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25-08002

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK 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 25-08002		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 07/31/2025		Crash Time 04:47 PM		Date Arrived 07/31/2025		Time Arrived 04:58 PM	
Date Notified 07/31/2025		Time Notified 04:47 PM		Total Units 02		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram



Reconstruction By

Photos By
D KROLIKOWSKI

Additional Information
PHOTOS

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

UNIT 2 WAS DRIVING NORTH ON HWY 113, APPROACHING AN INTERSECTION WITH KESSLER ROAD. UNIT 1 HAD STOPPED AT A STOP SIGN ON KESSLER ROAD TO THE WEST SIDE OF THIS INTERSECTION, ADVISING UNITS ON KESSLER TO STOP TO YIELD FOR TRAFFIC ON HWY 113. THE OPERATOR MISTAKENLY THOUGHT UNIT 2 HAD A STOP SIGN AND WOULD BE STOPPING, SO UNIT 1 BEGAN ENTERING UNIT 2'S LANE OF TRAVEL, RESULTING IN A COLLISION.

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Location

ON STH113 NB 34 FT S OF KESSLER RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.452597099	Longitude -89.715028179
	X Coordinate 280329.15625	Y Coordinate 4814658
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 07/31/2025	Time Initial Lane/Rd Closed 04:48 PM	TOW TRUCK	
Date All Lanes Open 07/31/2025	Time All Lanes Open 05:20 PM		
Date Scene Cleared 07/31/2025		Time Scene Cleared 05:26 PM	

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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number BY53610		Plate Type AUT	St IL	Country of Issuance UNITED STATES	
Vehicle Identification Number 2HGFB2F59EH541619		Make HOND	Year 2014	Model CIVIC		

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UNIT	VEHICLE	Color GRY - GRAY	Body Style 4D - 4DR	Bus Use
		Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
		What Driver Was Doing ENTERING TRAFFIC LANE	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
		Owner Name DAVID CONTRERAS GARCIA (847) 682-2355	Owner Address 7 GLENDALE CT STREAMWOOD, IL 60107 , US	
		Sequence Of Events		
		Event MOTOR VEH IN TRANSPORT		
UNIT	VEHICLE	Event		
		Event		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company STATE-FARM-GENERAL-INS-CO	INDIVIDUAL DAVID CONTRERAS GARCIA	
		Individual		
		DRIVER DAVID CONTRERAS GARCIA (847) 682-2355	Citations Issued 1	Sex MALE
		Date of Birth	Race HISPANIC	
UNIT	INDIVIDUAL	Address 7 GLENDALE CT STREAMWOOD, IL 60107 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
		Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	
		Helmet Use	Helmet Compliance	
UNIT	INDIVIDUAL	Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	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	
01 001	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	PASSENGER MARIA ORTIZ (847) 312-2346		Citations Issued 0		Sex FEMALE	
			Date of Birth		Race HISPANIC	
	Address 815 E OAKTON ST DES PLAINES, IL 60018 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 002	Injury		Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-CURTAIN	
	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	

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UNIT INDIVIDUAL	Distracted By		Distracted By Source	
	Distracted By Action			
	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 BK745524	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN

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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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					
	Vehicle					
	02	License Plate Number BAV3705		Plate Type AUT	St WI	Country of Issuance UNITED STATES
02	Vehicle Identification Number 5GAEVAKWXXJ158634		Make BUIC	Year 2019	Model ENCLAVE	

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UNIT	VEHICLE	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name SCOTT SCHNEIDER (815) 871-7153	Owner Address 450 RIVER ST MERRIMAC, WI 53561 , US	
		Sequence Of Events		
		Event MOTOR VEH IN TRANSPORT		
UNIT	VEHICLE	Event		
		Event		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	INDIVIDUAL SCOTT SCHNEIDER	
		Individual		
		DRIVER SCOTT SCHNEIDER (815) 871-7153	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE	
UNIT	INDIVIDUAL	Address 450 RIVER ST MERRIMAC, WI 53561 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		
		On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
UNIT	INDIVIDUAL	Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	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	
02 003	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	PASSENGER AMY SCHNEIDER (815) 623-7200		Citations Issued 0		Sex FEMALE	
			Date of Birth		Race WHITE	
	Address 450 RIVER ST MERRIMAC, WI 53561 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
02 004	Injury		Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-FRONT	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6000368		EMS Run #	
	Hospital ST CLARE HOSP		Date of Death		Time of Death	

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UNIT INDIVIDUAL	Distracted By	Distracted By Source		
	Distracted By Action			
	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	
02 004	Drug Type			
	Individual Condition APPEARED NORMAL			