

6TL0DCL4FK  
21-00039

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 <b>6TL0D7W13V</b>		Primary Crash Document#	Agency Crash Number <b>21-00039</b>	Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>01/01/2021</b>		Crash Time <b>08:59 PM</b>	Date Arrived <b>01/01/2021</b>	Time Arrived <b>09:01 PM</b>	
Date Notified <b>01/01/2021</b>		Time Notified <b>08:59 PM</b>	Total Units <b>02</b>	Total Injured <b>03</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By <b>KMUELLER/JKIRKENG</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS DRIVING ON 3RD AVENUE BETWEEN BROADWAY AND OAK ST. UNIT 1 WAS DRIVING WEST, THE WRONG WAY DOWN A ONE WAY ROAD. UNIT 1 CAUSED A COLLISION WITH UNIT 2 UNIT 1 DROVE THE WRONG WAY THROUGH THE INTERSECTION AT BROADWAY ST. UNIT 1 WAS AT FAULT AS IT WAS DRIVING THE WRONG WAY WHICH CAUSED THE ACCIDENT.

EDIT OF ADDRESSES

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## Location

ON 3RD AVE 39 FT W OF S BROADWAY ST/ STH113 NB IN THE CITY OF BARABOO IN SAUK COUNTY	Latitude 43.469908571	Longitude -89.744410165
	X Coordinate 278015.1875	Y Coordinate 4816658.5
	Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>1</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>ONE-WAY TRAFFIC</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

## Vehicle

<b>01</b>	License Plate Number <b>ACC5311</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1YVHP80D955M14205</b>	Make <b>MAZDA</b>	Year <b>2005</b>	Model <b>6</b>
	Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>			

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UNIT VEHICLE	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>DISREGARDED OTHER TRAFFIC CONTROL , WRONG SIDE OR WRONG WAY</b>				
	Owner Name <b>RAUL EVAN ARELLANES (608) 415-3234</b>		Owner Address <b>1200 SILVER DR APT 9 BARABOO, WI 53913 , US</b>		
UNIT VEHICLE	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
UNIT VEHICLE	04	Event			
	<b>Policy Holder</b>				
	Insurance Company <b>ALLSTATE-INS-CO</b>		Individual <b>RAUL ARELLANES</b>		
	<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>RAUL EVAN ARELLANES (608) 415-3234</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
	Address <b>1200 SILVER DR APT 9 BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>HISPANIC</b>	
	Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>				
UNIT INDIVIDUAL	On Duty Crash		Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	01 001	<b>Injury</b> Injury Severity <b>POSSIBLE INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run#		
Hospital		Date of Death	Time of Death		

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Form containing sections: Distracted By (Distracted By Source: HANDS-FREE MOBILE PHONE), Non Motorist, Drug & Alcohol (Suspected Alcohol Use: NO, Suspected Drug Use: NO), Alcohol Test Given (TEST NOT GIVEN), Drug Test Given (TEST NOT GIVEN), Individual Condition (APPEARED NORMAL), and Violations (UTC Number: BG111195, Description: FAIL/OBEY TRAFFIC SIGN/SIGNAL).

Unit Summary

Unit Summary table with columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (TRUCK), Vehicle Type (UTILITY TRUCK/PICKUP TRUCK), Total Occs (2), Direction Of Travel (NORTHBOUND), Most Harmful Event (MOTOR VEH IN TRANSPORT), Traffic Way (TWO-WAY, NOT DIVIDED), Surface Type (BLACKTOP (BITUMINOUS)), and Truck Bus or HazMat (NO).

Vehicle section table with columns: License Plate Number (E1385), Plate Type (OFF - MUNICIPAL OFFICI), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1FTEW1EF7HKD47722), Make (FORD), Year (2017), Model (F150).

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>PK - PICKUP</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>BILLS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>CITY OF BARABOO (608) 355-2700</b>	Owner Address <b>135 4TH ST BARABOO, WI 53913 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
UNIT VEHICLE	Event		
	Event		
	Event		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>CITIES-&amp;-VILLAGES-MUTUAL-INS-CO</b>	Organization/Company <b>CITY OF BARABOO</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>NICHOLAS MICHAEL SMITH (608) 355-2720</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>
	Address <b>101 S BLVD BARABOO, WI 53913 , US</b>	Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash <b>POLICE</b>
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>OTHER</b>	EMS Agency Identifier	EMS Run#	

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UNIT INDIVIDUAL	Hospital <b>ST CLARE HOSP</b>		Date of Death		Time of Death	
	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>					
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
02 002	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>BRIAN ARTHUR VOLTZ</b> (608) 355-2720			Citations Issued <b>0</b>		Sex <b>MALE</b>
	Address <b>101 SOUTH BLVD</b> <b>BARABOO, WI 53913 , US</b>			Date of Birth [REDACTED]		Race <b>WHITE</b>
				Driver License Number [REDACTED]		
				<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash <b>POLICE</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>				
	Helmet Use			Helmet Compliance		
Eye Protection			Tint Compliance			
02 003	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>OTHER</b>			EMS Agency Identifier		EMS Run #
	Hospital <b>ST CLARE HOSP</b>		Date of Death		Time of Death	

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<b>UNIT INDIVIDUAL          02 003</b>	<b>Distracted By</b> Distracted By Source	
	Distracted By Action	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>
		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition <b>APPEARED NORMAL</b>		