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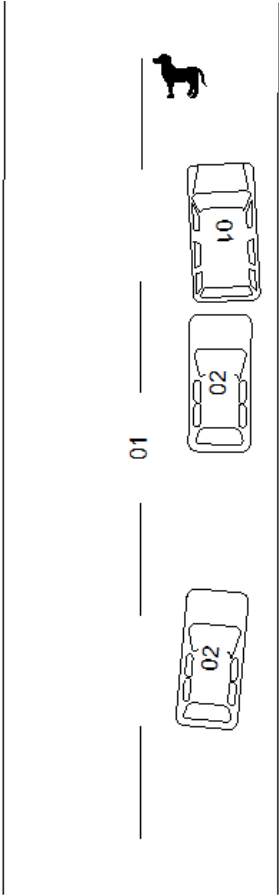
25-10442

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 25-10442		Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 10/04/2025		Crash Time 08:11 PM		Date Arrived 10/04/2025		Time Arrived 08:22 PM	
Date Notified 10/04/2025		Time Notified 08:11 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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram  <p>Clara Ave</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS NORTHBOUND ON CLARA AVE WHEN THE OPERATOR BROKE RAPIDLY FOR A DEER ON THE ROADWAY. UNIT 2 WAS NORTHBOUND BEHIND UNIT 1. THE FRONT END OF UNIT 2 IMPACTED THE REAR END OF UNIT 1.

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Location

ON CLARA AVE 1274 FT S OF TROUT RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.610269844	Longitude -89.79875462
	X Coordinate 274144.28125	Y Coordinate 4832394
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DARK/UNLIT	
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 (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 25	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 ATB2940		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FM5K8F8XEGA79389		Make FORD	Year 2014	Model EXPLORER
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		06 - REAR		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name RODRIGO RAMOS MURGA CRESPO (608) 495-0909		Owner Address 705 STONY ACRES RD # 233 WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
01	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		INDIVIDUAL RODRIGO RAMOS MURGA CRESPO	
01	Individual			
	DRIVER RODRIGO RAMOS MURGA CRESPO (608) 495-0909		Citations Issued 0	Sex MALE
	Date of Birth		Race HISPANIC	
	Address 705 STONY ACRES RD # 233 WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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	
01	Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
	EMS Run #			
	Hospital		Date of Death	
01	Time of Death			
	Distracted By			
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	001	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 LUZ CERDAN TAPULLIMA			Citations Issued 0	Sex FEMALE	
					Date of Birth	Race HISPANIC	
		Address 705 STONY ACRES RD # 233 WISCONSIN DELLS, WI 53965 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
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 01	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	002	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			

Unit Summary

UNIT 02	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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	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

UNIT 02	VEHICLE 02	License Plate Number AYN5114		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number KNAGE124775089999		Make KIA	Year 2007	Model OPTIMA	
		Color GRY - GRAY		Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 12 - FRONT		Vehicle Damage			
		Extent Of Damage DISABLING DAMAGE		12 - FRONT			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER			
		What Driver Was Doing GOING STRAIGHT					

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
	Owner Name MAYRA VALLE VAZQUEZ (608) 208-2636		Owner Address 601 S RANDALL AVE # 2 JANESVILLE, WI 53545 , US	
	Sequence Of Events			
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	DRIVER ADRIAN VALLE VAZQUEZ (608) 208-2636		Citations Issued 0	Sex MALE
	Address 601 S RANDALL AVE # 2 JANESVILLE, WI 53545 , US		Date of Birth	Race HISPANIC
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
UNIT INDIVIDUAL	Injury		Airbag DEPLOYED-FRONT	
	Injury Severity NO APPARENT INJURY			
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
UNIT INDIVIDUAL	Hospital		Date of Death	Time of Death
	Distracted By			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
UNIT INDIVIDUAL	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					
		02	003				