# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash	Document #	Agency 25-08	y Crash Number <b>002</b>	0 0	Investigating Officer/Deputy  DEPUTY D. KROLIKOWSKI		
9G	Crash Date <b>07/31/2025</b>	Crash Time 04:47 PM	04:47 PM Time Notified 04:47 PM  t and Run  Lane Closur		rrived /2025	Time Arrived 04:58 PM			
	Date Notified <b>07/31/2025</b>				Jnits	Total Injured <b>02</b>	Total Killed <b>00</b>		
.0F1	On Emergency	lit and Run			Work Zone	Trailer or Towed Reporting Threshold			
6TL	Government Property	Active Sc			Bus Related	Tags			
	<b>✓</b> Reportable					Amended			Secondary Crash

Diagram

113

Sle of essler Rd

8 - County-R'd-W

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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Crash Date 07/31/2025

Crash Time 04:47 PM

LOC	ation										
_	STH113 NB					Latitude			Longitude		
34 F	-					43.452597099 -89.715028179				028179	
-	KESSLER RD					X Coordinate			Y Coord	inate	
	HE TOWN OF GREEN	IFIELD				280329.1			481465		
IN S	AUK COUNTY					Structure 7					
						NO STRUCTURE					
<u> </u>						NO OTT	JOTORE	-			
Cras	sh Scene										
First	Harmful Event					First Harm	ful Event	Location			
МОТ	OR VEH IN TRANSPO	ORT				ON ROADWAY					
Manr	ner of Collision					Light Cond	dition				
01 -	ANGLE					DAYLIGHT					
Road	Surface Condition(s)					Roadway Factor(s)					
DRY	•										
Envir	onment Factor(s)										
NONE											
Weat	ther Condition(s)										
CLE	AR										
Anim	al Type					Relation T	o Trafficw	ay			
								ON ROAD			
	h Classification - Location					Crash Clas	ssification	<ul> <li>Jurisdiction</li> </ul>			
PUB	LIC PROPERTY					NO SPECIAL JURISDICTION					
Triba	l Land					Access Co				Special Study	
						PARTIAL	CONTR	ROL			
Withi NO	n Interchange Area	Junction Location INTERSECTION			Intersectio	n Type <b>'AY INTER</b>	SECTIO	N.			
	ле Туре	INTERSECTION		Dagge	ons for Closu		SECTIO	,1 <b>4</b>			
	E CLOSURE			Reaso	ons for Clost	ure					
	Initial Lane/Rd Closed	Time - Imitial I /D-1 Ola-		TOW	TRUCK						
	1/2025	Time Initial Lane/Rd Close 04:48 PM	ea	IOW	TRUCK						
	All Lanes Open	Time All Lanes Open		D-4- (	Date Scene Cleared Time Scene Cleared						
	1/2025	05:20 PM		-				5:26 PM			
		03.20 F W		0113	1/2025			3.20 F W			
	Summary =										
-	Status				erating As Cl	lassification		Unit Type			
	RANSIT		DC	D CLASS				AUTOMOBILE			
	cle Type							Operating As	erating As Endorsements		
	SENGER CAR										
	Occs	Train/Bus # Recorded		l # Cita	tions Issued		Total Tra	ailers		Mat Types	
2			1				0		0		
	ance?	Direction Of Travel		Pre	CrashTire		Speed L	imit	Total Lan	es	
YES		EASTBOUND			Mark		45		2		
	Harmful Event: Collision \			cial Fun		<b>T</b> 1011		Emergency		icle Use	
МОТ	OR VEH IN TRANSPO	ORT	NO	SPEC	IAL FUNC	TION		NOT APPL			
Traffi	c Way		Traff	ic Cont	rol			Traffic Contr	ol Inopera	tive/Missing	
TWC	)-WAY, NOT DIVIDED	P SIG	SN			NO					
·					ature			Road Grade			
BLA	BLACKTOP (BITUMINOUS) STRA							LEVEL			
Truck	Bus or HazMat	<u>-i</u>									
NO											
\	/ehicle										
	License Plate Number		Plat	е Туре	<u> </u>		St	Country of Iss	uance		
	BY53610		AU				IL	UNITED ST	ATES		
	Vehicle Identification Nur	mber	Mal	ке			Year	Model			
6	2HGFB2F59EH54161	9	но	ND			2014	CIVIC			

