19-14724

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	19-14724		sh Number	DEPUTY H. VOLZ			
Crash Date 11/29/2019	Crash Time 06:30 AM	11/29/2019			Time Arrived 06:40 AM		
Date Notified 11/29/2019	Time Notified 06:35 AM	Total Units 02		Total InjuredTotal Killed0000		Ł	
On Emergency	and Run		Work Zone	Trailer or	Fowed	Reporting Threshold	
Government Property	Active School Zone	School Bus NO	Related	Tags			
Reportable	Crash Type DT4000 (STANDARD CRA	SH)		Amended		Secondary Crash	
Diagram				Re	construction	By	
Not To Scale				Add	ditional Infor	mation	
UNIT 1 AND 2 WERE TRAVELING LANE 2. UNIT 1 HIT ICE, CROSSE	WB ON USH 12. BOTH UNITS	CROSSED THE	BRIDGE WHICH WAS	ICE COVERED. U			
FENCE, THROUGH THE CREEK E	BEFORE COMING TO REST.						
ON USH12 WB			Latitude		Longitue		
OF S GASSER RD			43.43365198 X Coordinate	b	-89.777 Y Coord	12619 linate	
IN THE TOWN OF BARABOO IN SAUK COUNTY			275234.4687 Structure Type NO STRUCT		481271		
						- 44/20/2040	

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Crash Scene

	First	Harmful Event		First Harmful Event Location						
	MO	FOR VEH IN TRANSPO	ORT			ON ROADWAY				
	Man	ner of Collision				Light Condition				
	05	SIDESWIPE/SAME DI	RECTION			DARK/U	NLIT			
	Road	Surface Condition(s)				Roadway Factor(s)				
	WE.	Γ, SNOW, ICE								
	Envi	ronment Factor(s)								
	WE	WEATHER CONDITIONS					NONE			
	Wea	ther Condition(s)								
			REEZING RAIN OR FREE	RAIN OR FREEZING DRIZZLE						
	Anim	al Type	Relation T		,					
		h Classification - Location						Jurisdiction		
		BLIC PROPERTY						SDICTION		-
	Triba	I Land				Access Co NO CON				Special Study
	14/:46	n Interchange Area	Junction Location		Interactio		IROL			
	NO	n Interchange Area	NON-JUNCTION		Intersectio	INTERSE	CTION			
	_	Summary								
		Status		Vehicle Ope	erating As C	lassification		Unit Type		
	IN T	RANSIT		AUTOMOBILE						
01	Vehicle Type					Operating As Endorsements			nents	
0	(SPORT) UTILITY VEHICLE						-		ers Total HazMat Types	
	Total Occs Train/Bus # Recorded			Total # Cita	tions Issued		Total Trai			Mat Types
	4 Insurance? Direction Of Travel			2			0 Speed Lir	mit	0 Total Lane	26
L	Insurance? Direction Of Travel NO NORTHBOUND			Pre	CrashTire Mark	1	65	IIIC	4	
UNIT		Harmful Event: Collision	Special Fun	iction			Emergency	Motor Vehi	cle Use	
5		BANKMENT	NO SPEC		TION		NOT APP			
		ic Way DED HWY W/TRAFFI (Traffic Cont NO CONT				Traffic Cont	roi inoperat	ive/Missing	
		асе Туре		Road Curvature				Road Grade		
		CKTOP (BITUMINOU	S)		STRAIGHT		LEVE		EL	
	Truc	k Bus or HazMat								
	NO									
	١	Vehicle								
		License Plate Number		Plate Type			St	Country of Is		
		360WBV			JTOMOBIL	.E	WI	UNITED ST	IATES	
2	6	Vehicle Identification Nur 1FMZK05105GA6087		Make FORD			Year 2005	Model FREESTYL		
	-	Color	•	Body Style	1		2000	Bus Use		
		BLU - BLUE				TY VEHICI	E	NOT A BU	s	
	щ	Initial Contact Point		Vehicle Da	image					
UNIT	<u></u>	11LEFT FRONT CO	RNER							
5	/EH	I1LEFT FRONT CORNER Extent Of Damage DISABLING DAMAGE			SIDE FR	ONT, 11L	.EFT FRC	ONT CORNE	R, 12FR	ONT
	-	Towed Due To Damage			moved By					
		TOWED DUE TO DIS	ABLING DAMAGE	BILLS TO						
		What Driver Was Doing		Vehicle Fa	ctors					
		GOING STRAIGHT Driver Prior Action Other			PLICABLE					
				1						

