25-07910

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK 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 25-07910		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 07/29/2025		Crash Time 12:05 PM		Date Arrived 07/29/2025		Time Arrived 12:39 PM	
Date Notified 07/29/2025		Time Notified 12:10 PM		Total Units 02		Total Injured 00	Total Killed 00
<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 NO		Tags		
<input type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram  CTH A Not to scale	Reconstruction By
	Photos By
	Additional Information

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

ON 07/29/2025, I WAS DISPATCHED TO THE AREA OF CTH A AND CTH T IN THE TOWN OF DELTON FOR A TRAFFIC CRASH. UNIT 1 WAS PASSING UNIT 2 WHEN UNIT 1 SLIGHTLY SIDE SWIPE UNIT 2 CAUSING LITTLE TO NO DAMAGE. I DID NOT OBSERVE ANY DAMAGES TO UNIT 2 UNTIL UNIT 2 OPERATOR POINTED IT OUT. THERE WAS A SMALL SCRAP ON THE FRONT DRIVERS SIDE RIM AND A SMALL SCRAP ON BUMPER. UNIT 1 OPERATOR ADMITTED TO PASSING A VEHICLE, BUT WAS UNSURE WHAT VEHICLE SHE PASS. UNIT 1 OPERATOR STATED SHE DID NOT SIDE SWIPE ANY VEHICLE AND IF SHE DID SHE WOULD HAVE STOPPED, AND NOT KEPT GOING. UNIT 1 OPERATOR STATED UNIT 1 WAS OLD AND HAD PRIOR DAMAGE TO IT AND SHE DID NOT KNOW IF THERE WERE ANY NEW DAMAGE FROM THE POSSIBLE SIDE SWIPE. UNIT 2 OPERATOR STATED UNIT 1 OPERATOR WAS TAILGATING HER FOR A BIT AND THEN UNIT 1 OPERATOR PASSED HER AND AS SHE PASSED HER SHE SIDE SWIPE UNIT 2, AND PROCEED TO DRIVE WAY. UNIT 2 OPERATOR CONTINUED TO FOLLOW UNIT 1 UNTIL LAW ENFORCEMENT WAS CONTACTED IN THE CITY OF WISCONSIN DELLS. UNIT 1 OPERATOR WAS ISSUED AND EXPLAINED A CITATION FOR UNSAFE CUTTING WHEN PASSING. UNIT 1 OPERATOR HAD NO QUESTIONS.

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Location

ON CTHA NB 0.32 MI S OF SHADY LANE RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.542064669	Longitude -89.738570343
	X Coordinate 278751.46875	Y Coordinate 4824657
	Structure Type NO STRUCTURE	

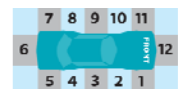
Crash Scene

First Harmful Event		First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION		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	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AWW9915		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G4HR54K33U136939		Make BUIC	Year 2003	Model LESABRE
	Color TAN - TAN		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage 02 - RIGHT SIDE FRONT		
	Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing OVERTAKE LEFT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name DION HENNESSY		Owner Address W5407 HARVEY RD POYNETTE, WI 53955 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
01	Policy Holder			
	Insurance Company HARTFORD-FIRE-INS-CO		INDIVIDUAL GABRIELLE DEMOSS	
01	Individual			
	DRIVER GABRIELLE DEMOSS (608) 402-3062		Citations Issued 0	Sex FEMALE
	Date of Birth		Race WHITE	
	Address 1105 SILVER DR # 8 BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Safety Equipment			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
01	Eye Protection		Tint Compliance	
	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT INDIVIDUAL	01	001	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						
	Violations						
01	UTC Number BM656552		Issue To? 001	Statute Number 346.07(2)	Description UNSAFE CUTTING IN WHEN PASSING		

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 5	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

02	Vehicle				
	License Plate Number EZ92777		Plate Type AUT	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 5N1BT3BA7NC680259		Make NISS	Year 2022	Model
	Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT				