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25-08002

## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

		Color		Body Style		Bus Use			
		GRY - GRAY		4D - 4DR					
<b>-</b>	ïLE	Initial Contact Point  02 - RIGHT SIDE FRONT	\	/ehicle Damage			7 8 9 10 11		
LIND	VEHICL	Extent Of Damage		01 - RIGHT FRONT C		GHT SIDE 6 12			
ے	VE	DISABLING DAMAGE		FRONT, 03 - RIGHT SIDE MIDDLE					
		Towed Due To Damage		Vehicle Removed By CRAIGS TOWING					
		TOWED DUE TO DISABLING What Driver Was Doing		Vehicle Factors					
		ENTERING TRAFFIC LANE							
		Driver Prior Action Other	١	NOT APPLICABLE					
		Driver Actions							
	Е	FAILED TO YIELD RIGHT-OI	F-WAY						
╘	CL								
LINO	VEHICL								
	>								
		Owner Name		Owner Address					
01	01	DAVID CONTRERAS GARCIA (847) 682-2355	A	7 GLENDALE CT STREAMWOOD, II	I 60107 US				
0	C	(0.17,002,2000		01112111111002,11	,				
		L Sequence Of Events							
	01	Event	T						
	0	MOTOR VEH IN TRANSPOR	1						
	02	Event							
	03	Event							
	04	Event							
		Daliay Haldar							
UNIT		Policy Holder Insurance Company		INDIVIDUAL					
5		STATE-FARM-GENERAL-INS	S-CO	DAVID CONTRERAS	S GARCIA				
	l	Individual							
		DRIVER  DAVID CONTRERAS GARCIA	Δ	Citations Issued	Sex				
	AL	(847) 682-2355	-	1 Date of Birth	MALE Race				
<b>—</b>	DUAL			Buto of Birth	HISPANIC	ANIC			
	INDIN	Address		Driver License Number					
_	NI NI	7 GLENDALE CT STREAMWOOD, IL 60107,I	US	STATE: ILLINOIS COUNTRY: UNITED STATES					
	Sai	On Duty Cr.	ash	Safety Equipment					
	Sai		lo . p .::						
		Row 01 - FRONT ROW	Seat Position  07 - LEFT	SHOULDER & LAP	DELI				
		Helmet Use		Helmet Compliance					
		Eve Destastion		7: . 0					
		Eye Protection		Tint Compliance					
7	001	Injury Seve	rity	Airbag					
0	ō	Injury NO APPA		DEPLOYED-CURTA	IN	Tranned/Extrinated			
		'	ection Path <b>OT EJECTED/NOT APPL</b>	_ICABLE		Trapped/Extricated  NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED							

