

25-11242

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

Document Number Override		Primary Crash Document #		Agency Crash Number 25-11242		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 10/28/2025		Crash Time 03:44 PM		Date Arrived 10/28/2025		Time Arrived 03:50 PM	
Date Notified 10/28/2025		Time Notified 03:45 PM		Total Units 02		Total Injured 00	Total Killed 00
☐ On Emergency	☐ Hit and Run	☐ Lane Closure		☐ Work Zone		☐ Trailer or Towed	☐ Reporting Threshold
☐ Government Property		☐ Active School Zone		School Bus Related NO		Tags	
☐ Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT				☐ Amended	☐ Secondary Crash

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 2 WAS TRAVELING SOUTHBOUND THROUGH A PARKING LOT. UNIT 1 WAS STOPPED AT A STOP SIGN IN THE PARKING LOT, AND AS THE OPERATOR OF UNIT 1 ATTEMPTED TO MAKE A LEFT TURN, SHE STRUCK UNIT 2 IN THE DRIVER'S SIDE REAR. NO REPORTED INJURIES.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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Location

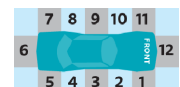
PARKING LOT CTHBD SB LOT 603 (HOUSE/BUILDING 603) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.475219426	Longitude -89.770016377
	X Coordinate 275963.53125	Y Coordinate 4817317
	Structure Type HOUSE/BUILDING	

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) CLOUDY			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
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 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? NO	Direction Of Travel WESTBOUND	☐ Pre Crash Tire Mark	Speed Limit N/A	Total Lanes		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number BBJ3464		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 5GZCZ53485S835627		Make STRN	Year 2005	Model VUE			
Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use			
Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage					
Extent Of Damage MINOR DAMAGE		01 - RIGHT FRONT CORNER					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01 01	Owner Name CANDACE WIMPERIS (847) 921-0579		Owner Address 910 LAKE ST # 106 BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event LEFT TURN			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	DRIVER CANDACE WIMPERIS (847) 921-0579		Citations Issued 0	Sex FEMALE
	Address 910 LAKE ST # 106 BARABOO, WI 53913 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Safety Equipment			
	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	
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 UNKNOWN				
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	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			

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 SOUTHBOUND	☐ Pre Crash Tire Mark	Speed Limit N/A	Total Lanes	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way PARKING LOT OR PRIVATE PROPERTY		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	VEHICLE	02	License Plate Number KG4013				Plate Type LTK	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1GCRKSE78DZ257542				Make CHEV	Year 2013	Model SILVERADO
			Color BLK - BLACK				Body Style PK - PICKUP		Bus Use
			Initial Contact Point 07 - LEFT REAR CORNER				Vehicle Damage 07 - LEFT REAR CORNER		
			Extent Of Damage MINOR DAMAGE						
			Towed Due To Damage NOT TOWED				Vehicle Removed By OPERATOR		
			What Driver Was Doing GOING STRAIGHT						

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name GLAFIRO CHAVEZ RAMIREZ (608) 434-2294	Owner Address 702 MADISON ST SAUK CITY, WI 53583 , US
UNIT 02	Sequence Of Events	
	01	Event MOTOR VEH IN TRANSPORT
	02	Event
	03	Event
	04	Event
UNIT INDIVIDUAL	Policy Holder	
	Insurance Company ARTISAN-AND-TRUCKERS-CASUALTY-CO	INDIVIDUAL GLAFIRO CHAVEZ RAMIREZ
UNIT INDIVIDUAL	Individual	
	DRIVER GLAFIRO CHAVEZ RAMIREZ (608) 434-2294	Citations Issued 0
		Sex MALE
	Date of Birth	Race
UNIT 02	Address 702 MADISON ST SAUK CITY, WI 53583 , 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	
	Eye Protection	
	Tint Compliance	
UNIT 002	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	
UNIT 002	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
	Non Motorist	
Striking Unit #		Location

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	002	Action Other		To/From School
		Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO		
02	002	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		
UNIT	INDIVIDUAL	Individual		
		PASSENGER JONI SCHONENBERGER (608) 434-2294		
02	003	Citations Issued 0	Sex FEMALE	
		Date of Birth	Race WHITE	
02	003	Address 702 MADISON ST SAUK CITY, WI 53583 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
		Safety Equipment On Duty Crash Safety Equipment SHOULDER & LAP BELT		
02	003	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
		Helmet Use		Helmet Compliance
02	003	Eye Protection		Tint Compliance
		Injury Injury Severity NO APPARENT INJURY Airbag NON DEPLOYED		
02	003	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier
02	003	Hospital		EMS Run #
		Date of Death		Time of Death
02	003	Distracted By Distracted By Source		
		Distracted By Action		
02	003	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			