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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	10 - LEFT SIDE FRONT	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name JOSE RUBIO (773) 344-1463	Owner Address 14626 S SHORT ST POSEN, IL 60469 , US	
		Sequence Of Events		
UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company ALLSTATE-INS-CO	INDIVIDUAL JENNIFER RUBIO	
		Individual		
		DRIVER JENNIFER RUBIO (773) 344-1463	Citations Issued 0	Sex FEMALE
UNIT	INDIVIDUAL	Date of Birth	Race	
		Address 14626 S SHORT ST POSEN, IL 60469 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
		Safety Equipment		
		On Duty Crash	Safety Equipment	
UNIT	INDIVIDUAL	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
UNIT	INDIVIDUAL	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

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UNIT	INDIVIDUAL	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED				
		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
02	002	Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		PASSENGER OLIVIA GONZALEZ (773) 344-1463		Citations Issued 0	Sex FEMALE	
				Date of Birth	Race HISPANIC	
		Address 14626 S SHORT ST POSEN, IL 60469 , US		Driver License Number COUNTRY: UNITED STATES		
		Safety Equipment	On Duty Crash EMT/FIRST-RESPONDER		Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02	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	EMS Run #	
		Hospital		Date of Death	Time of Death	
		Distracted By		Distracted By Source		

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UNIT	INDIVIDUAL	Distracted By Action			
		Non Motorist	Striking Unit #	Location	
			Prior Action		
		Action			
		Action Other		To/From School	
		Drug & Alcohol	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	003	Drug Type			
		Individual Condition			
		APPEARED NORMAL			
		Individual			
		PASSENGER		Citations Issued	Sex
		MOSES AGUILAR		0	MALE
				Date of Birth	Race
		Address		Driver License Number	
		3 N425 PATRICIA LN		A24654065140	
ELMHURST, IL 60126 , US		STATE: ILLINOIS COUNTRY: UNITED STATES			
02	004	Safety Equipment	On Duty Crash	Safety Equipment	
				SHOULDER & LAP BELT	
		Row	Seat Position		
		02 - SECOND ROW	07 - LEFT		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury	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		
Distracted By	Distracted By Source				
	Distracted By Action				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other			To/From School	
02	004	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				
		Individual				
		PASSENGER OROZCO SANTOYO		Citations Issued 0	Sex FEMALE	
				Date of Birth	Race	
		Address 16242 WOLCOTT AVE MARKHAM, IL 60428 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
		02	005	Safety Equipment		On Duty Crash
Row 02 - SECOND ROW	Seat Position 08 - MIDDLE					
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
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		
Distracted By Action						
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	005	Action Other		To/From School
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO		
02	005	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
02	005	Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
02	005	Drug Type		
		Individual Condition		
02	005	APPEARED NORMAL		
		Individual		
UNIT	INDIVIDUAL	PASSENGER	Citations Issued	Sex
		RANGEL ACOSTA	0	FEMALE
02	006	Date of Birth	Race	
		Address	Driver License Number	
02	006	14626 S SHORT ST	STATE: ILLINOIS COUNTRY: UNITED STATES	
		POSEN, IL 60469 , US		
02	006	Safety Equipment	On Duty Crash	Safety Equipment
		Row	Seat Position	SHOULDER & LAP BELT
02	006	02 - SECOND ROW	09 - RIGHT	
		Helmet Use	Helmet Compliance	
02	006	Eye Protection	Tint Compliance	
		Injury	Injury Severity	Airbag
02	006	NO APPARENT INJURY	NON DEPLOYED	
		Ejected	Ejection Path	Trapped/Extricated
02	006	NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
		Medical Transport	EMS Agency Identifier	EMS Run #
02	006	NOT TRANSPORTED		
		Hospital	Date of Death	Time of Death
02	006	Distracted By	Distracted By Source	
		Distracted By Action		
02	006	Non Motorist	Striking Unit #	Location
		Prior Action		

UNIT	INDIVIDUAL				
		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			