

6TL09XQZ26
20-13319

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 20-13319		Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 11/21/2020		Crash Time 05:00 PM		Date Arrived 11/21/2020		Time Arrived 05:08 PM	
Date Notified 11/21/2020		Time Notified 05:01 PM		Total Units 02		Total Injured 02	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
		Additional Information NONE

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

UNIT 1 WAS TRAVELING EASTBOUND ON USH 12 APPROACHING ARMORY VIEW ROAD. UNIT 1 WAS OPERATING WITHOUT REQUIRED LAMPS LIGHTED DURING DUSK. UNIT 2 WAS WAITING AT THE STOP SIGN TO CROSS USH 12 AND PROCEED WESTBOUND ON USH 12. UNIT 2 DID NOT SEE UNIT 1 DUE TO UNIT 1 HAVING NO LIGHTS ON. UNIT 2 STRUCK UNIT 1 ON THE PASSENGER SIDE CAUSING UNIT 1 TO LEAVE THE ROADWAY INTO A DITCH. UNIT 1 WAS CITED FOR OPERATING WITHOUT REQUIRED LAMPS LIGHTED. UNIT 1 WAS TOWED BY EVERETT'S TOWING. UNIT 2 WAS CITED FOR OPERATING WITHOUT A VALID DRIVER'S LICENSE AND OPERATING A MOTOR VEHICLE WITHOUT INSURANCE. UNIT 2 WAS REMOVED BY THE OWNER OF THE VEHICLE.

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Location

ON USH12 EB 0.47 MI N OF USH12 EB IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.364559686	Longitude -89.768816036
	X Coordinate 275652.09375	Y Coordinate 4805023.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DUSK	
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-RELATED	Intersection Type T-INTERSECTION

Unit Summary

01 UNIT	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	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

01 UNIT VEHICLE	License Plate Number 433YVS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KMHFC46F77A216366	Make HYUNDAI	Year 2007	Model AZERA
	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 06 - REAR, 08 - LEFT SIDE REAR, 12 - FRONT, 14 - UNDERCARRIAGE		
	Extent Of Damage DISABLING DAMAGE			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		HEAD LAMPS	
	Driver Actions OTHER CONTRIBUTING ACTION			
01 01	Owner Name TRUCKSTAR COLLISION CENTER INC (608) 764-8374		Owner Address 38 W NELSON ST DEERFIELD, WI 53531 , US	
	Sequence Of Events			
01 01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event DITCH		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual ERIC SCHWARTZ	
UNIT INDIVIDUAL	Individual			
	Driver ERIC G SCHWARTZ (608) 225-8500		Citations Issued 1	Sex MALE
	Address 7 GALE CT MADISON, WI 53704 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Safety Equipment		[REDACTED]	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		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					
	01	001	Violations			
UTC Number AE757722			Issue To? 001	Statute Number 347.06(1)	Description OPERATION W/O REQUIRED LAMPS LIGHTED	

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR					Operating As Endorsements		
		Total Occs 2		Train/Bus # Recorded		Total # Citations Issued 2		Total Trailers 0	
		Insurance? NO		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 05	
		Total HazMat Types 0		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	

Vehicle

02	02	License Plate Number 501XRG		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 2G4WC582671161239		Make BUICK		Year 2007		Model LACROSSE	
		Color RED - RED		Body Style 4D - 4DR		Bus Use			
		Initial Contact Point 12 - FRONT							

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing LEFT TURN	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02 02	Owner Name DAISY F SALAZAR (608) 393-0830	Owner Address S7559 USH 12 LOT K7 NORTH FREEDOM, WI 53951 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	Individual	
	Driver PERFECTO SALAZAR TORRES (608) 393-0830	Citations Issued 2
		Sex MALE
	Date of Birth [REDACTED]	Race HISPANIC
	Address S7559 USH 12 LOT K11 NORTH FREEDOM, WI 53951 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
02 002	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 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 NOT APPLICABLE (NOT DISTRACTED)	

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UNIT INDIVIDUAL	Distracted By Action NOT DISTRACTED			
	Non Motorist		Striking Unit#	
	Location			
	Prior Action			
	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			
02 002	Drug Test Given TEST NOT GIVEN		Drug Test Type	
	Drug Test Results			
	Drug Type			
	Individual Condition APPEARED NORMAL			
	UNIT INDIVIDUAL	Individual		
		Passenger DELORES BARRON MEJORADO (608) 393-0830		Citations Issued 0
		Date of Birth [REDACTED]		Sex FEMALE
		Address S7559 USH 12 LOT K11 NORTH FREEDOM, WI 53951 , US		Race HISPANIC
		Driver License Number		
		Safety Equipment		On Duty Crash
Safety Equipment SHOULDER & LAP BELT				
Row 01 - FRONT ROW		Seat Position 09 - RIGHT		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
02 003	Injury		Airbag	
	NO APPARENT INJURY		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			

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UNIT INDIVIDUAL 02 003 02 03	Non Motorist	Striking Unit #	Location	
	Prior Action			
	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			
02	UTC Number AE757723	Issue To? 002	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)
03	UTC Number AE757724	Issue To? 002	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE