

6TL0DRXHLH  
25-09193

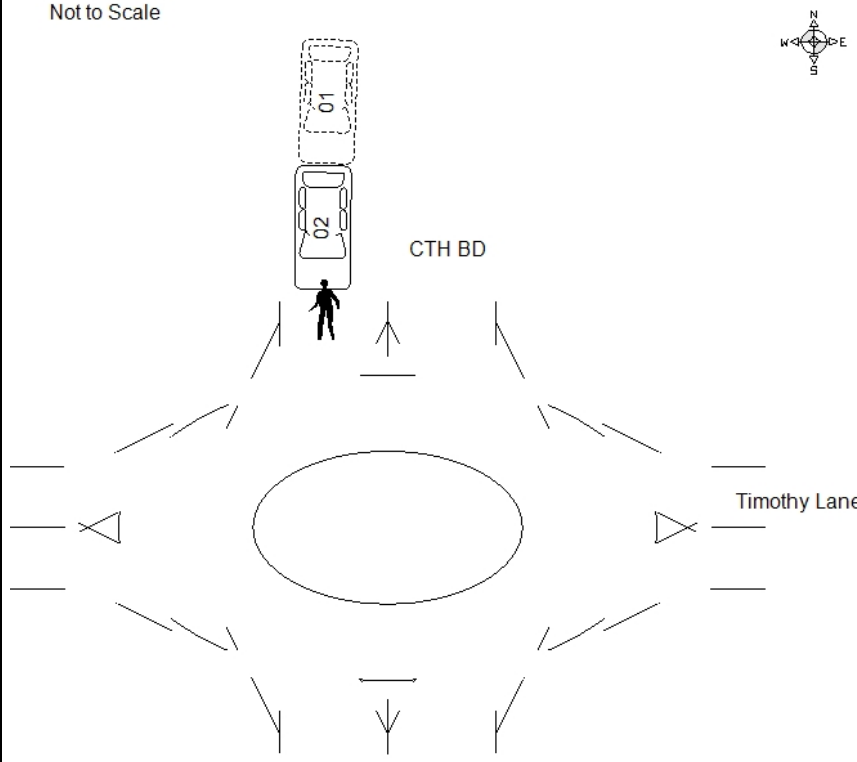
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0DRXHLH

|  |  |                                       |                                    |   |                                  |  |                           |
|--|--|---------------------------------------|------------------------------------|---|----------------------------------|--|---------------------------|
| Document Number Override                     |  | Primary Crash Document #              |                                    | Agency Crash Number<br><b>25-09193</b>    |                                  | Investigating Officer/Deputy<br><b>DEPUTY S. ELLICKSON</b> |                           |
| Crash Date<br><b>08/31/2025</b>              |  | Crash Time<br><b>04:34 PM</b>         |                                    | Date Arrived<br><b>08/31/2025</b>         |                                  | Time Arrived<br><b>04:45 PM</b>                            |                           |
| Date Notified<br><b>08/31/2025</b>           |  | Time Notified<br><b>04:34 PM</b>      |                                    | Total Units<br><b>02</b>                  |                                  | Total Injured<br><b>00</b>                                 | Total Killed<br><b>00</b> |
| <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<br><b>NO</b>    |   | Tags                             |  |                           |
| <input type="checkbox"/> Reportable          | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                       |                                    |   | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash                   |                           |

## Description

|  |                                       |
|--|---------------------------------------|
| <p>Diagram</p> <p>Not to Scale</p>  | Reconstruction By                     |
|  | Photos By                             |
|  | Additional Information<br><b>NONE</b> |

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

UNIT 2 WAS APPROACHING THE ROUNDABOUT WHEN NOTICED A PERSON CROSSING THE STREET. UNIT 2 CAME TO A STOP WHERE UNIT 1 ATTEMPTED TO STOP BUT ENDED UP HITTING THE REAR OF UNIT 2. THE ONLY DAMAGE WAS THE LICENSE PLATE ON UNIT 2'S REAR BUMPER BEING BENT SLIGHTLY. UNIT 1 DID HAVE A SMALL CRACK ON THE FRONT BUMPER BUT CLAIMS ITS AN OLD CAR AND AN OLD INCIDENT.

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Location

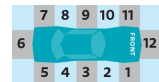
|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| INTERSECTION<br>ON CTHBD<br>AT TIMOTHY LN<br>IN THE TOWN OF DELTON<br>IN SAUK COUNTY | Latitude<br><b>43.556231038</b>       | Longitude<br><b>-89.778220846</b> |
|  | X Coordinate<br><b>275600.59375</b>   | Y Coordinate<br><b>4826336.5</b>  |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|   |   |   |
|---|---|---|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      | First Harmful Event Location<br><b>ON ROADWAY</b>                     |   |
| Manner of Collision<br><b>03 - FRONT TO REAR</b>          | Light Condition<br><b>DAYLIGHT</b>                                    |   |
| Road Surface Condition(s)<br><b>DRY</b>                   | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>NONE</b>                      |   |   |
| Weather Condition(s)<br><b>CLEAR</b>                      |   |   |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land   | Access Control<br><b>PARTIAL CONTROL</b>                              | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

Unit Summary

|   |   |   |  |  |                                |   |
|---|---|---|--|--|--------------------------------|---|
| UNIT<br>01  | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b>                       |                                |   |
|   | Vehicle Type<br><b>PASSENGER CAR</b>                                |   |  | Operating As Endorsements                            |                                |   |
|   | Total Occs<br><b>2</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>1</b>           | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |   |
|   | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>SOUTHBOUND</b>              | <input type="checkbox"/> Pre CrashTire Mark    | Speed Limit<br><b>45</b>                             | Total Lanes<br><b>4</b>        |   |
|   | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |   |
|   | Traffic Way<br><b>DIVIDED HWY W/O TRAFFIC BARRIER</b>               |   | Traffic Control<br><b>YIELD SIGN</b>           | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |   |
|   | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>CURVE LEFT</b>            | Road Grade<br><b>LEVEL</b>                           |                                |   |
|   | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |  |                                |   |
|   | UNIT<br>01<br>VEHICLE<br>01   | <b>Vehicle</b>  |  |  |                                |   |
|   |   | License Plate Number<br><b>BAM8594</b>                |  | Plate Type<br><b>AUT</b>                             | St<br><b>WI</b>                | Country of Issuance<br><b>UNITED STATES</b> |
| Vehicle Identification Number<br><b>19UUA66274A058988</b> |   | Make<br><b>ACUR</b>                                   | Year<br><b>2004</b>                            | Model<br><b>TL</b>                                   |                                |   |
| Color<br><b>BLK - BLACK</b>                               |   | Body Style<br><b>SD - SEDAN</b>                       |  | Bus Use  |                                |   |
| Initial Contact Point<br><b>12 - FRONT</b>                |   | Vehicle Damage<br><br><b>00 - NO DAMAGE</b>           |  |  |                                |   |
| Extent Of Damage<br><b>NO DAMAGE</b>                      |   |   |  |  |                                |   |



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SAUK COUNTY SHERIFFS DEPARTMENT  
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BARABOO, WI 53913  
(608) 356-4895

|      |         |   |  |   |                               |
|------|---------|---|--|---|-------------------------------|
| UNIT | VEHICLE | Towed Due To Damage<br><b>NOT TOWED</b>                                       |  | Vehicle Removed By<br><b>OPERATOR</b>   |                               |
|      |         | What Driver Was Doing<br><b>GOING STRAIGHT</b>                                |  | Vehicle Factors   |                               |
|      |         | Driver Prior Action Other   |  | <b>NOT APPLICABLE</b>   |                               |
|      |         | Driver Actions<br><b>FOLLOWING TOO CLOSE</b>                                  |  |   |                               |
| 01   | 01      | Owner Name<br><b>LOURDES FIORELLA PUMAR ARIAS<br/>(608) 495-1413</b>          |  | Owner Address<br><b>701 STONY ACRES RD # 404<br/>WISCONSIN DELLS, WI 53965 , US</b> |                               |
|      |         | <b>Sequence Of Events</b>   |  |   |                               |
| UNIT | 01      | Event<br><b>MOTOR VEH IN TRANSPORT</b>  |  |   |                               |
|      |         | Event   |  |   |                               |
|      |         | Event   |  |   |                               |
|      |         | Event   |  |   |                               |
| UNIT | 01      | <b>Policy Holder</b>  |  |   |                               |
|      |         | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>                        |  | INDIVIDUAL<br><b>LOURDES PUMAR ARIAS</b>  |                               |
|      |         | <b>Individual</b>   |  |   |                               |
|      |         | DRIVER<br><b>LOURDES PUMAR ARIAS<br/>(608) 495-1413</b>                       |  | Citations Issued<br><b>1</b>  | Sex<br><b>FEMALE</b>          |
| UNIT | 01      | Date of Birth   |  | Race<br><b>HISPANIC</b>   |                               |
|      |         | Address<br><b>701 STONY ACRES RD # 404<br/>WISCONSIN DELLS, WI 53965 , US</b> |  | Driver License Number   |                               |
|      |         | On Duty Crash   |  | Safety Equipment  |                               |
|      |         | <b>Safety Equipment</b>   |  | <b>SHOULDER &amp; LAP BELT</b>  |                               |
| UNIT | 01      | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>07 - LEFT</b>                  | Helmet Use  |                               |
|      |         | Helmet Compliance   |  |   |                               |
|      |         | Eye Protection  |  | Tint Compliance   |                               |
|      |         | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>  | Airbag<br><b>NON DEPLOYED</b> |
| UNIT | 01      | Ejected<br><b>NOT EJECTED</b>   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT TRAPPED</b>  |                               |
|      |         | Medical Transport<br><b>NOT TRANSPORTED</b>                                   |  | EMS Agency Identifier   | EMS Run #                     |
|      |         | Hospital  |  | Date of Death   | Time of Death                 |
|      |         | <b>Distracted By</b>  |  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>                      |                               |
| UNIT | 01      | Distracted By Action<br><b>NOT DISTRACTED</b>                                 |  |   |                               |

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|                                      |            |  |                             |   |                                       |                                   |
|--------------------------------------|------------|--|-----------------------------|---|---------------------------------------|-----------------------------------|
| UNIT<br>01                           | INDIVIDUAL | <b>Non Motorist</b>  | Striking Unit #             | Location                                    |                                       |                                   |
|                                      |            | Prior Action   |                             |   |                                       |                                   |
|                                      |            | Action   |                             |   |                                       |                                   |
|                                      |            | Action Other   |                             |   |                                       |                                   |
|                                      |            | To/From School   |                             |   |                                       |                                   |
|                                      |            | <b>Drug &amp; Alcohol</b>                                      | Suspected Alcohol Use<br>NO |   | Suspected Drug Use<br>NO              |                                   |
|                                      |            | Alcohol Test Given<br>TEST NOT GIVEN                           |                             | Alcohol Test Type                           |                                       | Alcohol Test Results              |
|                                      |            | Drug Test Given<br>TEST NOT GIVEN                              |                             | Drug Test Type                              |                                       | Drug Test Results                 |
|                                      |            | Drug Type  |                             |   |                                       |                                   |
|                                      |            | Individual Condition<br>APPEARED NORMAL                        |                             |   |                                       |                                   |
| UNIT<br>01                           | INDIVIDUAL | <b>Individual</b>  |                             |   |                                       |                                   |
|                                      |            | PASSENGER<br>ELIZABETH COLOMA CORTEZ<br>(608) 610-2976         |                             | Citations Issued<br>0                       | Sex<br>FEMALE                         |                                   |
|                                      |            | Date of Birth  |                             | Race  |                                       |                                   |
|                                      |            | Address<br>85D GRAND CANYON DR # 106<br>BARABOO, WI 53913 , US |                             | Driver License Number                       |                                       |                                   |
|                                      |            | <b>Safety Equipment</b>  |                             |   |                                       |                                   |
|                                      |            | On Duty Crash  |                             | Safety Equipment                            |                                       |                                   |
|                                      |            | Row<br>01 - FRONT ROW  | Seat Position<br>09 - RIGHT | SHOULDER & LAP BELT                         |                                       |                                   |
|                                      |            | Helmet Use   |                             | Helmet Compliance                           |                                       |                                   |
|                                      |            | Eye Protection   |                             | Tint Compliance                             |                                       |                                   |
|                                      |            | UNIT<br>01   | 002                         | <b>Injury</b>                               | Injury Severity<br>NO APPARENT INJURY |                                   |
| Ejected<br>NOT EJECTED               |            |  |                             | Ejection Path<br>NOT EJECTED/NOT APPLICABLE |                                       | Trapped/Extricated<br>NOT TRAPPED |
| Medical Transport<br>NOT TRANSPORTED |            |  |                             | EMS Agency Identifier                       |                                       | EMS Run #                         |
| Hospital                             |            |  |                             | Date of Death                               |                                       | Time of Death                     |
| <b>Distracted By</b>                 |            |  |                             |   |                                       |                                   |
| Distracted By Source                 |            |  |                             |   |                                       |                                   |
| Distracted By Action                 |            |  |                             |   |                                       |                                   |
| <b>Non Motorist</b>                  |            |  |                             |   |                                       |                                   |
| Striking Unit #                      |            |  |                             | Location                                    |                                       |                                   |