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted E	By Source <b>LICABLE (</b>	NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED	)								
		Non Motorist	Striking Uni	t# Lo	ocation						
		Prior Action									
		Action									
	AL										
LIND	INDIVIDUAL										
5	IDIV										
	<b>=</b>										
		Action Other							To/From School		
	L	Drug & Alcohol	Suspected /	Alcohol Use		Suspected Drug Use	е				
		Alcohol Test Given TEST NOT GIVEN		A	Icohol Test Type	<u> </u>		Alcohol Test Results			
		Drug Test Given			Drug Test Type		Drug Test Results				
_	1	TEST NOT GIVEN Drug Type									
0	001										
		Individual Condition									
		APPEARED NORM	IAL								
	į	Individual									
	Г	PASSENGER MARIA ORTIZ				Citations Issued Sex  0 FEMALE					
_	IDINIDUAL	(847) 312-2346				Date of Birth	Race HISPANIC				
LIND	IMIC	Address 815 E OAKTON ST				Driver License Num	ber				
	N	DES PLAINES, IL 6		3		STATE: ILLINOIS COUNTRY: UNITED STATES					
	ļ		On Duty Cra	ash		Safety Equipment					
	Sat	fety Equipment					AD DELT				
		Row <b>01 - FRONT ROW</b>		Seat Position 199 - RIGH		SHOULDER & LAP BELT					
		Helmet Use				Helmet Compliance					
		Eye Protection			Tint Compliance						
2	002	Injury	Injury Sever	rity E INJURY		Airbag  DEPLOYED-CUR	ΡΤΔΙΝ				
		Ejected	Eje	ection Path		<u> </u>	CI AIIV	Trapped/Extricated			
		NOT EJECTED  Medical Transport	NO	OT EJECT	ED/NOT APPL	ICABLE  EMS Agency Identifi	ier	NOT TRAPPED EMS Run #			
		NOT TRANSPORT	ED								
		Hospital				Date of Death		Time of Death			

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Distracted By	Distr	racted By S	Source											
		Distracted By Action														
			Strik	ing Unit#		Location										
		Non Motorist	Otrik	ung Onit #		Location										
		Prior Action														
		Action														
	۸L															
LIND	INDIVIDUAL															
5																
	Z															
		Action Other												To/From School		
	,	Orug & Alcohol	Susp	pected Alco	ohol U	se		Suspected Dru NO	ıg Use							
	_	Alcohol Test Given	NO			Alcohol Test T	/DO	NO				Alachal Tao	Alcohol Test Results			
		TEST NOT GIVEN				Alcohol Test 1	ype					Alconor res	ILCOTOL TEST RESULTS			
		Drug Test Given				Drug Test Type	Э			Drug T	est Results					
		TEST NOT GIVEN														
2	002	Drug Type														
		Individual Condition														
		APPEARED NORM	IAL													
	,	<b>Violations</b>														
	01	UTC Number <b>BK745524</b>	lsst 001	ue To? <b>1</b>		ute Number .18(3)		Description FAIL/YIELD	RIGHT/V	VAY F	ROM STO	P SIGN				
		Summary •														
		Status					Ve	hicle Operating	As Classif	fication		Unit Type				
		RANSIT						D CLASS				AUTOMOBILE				
02		cle Type										Operating A	s Endorsem	ents		
0	-	ORT) UTILITY VEHI			# Da	and a d	I -			1	Total Trails		Total Hark	Act Tymes		
	1 ota	Occs		Train/Bus	# Red	corded	0	Total # Citations Issued			Total Traile	ers	Total HazM	lat Types		
		ance?		Direction	Of Tra	ivel	Ť	Pre Crash	nTire		Speed Lim	it	Total Lane	S		
⊨	YES			NORTH	BOUI	ND		Mark			45		2			
LND	МОТ	Harmful Event: Collision						ecial Function O SPECIAL F	UNCTIO	N		Emergency Motor Vehicle Use NOT APPLICABLE				
		ic Way	- n					affic Control  CONTROL				Traffic Control Inoperative/Missing				
	TWO-WAY, NOT DIVIDED Surface Type					ad Curvature				NO Road Grade						
	BLACKTOP (BITUMINOUS)									LEVEL						
	Truci	k Bus or HazMat														
		Vehicle														
		License Plate Number					Р	late Type		I	St	Country of Is	suance			
		BAV3705					A	UT			WI	UNITED ST	TATES			
05	02	Vehicle Identification						lake				Model				
0	0	5GAEVAKWXKJ15	863	4			B	UIC			2019	ENCLAVE				