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UNIT	VEHICLE	Driver Actions SPEED TOO FAST/CON	ID, FAILURE	TO CONTROL							
01	01	Owner Name ELVIRA TOMAS			Owner Address 903 MOORE ST LOT 112 BARABOO, WI 53913 , US						
	ç	Sequence Of Events	6								
	01	Event MOTOR VEH IN TRANS	PORT								
	02										
	03	Event EMBANKMENT									
	04	Event FENCE									
	i	ndividual									
		Driver MARIA D PABLO			Citations Issued	Sex					
	JAL	(608) 963-3732			2 Date of Birth	FEMALE Race					
⊑	וםר					WHITE					
UNIT	INDIVIDUA	Address 901 MOORE ST LOT 40 BARABOO, WI 53913 ,			Driver License Number						
	Saf	ety Equipment	ity Crash		Safety Equipment						
		Seat Position 1FRONT SEAT-LEFT S	SIDE (DRIVE	R/MOTORCY	SHOULDER & LAP BELT						
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
2	001	Injury NO A			Airbag NON DEPLOYED						
	Ŭ	Ejected	Ejection Pa			Trapped/Extricated					
		NOT EJECTED	NOT EJE	CTED/NOT APPI		NOT TRAPPED					
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #					
		Hospital			Date of Death	Time of Death					
		Distracted By NOT	cted By Source	E (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED									
		Non Motorist	g Unit #	Location							
		Prior Action									

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UNIT	INDIVIDUAL	Action								
		Action Other						To/From School		
		Su	spected Alcohol L	Jse	Suspected Drug Use					
	L	Drug & Alcohol)	Alashal Taat Tura	NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results					
2	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	l	ndividual								
		Passenger VINCENTE SANCHEZ	,		Citations Issued		Sex MALE			
	IAL	(608) 963-3732	-		0 Date of Birth		Race			
	וםר						HISPANIC			
UNIT	INDIVIDUAL	Address 901 MOORE ST LOT 40 BARABOO, WI 53913 , US			Driver License Number					
	Saf	ety Equipment	Duty Crash		Safety Equipment					
		Seat Position			SHOULDER & LAP BELT					
		3FRONT SEAT-RIG	HT SIDE (TRAI	N ENGINEER	Helmet Compliance					
		Eye Protection			Tint Compliance					
2	002	Injury NC	ury Severity D APPARENT I	NJURY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa	th			Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORTED	1							
		Hospital			Date of Death		Time of Death			
		Distracted By	stracted By Source	e	1		1			
		Distracted By Action								
		Non Motorist	iking Unit #	Location						
		Prior Action								

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UNIT	INDIVIDUAL	Action								
		Action Other							To/From School	
			Suspect	ed Alcohol L	Jse	Suspected Drug Use				
	Ľ	Drug & Alcohol	NO			NO				
		Alcohol Test Given			Alcohol Test Type)		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Results				
5	002	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	l	ndividual								
		Passenger MARISOL SANCH	=7			Citations Issued		Sex		
╘	١AL	(608) 963-3732			0 Date of Birth		FEMALE Race			
	IDU							HISPANIC		
UNIT	INDIVIDUAL	Address 901 MOORE ST LOT 40 BARABOO, WI 53913 , US				Driver License Number				
	Saf	ety Equipment	On Duty	Crash		Safety Equipment				
		Seat Position				SHOULDER & LAP BELT				
		4SECOND SEAT- Helmet Use	LEFT	SIDE(MOT	ORCYCLE/BI	Helmet Compliance				
		Eye Protection				Tint Compliance				
2	003	Injury	Injury Se NO AP	everity PARENT I	NJURY	Airbag NON DEPLOYED				
		Ejected		Ejection Pa	th			Trapped/Extricated		
		NOT EJECTED Medical Transport		NOT EJE	CTED/NOT APPI	EMS Agency Identifier		NOT TRAPPED EMS Run #		
		NOT TRANSPORT	ED							
		Hospital				Date of Death		Time of Death		
		Distracted By	Distracte	ed By Source	9					
		Distracted By Action								
		Non Motorist	Striking	Unit #	Location					
		Prior Action								

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UNIT	INDIVIDUAL	Action								
		Action Other							To/From School	
			Suspec	ted Alcohol	Jse	Suspected Drug Use				
	L	Drug & Alcohol	NO			NO				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	9		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Results				
5	003	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	l	ndividual								
		Passenger JOHAN SANCHEZ				Citations Issued		Sex		
╘	AL	(608) 963-3732			0 Date of Birth		MALE Race			
	DO							HISPANIC		
UNIT	INDIVIDUAL	Address 901 MOORE ST LOT 40 BARABOO, WI 53913 , US			Driver License Number					
	Saf	ety Equipment	On Duty	/ Crash		Safety Equipment				
		Seat Position				CHILD RESTRAINT SYSTEM - FORWARD FACING				
		6SECOND SEAT Helmet Use	-RIGHI	SIDE		Helmet Compliance				
		Eye Protection				Tint Compliance				
2	004	Injury	Injury S NO AF	everity PPARENT	INJURY	Airbag NON DEPLOYED				
		Ejected		Ejection Pa	ath			Trapped/Extricated		
		NOT EJECTED Medical Transport		NOTEJE	CTED/NOT APPI	EMS Agency Identifier		NOT TRAPPED EMS Run #		
		NOT TRANSPORT	ED							
		Hospital				Date of Death		Time of Death		
		Distracted By	Distract	ed By Sourc	e					
		Distracted By Action								
		Non Motorist	Striking	Unit #	Location					
		Prior Action	_							

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		Action										
UNIT	INDIVIDUAL											
		Action Other								To/From School		
	L	Drug & Alcohol	Suspected Alc	cohol Us	9	Suspected Drug Use						
	1	Alcohol Test Given			Alcohol Test Ty				Alcohol Te	est Results		
		TEST NOT GIVEN			Drug Test Type	2		Drug Test Resu	llte			
		Drug Test Given TEST NOT GIVEN			Diug rest rype	, ,		Diug Test Kest	1115			
0	004	Drug Type										
		Individual Condition										
		APPEARED NORMAL										
	,	Violations										
	01	UTC Number AE139470	Issue To? 001		te Number 05(3)(a)	Description OPERA	on TE W/O VALI	D LICENSE				
	02	UTC Number AE139471	te Number 62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE								
	Unit	t Summary										
		Status		Vehicle Oper D CLASS	rating As Classi	fication	Unit Type TRUCK					
-		N TRANSIT /ehicle Type								As Endorsements		
02		LITY TRUCK/PICKU		ıs # Reco	orded	Total # Citations Issued Total Traile			ailers	Total HazMat Types		
	1					0	0 0			0		
н	Insur YES	ance?	Direction NORTH				Pre CrashTire Speed L Mark 65		.imit	Total Lanes 4		
UNIT		Harmful Event: Collisio					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		FOR VEH IN TRANS	PURI			Traffic Control				Traffic Control Inoperative/Missing		
		DED HWY W/TRAF	FIC BARRIE	R			NO CONTROL			NO		
		ACKTOP (BITUMINC	OUS)			STRAIGHT	Road Curvature Road Grade LEVEL			Je		
	Trucl	k Bus or HazMat										
		Vehicle										
	1	License Plate Number		-		Plate Type		St	Country of			
		312540F Vehicle Identification N	lumb e e			LTK - LIGI Make	HT TRUCK	WI Year	UNITED S	STATES		
02	02	1GCEK19TXXZ118				CHEVROL	ET	1999	Model SILVERA	DO		
		Color BLK - BLACK				Body Style PK - PICK	UP		Bus Use NOT A BI	JS		
	ш	Initial Contact Point					PK - PICKUP NOT A BUS Vehicle Damage Vehicle Damage					
		3RIGHT SIDE MIDDLE										
Z	HCI		DDLE			1RIGHT	FRONT COR	NER. 3RIGH		DLE. 4RIGHT SIDE REAR		
UNIT	VEHICLE	Extent Of Damage	MAGE					NER, 3RIGH	T SIDE MIDI	DLE, 4RIGHT SIDE REAR		
INN	VEHICI	Extent Of Damage	MAGE			1RIGHT Vehicle Ren	noved By	NER, 3RIGH	T SIDE MIDI	DLE, 4RIGHT SIDE REAR		
NN	VEHICI	Extent Of Damage FUNCTIONAL DAM Towed Due To Damag	MAGE ge g			Vehicle Ren	noved By	NER, 3RIGH	t side midi	DLE, 4RIGHT SIDE REAR		

