

6TL0F1BQ7X

24-05060

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 24-05060		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 05/18/2024		Crash Time 03:44 PM		Date Arrived 05/18/2024		Time Arrived 03:57 PM	
Date Notified 05/18/2024		Time Notified 03:44 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 2 WAS STOPPED IN TRAFFIC WHEN UNIT 1, A MOTORCYCLE, APPROACHED FROM THE REAR AND STRUCK THE REAR RIGHT CORNER OF UNIT 2. UNIT 1 THEN DEPARTED WITHOUT STOPPING TO MAKE CONTACT WITH UNIT 2. UNIT 1 DID NOT HAVE A LICENSE PLATE ON IT.

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Location

ON RAMP IH90 EB 400 FT N OF STH23 EB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude 43.589560292	Longitude -89.812522032
	X Coordinate 272955.28125	Y Coordinate 4830131.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 02 - FRONT TO FRONT	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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS		Unit Type MOTORCYCLE	
	Vehicle Type AUTOCYCLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	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 ENTRANCE/EXIT RAMP	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE	Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	01	License Plate Number UNKNOWN	Plate Type AUT - AUTOMOBILE	St OT	Country of Issuance AFGHANISTAN
		Vehicle Identification Number	Make	Year	Model
		Color	Body Style		Bus Use
	VEHICLE	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	10 - LEFT SIDE FRONT		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01 01	Owner Name		Owner Address , ,	
	Sequence Of Events			
01 01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	Driver UNKNOWN UNKNOWN		Citations Issued 0	Sex
	Address , ,		Date of Birth	Race
			Driver License Number	
01 001	Safety Equipment		On Duty Crash	
			Protective Gear	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use FULL-FACE		Helmet Compliance UNKNOWN	
	Eye Protection UNKNOWN		Tint Compliance UNKNOWN	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source	
Distracted By Action				
Non Motorist		Striking Unit #	Location	

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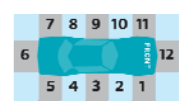
UNIT INDIVIDUAL 01 001
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
NOT OBSERVED

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 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel EASTBOUND Pre Crash Tire Mark Speed Limit 25 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 ENTRANCE/EXIT RAMP Traffic Control NO CONTROL Traffic Control Inoperative/Missing NO
Surface Type CONCRETE Road Curvature STRAIGHT Road Grade DOWNHILL
Truck Bus or HazMat NO

Vehicle

UNIT 02 02
License Plate Number DM78357 Plate Type AUT - AUTOMOBILE St IL Country of Issuance UNITED STATES
Vehicle Identification Number 2HGFE1E59PH476132 Make HONDA Year 2023 Model CIVIC
Color BLU - BLUE Body Style 2D - 2DR Bus Use
Initial Contact Point 04 - RIGHT SIDE REAR Vehicle Damage 04 - RIGHT SIDE REAR
Extent Of Damage MINOR DAMAGE
Towed Due To Damage NOT TOWED Vehicle Removed By
What Driver Was Doing STOP IN TRAFFIC



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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
02	Owner Name JUAREZ ALEX TAPIA (815) 261-6520		Owner Address 829 WINFIELD DR SOUTH BELOIT, IL 61080 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual JUAREZ TAPIA	
UNIT INDIVIDUAL	Individual			
	Driver ALEX TAPIA JUAREZ (815) 261-6520		Citations Issued 0	Sex MALE
	Address 829 WINFIELD DR SOUTH BELOIT, IL 61080 , US		Date of Birth	
			Race	
02	On Duty Crash		Driver License Number	
	Safety Equipment		STATE: ILLINOIS COUNTRY: UNITED STATES	
002	Safety Equipment		Shoulder & Lap Belt	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	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		

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
02	002	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			
UNIT	INDIVIDUAL	Passenger JUAN TAPIA DOMINGUEZ	Citations Issued 0	Sex MALE	
			Date of Birth	Race HISPANIC	
		Address NO PERM ADDRESS , OT , MX	Driver License Number		
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
02	003	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	Helmet Use	
				Helmet Compliance	
		Eye Protection	Tint Compliance		
		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				
Distracted By Action					
Non Motorist	Striking Unit #	Location			
Prior Action					

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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				
	02	003			