## 6TL0F1BQ9G

25-08002

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

		Color		Body Style		Bus Use				
		RED - RED		UT - SPORT UTILITY	VEHICLE					
	Щ	Initial Contact Point		Vehicle Damage			7 8 9 10 11			
UNIT	딜	12 - FRONT		01 - RIGHT FRONT (	ORNER, 11 - LEF	T FRONT	6 2 12			
5	VEHICLE	Extent Of Damage  DISABLING DAMAGE		CORNER, 12 - FRONT 5 4 3 2 1						
	>	Towed Due To Damage	,	Vehicle Removed By						
		TOWED DUE TO DISABLING		CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT		NOT ADDITIONED E						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	щ	NO CONTRIBUTING ACTION	I							
╘	VEHICLE									
UNIT	표									
	>									
		Owner Name		Owner Address						
	<b>~</b> 1	SCOTT SCHNEIDER		450 RIVER ST MERRIMAC, WI 53561, US						
02	05	(815) 871-7153								
	;	Sequence Of Events								
	5	Event MOTOR VEH IN TRANSPOR	Т							
	٥.	Event								
	02									
	03	Event								
	40	Event								
_		L Policy Holder								
UNIT		Insurance Company		INDIVIDUAL						
<b>⋽</b>		PROGRESSIVE-CASUALTY	INS-CO	SCOTT SCHNEIDER						
		Individual								
		DRIVER		Citations Issued Sex						
	ļ	SCOTT SCHNEIDER (815) 871-7153		0	MALE					
	DUAI	(6.0) 6.1.1.00		Date of Birth	Race WHITE					
UNIT	₹	Address		Driver License Number						
<b>1</b>	INDIN	450 RIVER ST				TED 074750				
	=	MERRIMAC, WI 53561 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Co	a a b							
	Sai	On Duty Cr fety Equipment	asn	Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
		Lye i fotection		Tint Compliance						
02	003	Injury Seve	rity RENT INJURY	Airbag  DEPLOYED-FRON	т					
		NO74174	ection Path	DEI EGTED-I NOI	•	Trapped/Extricated				
			OT EJECTED/NOT APP	LICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								

Crash Date 07/31/2025

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Crash Time 04:47 PM

		Hospital			Date of Death		Time of Death			
		Distracted By	Distracted By Source NOT APPLICABLI	E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED								
	,	Non Motorist	Striking Unit#	Location						
		Prior Action								
LIND	INDIVIDUAL	Action								
_	INDI	Action Other						To/From School		
	ı	Drug & Alcohol	Suspected Alcohol U	se	Suspected Drug Use					
	_			Al	_		Alcohol Test Results			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
05	003	Drug Type								
	0									
		Individual Condition								
		APPEARED NORM	AL							
	i	Individual								
		PASSENGER  AMY SCHNEIDER			Citations Issued	Sex				
	AL	(815) 623-7200			<b>0</b> Date of Birth	FEMALE Race				
⊨	IDINIDUAL				Bate of Birti	WHITE				
	≥	Address			Driver License Number					
	IN	450 RIVER ST MERRIMAC, WI 53561 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	fety Equipment	On Duty Crash		Safety Equipment					
		Row 01 - FRONT ROW	Seat Po: <b>09 - RI</b> 0		SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
٥.	4		njury Severity		Airbag					
05	004	Injury <sub>I</sub>	POSSIBLE INJUR		DEPLOYED-FRON	Г				
		NOT EJECTED	Ejection Pat	h CTED/NOT APPL			Trapped/Extricated NOT TRAPPED			
		Medical Transport  EMS GROUND	·		EMS Agency Identifier 6000368		EMS Run #			
		Hospital ST CLARE HOSP			Date of Death		Time of Death			
Nieco	nsin N	Motor Vehicle Crash		This report	l t does not include any C、	IIS data	Crash Date	07/31/2025		

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		Distracted By	Distracted By Source					
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	NAL							
LNO	INDIVIDUAL							
	S							
		A 1' OII						17.75
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alcohol U NO		Suspected Drug Use NO			
İ		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
İ		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	I	
05	004	Drug Type						
ļ		Individual Condition						
		APPEARED NORM	МΔΙ					
		A LAKED NOK						