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
4 of 7

Crash Date 08/31/2025  
Crash Time 04:34 PM

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25-09193

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

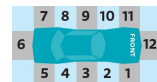
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|      |            |  |     |                                    |                                 |
|------|------------|--|-----|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Prior Action                                   |     |                                    |                                 |
|      |            | Action   |     |                                    |                                 |
|      |            | Action Other                                   |     |                                    | To/From School                  |
|      |            | <b>Drug &amp; Alcohol</b>                      |     | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|      |            | Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |     | Alcohol Test Type                  | Alcohol Test Results            |
|      |            | Drug Test Given<br><b>TEST NOT GIVEN</b>       |     | Drug Test Type                     | Drug Test Results               |
|      |            | Drug Type                                      |     |                                    |                                 |
|      |            | Individual Condition<br><b>APPEARED NORMAL</b> |     |                                    |                                 |
|      |            | <b>Violations</b>                              |     |                                    |                                 |
|      |            | 01   | 002 | UTC Number<br><b>BJ679446</b>      | Issue To?<br><b>001</b>         |

Unit Summary

|      |    |   |  |   |                            |  |  |
|------|----|---|--|---|----------------------------|--|--|
| UNIT | 02 | Unit Status<br><b>IN TRANSIT</b>                                    |  | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|      |    | Vehicle Type<br><b>PASSENGER CAR</b>                                |  |   |                            | Operating As Endorsements                            |  |
|      |    | Total Occs<br><b>1</b>  | Train/Bus # Recorded                     | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|      |    | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>SOUTHBOUND</b> | <input type="checkbox"/> Pre Crash Tire Mark          | Speed Limit<br><b>45</b>   | Total Lanes<br><b>4</b>                              |  |
|      |    | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|      |    | Traffic Way<br><b>DIVIDED HWY W/O TRAFFIC BARRIER</b>               |  | Traffic Control<br><b>YIELD SIGN</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|      |    | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |  | Road Curvature<br><b>CURVE LEFT</b>                   |                            | Road Grade<br><b>LEVEL</b>                           |  |
|      |    | Truck Bus or HazMat<br><b>NO</b>                                    |  |   |                            |  |  |

|      |    |   |  |                                  |                     |   |
|------|----|---|--|----------------------------------|---------------------|---|
| UNIT | 02 | <b>Vehicle</b>  |  |                                  |                     |   |
|      |    | License Plate Number<br><b>BBE8152</b>                    |  | Plate Type<br><b>AUT</b>         | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|      |    | Vehicle Identification Number<br><b>KMHNN65F36U204342</b> |  | Make<br><b>HYUN</b>              | Year<br><b>2006</b> | Model<br><b>TIBURON</b>                     |
|      |    | Color<br><b>BLK - BLACK</b>                               |  | Body Style<br><b>CP - COUPE</b>  |                     | Bus Use                                     |
|      |    | Initial Contact Point<br><b>06 - REAR</b>                 |  | Vehicle Damage                   |                     |   |
|      |    | Extent Of Damage<br><b>NO DAMAGE</b>                      |  | <b>00 - NO DAMAGE, 06 - REAR</b> |                     |   |



