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26-02432

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 26-02432	Investigating Officer/Deputy DEPUTY K. MCCARTY	
Crash Date 03/10/2026		Crash Time 10:32 PM	Date Arrived 03/10/2026	Time Arrived 10:42 PM	
Date Notified 03/10/2026		Time Notified 10:34 PM	Total Units 01	Total Injured 01	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 	Reconstruction By
	Photos By FISH 11
	Additional Information NONE, PHOTOS

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

UNIT 1 WAS WB ON CTH O WHEN IT FAILED TO STOP AT THE STOP SIGN WITH THE INTERSECTION OF CTH C. UNIT 1 CROSSED CTH C AND ENTERED THE DITCH TO THE WEST OF CTH C. UNIT 1 OPERATOR SUSTAINED SUSPECTED MINOR INJURIES DURING THE CRASH. I LOCATED THE OPERATOR IN THE VEHICLE AS THE SOLE OCCUPANT. CONTACT MADE AND OPERATOR WAS INTOXICATED. OPERATOR WAS ARRESTED FOR OWI AND THE VEHICLE WAS TOWED.

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Location

INTERSECTION ON CTHC WB AT CTHO WB IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.278001138	Longitude -89.927028442
	X Coordinate 262494.78125	Y Coordinate 4795848
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	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 PARTIAL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	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 2	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel WESTBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With DITCH	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	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 AYF9495	Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2G1WT58N479268041	Make CHEV	Year 2007	Model IMPALA
	Color WHI - WHITE	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By NACHREINER'S TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions DISREGARDED STOP SIGN				
01 01	Owner Name RAFAEL COBIELLAS LEAL		Owner Address E8477 CTH O SAUK CITY, WI 53583 , US		
	Sequence Of Events				
01 01	01	Event DITCH			
	02	Event			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	Individual				
	01 001	DRIVER JOSE CASLANEDA ROJAS		Citations Issued 2	Sex MALE
		Address E8477 CTH O SAUK CITY, WI 53583 , US		Date of Birth	Race HISPANIC
	On Duty Crash		Driver License Number		
Safety Equipment		Safety Equipment			
01 001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT		
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		
	Medical Transport EMS GROUND		EMS Agency Identifier 6001155	EMS Run #	
Hospital SAUK PRAIRIE HOSP		Date of Death	Time of Death		
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					
Non Motorist		Striking Unit #	Location		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol	Suspected Alcohol Use YES		Suspected Drug Use NO
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD	Alcohol Test Results PENDING
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL			
	Violations			
	01	UTC Number BK742448	Issue To? 001	Statute Number 346.63(1)(a)
02	UTC Number BK742449	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL