

6TL0B4X4LQ

19-10433

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 19-10433		Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 08/20/2019		Crash Time 03:31 PM		Date Arrived 08/20/2019		Time Arrived 03:40 PM	
Date Notified 08/20/2019		Time Notified 03:31 PM		Total Units 02		Total Injured 03	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 OFFICER SPENCER
	Additional Information PHOTOS

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

UNIT 1 WAS EB ON BUNKER RD AT CTH A. AFTER STOPPING AT THE STOP SIGN UNIT 1 FAILED TO YIELD AND PULLED OUT IN FRONT OF UNIT 2 WHO WAS NB ON CTH A. UNIT 2 STRUCK THE REAR PASSENGER SIDE OF UNIT 1. UNIT 2 CAME TO REST FACING EB AND UNIT 2 CAME TO REST FACING SW. BOTH UNITS SUSTAINED DISABLING DAMAGE AND WERE TOWED BY HOVELANDS. DRIVER OF UNIT 1 FLED THE SCENE AND DID HAS NOT BEEN ABLE TO BE CONTACTED. FRONT PASSENGER OF UNIT 1 WAS TRANSPORTED BY EMS WITH POSSIBLE INJURY. BACK SEAT PASSENGERS FROM UNIT 1 WERE NOT TRANSPORTED BUT DID GO TO EMERGENCY ROOM WITH POSSIBLE INJURIES. OPERATOR OF UNIT 2 REPORTED NO INJURY.

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Location

ON CTHA NB 33 FT S OF BUNKER DR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.568222259	Longitude -89.738488306
	X Coordinate 278853.84375	Y Coordinate 4827562
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DAYLIGHT	
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 INTERSECTION	Intersection Type FOUR-WAY 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 4	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0		
		Insurance? YES	Direction Of Travel EASTBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	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 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						
		License Plate Number BL86667		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES		
		Vehicle Identification Number 4JGBB72E78A384090		Make MERCEDES BENZ	Year 2008	Model ML550		
		Color SIL - SILVER (ALUMINUM)		Body Style 4H - HATCHBACK 4 DOOR		Bus Use NOT A BUS		
		Initial Contact Point 5--RIGHT REAR CORNER		Vehicle Damage 5--RIGHT REAR CORNER				
		Extent Of Damage DISABLING DAMAGE						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By INTERSTATE BP				

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UNIT VEHICLE	What Driver Was Doing ENTERING TRAFFIC LANE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Owner Name CECILIO ACEVEDO	Owner Address 1845 W 17TH CHICAGO, IL 60608 , US	
UNIT 01	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT 04	Policy Holder		
	Insurance Company AMERICAN ACCESS CASUALTY CO	Individual GUMARO ACEVEDO	
	Individual		
	Driver GUMARO ACEVEDO	Citations Issued 3	Sex MALE
UNIT INDIVIDUAL		Date of Birth	Race HISPANIC
	Address 5102 W 3ST ST CICERO, IL 60804 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	RESTRAINT USE UNKNOWN	
UNIT 01	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
UNIT 001	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN		
UNIT 01	Non Motorist	Striking Unit #	Location
	Prior Action		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use YES
	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 NOT OBSERVED		
	Individual		
	Passenger MONIQUE E DOMINGUEZ	Citations Issued 0	Sex FEMALE
	Address 1019 OAK ST BARABOO, WI 53913 , US		Date of Birth Race HISPANIC
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-CURTAIN
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6000123	EMS Run #
	Hospital ST CLARE'S HOSPITAL	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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		
	Individual		
	Passenger SEBASTIAN RIGOBERTO DOMINGUEZ (608) 402-3844	Citations Issued 0	Sex MALE
	Address 1019 OAK ST BARABOO, WI 53913 , US	Date of Birth	Race HISPANIC
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity POSSIBLE 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
	Prior Action		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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				
		Individual				
		Passenger CJ GREYHAIR (715) 896-6816	Citations Issued 0	Sex MALE		
		Address N7625 MITCHELL REDCLOUD JR MEM BLK RIVER FALLS, WI 54615 , US	Date of Birth	Race INDIAN		
	Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment		
		Seat Position 6--SECOND SEAT-RIGHT SIDE	SHOULDER & LAP BELT			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		Injury	Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-CURTAIN		
		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		
		Prior Action				

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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						
	Violations						
	01	004	01	UTC Number BB955213	Issue To? 001	Statute Number 346.70(1)	Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT
	02		02	UTC Number BB955214	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN
03		03	UTC Number BB955215	Issue To? 001	Statute Number 343.44(1)(b)	Description OPERATING WHILE REVOKED (FORFEITURE)	

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 1		Train/Bus # Recorded		Total # Citations Issued 0	
	Insurance? YES		Direction Of Travel NORTHBOUND		Total Trailers 0	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Total HazMat Types 0	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Speed Limit 55	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Total Lanes 2	
	Truck Bus or HazMat NO		Emergency Motor Vehicle Use NOT APPLICABLE		Traffic Control Inoperative/Missing NO	
	Road Grade DOWNHILL		Pre Crash Tire Mark <input checked="" type="checkbox"/>			

Vehicle

UNIT VEHICLE 02	License Plate Number 201899		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FTCR10A2RUB83554		Make FORD	Year 1994	Model RANGER	
	Color GRN - GREEN		Body Style PK - PICKUP		Bus Use NOT A BUS	
	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 INTERSTATE BP			

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name SUE A MUELLER (608) 254-8744	Owner Address S1604 INDIAN TRL BARABOO, WI 53913 , US	
UNIT 02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual SUE MUELLER	
UNIT INDIVIDUAL	Individual		
	Driver SUE A MUELLER (608) 254-8744	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address S1604 INDIAN TRL BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	Safety Equipment		
	On Duty Crash	Safety Equipment	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
UNIT 02	005 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 NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
	Non Motorist Striking Unit # Location		
Prior Action			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	02	005	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			