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|      |         |   |                                   |   |  |
|------|---------|---|-----------------------------------|---|--|
| UNIT | VEHICLE | Towed Due To Damage<br><b>NOT TOWED</b>                               |                                   | Vehicle Removed By<br><b>OPERATOR</b>                                       |  |
|      |         | What Driver Was Doing<br><b>SLOW/STOPPING</b>                         |                                   | Vehicle Factors   |  |
|      |         | Driver Prior Action Other   |                                   | <b>NOT APPLICABLE</b>   |  |
|      |         | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                       |                                   |   |  |
| 02   | 02      | Owner Name<br><b>SAM GALLO</b><br>(608) 393-3869                      |                                   | Owner Address<br><b>903 MOORE ST # 185</b><br><b>BARABOO, WI 53913 , US</b> |  |
|      |         | <b>Sequence Of Events</b>   |                                   |   |  |
| UNIT | 01      | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                |                                   |   |  |
|      |         | Event   |                                   |   |  |
|      |         | Event   |                                   |   |  |
|      |         | Event   |                                   |   |  |
| UNIT | 02      | <b>Policy Holder</b>  |                                   |   |  |
|      |         | Insurance Company<br><b>WISCONSIN-MUTUAL-INS-CO</b>                   |                                   | INDIVIDUAL<br><b>SAM GALLO</b>  |  |
|      |         | <b>Individual</b>   |                                   |   |  |
|      |         | DRIVER<br><b>ELLENNA GALLO</b><br>(608) 393-3869                      |                                   | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                     |
| UNIT | 03      | Date of Birth   |                                   | Race<br><b>WHITE</b>  |  |
|      |         | Address<br><b>903 MOORE ST # 185</b><br><b>BARABOO, WI 53913 , US</b> |                                   | Driver License Number   |  |
|      |         | On Duty Crash   |                                   | Safety Equipment  |  |
|      |         | <b>Safety Equipment</b>   |                                   | <b>SHOULDER &amp; LAP BELT</b>  |  |
| 02   | 003     | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>07 - LEFT</b> | Helmet Compliance   |  |
|      |         | Helmet Use  |                                   | Tint Compliance   |  |
|      |         | Eye Protection  |                                   | Airbag<br><b>NON DEPLOYED</b>   |  |
|      |         | <b>Injury</b>   |                                   | Injury Severity<br><b>NO APPARENT INJURY</b>                                | Trapped/Extricated<br><b>NOT TRAPPED</b> |
| 02   | 003     | Ejected<br><b>NOT EJECTED</b>   |                                   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                          | EMS Agency Identifier                    |
|      |         | Medical Transport<br><b>NOT TRANSPORTED</b>                           |                                   | EMS Run #   |  |
|      |         | Hospital  |                                   | Date of Death   | Time of Death                            |
|      |         | <b>Distracted By</b>  |                                   |   |  |
| 02   | 003     | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>        |                                   |   |  |
|      |         | Distracted By Action<br><b>NOT DISTRACTED</b>                         |                                   |   |  |

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
6 of 7

Crash Date **08/31/2025**  
Crash Time **04:34 PM**

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

|           |   |  |                                 |                      |
|-----------|---|--|---------------------------------|----------------------|
| UNIT      | <b>Non Motorist</b>                         |  | Striking Unit #                 | Location             |
|           | Prior Action                                |  |                                 |                      |
|           | Action                                      |  |                                 |                      |
|           | Action Other                                |  |                                 | To/From School       |
|           | Suspected Alcohol Use<br><b>NO</b>          |  | Suspected Drug Use<br><b>NO</b> |                      |
| 02<br>003 | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |  | Alcohol Test Type               | Alcohol Test Results |
|           | Drug Test Given<br><b>TEST NOT GIVEN</b>    |  | Drug Test Type                  | Drug Test Results    |
|           | Drug Type                                   |  |                                 |                      |
|           | Individual Condition                        |  |                                 |                      |
|           | <b>APPEARED NORMAL</b>                      |  |                                 |                      |