

6TL0F51TLV
26-00634

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 26-00634	Investigating Officer/Deputy SERGEANT E. KNULL	
Crash Date 01/18/2026		Crash Time 02:43 PM	Date Arrived 01/18/2026	Time Arrived 02:43 PM	
Date Notified 01/18/2026		Time Notified 02:43 PM	Total Units 01	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

<p>Diagram</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 NEGOTIATING CORNER LOST CONTROL ON SNOWY ROAD AND STRUCK CONCRETE BARRIER. UNIT 1 SUSTAINED FUNCTIONAL DAMAGE AND HAD AIRBAG DEPLOYMENT. NO INJURIES REPORTED BY ANY OCCUPANT. VEHICLE REMOVED BY OPERATOR. OPERATOR CITED FOR NO INSURANCE

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Location

ON USH12 WB 0.71 MI S OF S GASSER RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.435299703	Longitude -89.778041801
	X Coordinate 275166.46875	Y Coordinate 4812905
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event CONCRETE TRAFFIC BARRIER		First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW, ICE		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) SNOW			
Animal Type		Relation To Trafficway TRAFFICWAY - NOT 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	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With CONCRETE TRAFFIC BARRIER		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature CURVE RIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

UNIT	Vehicle						
	01	License Plate Number BCF5405		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number YS3FB49S741006676		Make SAA	Year 2004	Model 9-3	
		Color BLU - BLUE		Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 11 - LEFT FRONT CORNER			
VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE						



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions SPEED TOO FAST/COND				
01 01	Owner Name DIEGO GALARZA SIFUENTES (608) 692-7909		Owner Address 7007 FORTUNE DR MIDDLETON, WI 53562 , US		
	Sequence Of Events				
01 02 03 04	Event CONCRETE TRAFFIC BARRIER				
	Event				
	Event				
	Event				
UNIT INDIVIDUAL	DRIVER DIEGO GALARZA SIFUENTES (608) 692-7909		Citations Issued 1	Sex MALE	
	Address 7007 FORTUNE DR MIDDLETON, WI 53562 , US		Date of Birth	Race WHITE	
	On Duty Crash		Safety Equipment		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOULDER & LAP BELT	
01 001	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-COMBINATION		
	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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					
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			
		Individual			
		PASSENGER FRANCISCO GALARZA ARELLANO		Citations Issued 0	Sex MALE
				Date of Birth	Race HISPANIC
		Address 7007 FORTUNE DR MIDDLETON, WI 53562 , 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					
01	002	Non Motorist	Striking Unit #	Location	
		Prior Action			

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
01	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	INDIVIDUAL	Individual		
		PASSENGER BRUNO GALARZA SIFUENTES (608) 358-0798	Citations Issued 0	Sex MALE
01	003	Date of Birth	Race	
		Address 819 DIVISION ST LACROSSE, WI 54601 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	003	Safety Equipment	On Duty Crash	Safety Equipment
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN
01	003	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				
Non Motorist	Striking Unit #	Location		
Prior Action				

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	003	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			
	01	Violations				
		UTC Number BK261970	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	