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			Vehicle Factors				
			NOT APPLICABLE				
		Driver Prior Action Other					
		Driver Actions					
	щ	NO CONTRIBUTING ACTION					
UNIT	VEHICL						
5	H						
	>						
		Owner Name	Owner Address				
02	02	RILEY M EKLUND (608) 509-2419	7292 FOUNTAIN CIR MIDDLETON, WI 53562, US				
0	0	(000) 505-2415					
		Sequence Of Events					
		Event					
	6	MOTOR VEH IN TRANSPORT					
	02	Event					
	~	Event					
	03						
	04	Event					
L		Policy Holder					
UNIT		Insurance Company	Individual				
ر		AMERICAN-FAMILY-INS-CO	RILEY EKLUND				
	I	ndividual		1			
		Driver RILEY M EKLUND	Citations Issued 0	Sex MALE			
	IAL	(608) 509-2419	Date of Birth	Race			
F	NDIVIDUA			WHITE			
UNIT	N	Address 7292 FOUNTAIN CIR	Driver License Number				
	Z	MIDDLETON, WI 53562 , US	STATE: WISCONSIN COUNTRY: U	NITED STATES			
	Sat	On Duty Crash	Safety Equipment				
		Seat Position	SHOULDER & LAP BELT				
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY					
		Helmet Use	Helmet Compliance				
		Eye Protection	Tint Compliance				
02	005	Injury Severity NO APPARENT INJURY	Airbag				
	0	Ejected Ejection Path	NON DEPLOYED	Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT AF	PPLICABLE	NOT TRAPPED			
		Medical Transport	EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED Hospital	Date of Death	Time of Death			
		Topha					
		Distracted By Source NOT APPLICABLE (NOT DIST	RACTED)	-			
		Distracted By Action NOT DISTRACTED	<i>,</i>				
		Striking Unit # Location					
		Non Motorist					
		Prior Action					

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UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Drug & Alcoh	Suspected Alcohol	Use	Suspected Drug Use			
		Alcohol Test Give		Alcohol Test Type			Alcohol Test Results	
n		Drug Test Given TEST NOT GIV	EN	Drug Test Type		Drug Test Results	3	
02	005	Drug Type						
		Individual Condition	on					
		APPEARED NO	ORMAL					
	Pro	perty Owne	r 🗖					
PROP OWNER 01	(608	ernment JK COUNTY HW 3) 356-3855			Address 620 STH 136 PO BOX 26 BARABOO, WI 53913	, US		
	Fixe	ed Objects St	truck					
	0	Striking Unit 01	Struck Object FENCE				Structure Number	Damage Tag Number 337825