

6TL0DKRB24
24-08779

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0DKRB24

| | | | | | | | |
|------------------------------------------------|-------------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------|-------------------------------------------|---------------------------------------------------------|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 24-08779 | | Investigating Officer/Deputy DEPUTY R. BARNES | |
| Crash Date 08/08/2024 | | Crash Time 04:37 PM | | Date Arrived 08/08/2024 | | Time Arrived 05:05 PM | |
| Date Notified 08/08/2024 | | Time Notified 04:37 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 checked="" 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 |
| <p>Diagram by: Ryan Barnes On 08/08/24 Not to Scale</p> | | Photos By R BARNES |
| | | Additional Information NONE, PHOTOS |
| | | |

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

BOTH UNIT 1 AND 2 WERE TRAVELING NORTH ON HIGHWAY BD AND ENTERED THE CONSTRUCTION AREA ON BD SOUTH OF NORTH REEDSBURG ROAD. THE OPERATOR OF UNIT 1 WENT TO FOLLOW THE CONSTRUCTION LANE THAT SHIFTED, HOWEVER WENT INTO THE SOUTH BOUND LANE. WHEN THE OPERATOR OF UNIT 1 REALIZED THEY WERE IN THE WRONG LANE THEY CAME BACK TO THE NORTH BOUND LANE AND STRUCK UNIT 2. UNIT 1 BEGAN YELLING AT UNIT 2 AND DROVE AWAY FROM THE SCENE. OPERATOR OF UNIT 2 DID NOT OBTAIN LICENSE PLATE INFORMATION ON UNIT 1.

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Location

| | | |
|-----------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|
| ON CTHBD NB 154 FT S OF N REEDSBURG RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.532041002 | Longitude -89.777873248 |
| | X Coordinate 275538.84375 | Y Coordinate 4823649 |
| | Structure Type | |

Crash Scene

| | | | |
|-----------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------|---------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 01 - ANGLE | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | | WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY) | |
| 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 | |
| Work Zone Crash Location ACTIVITY AREA | | Work Zone Crash Type LANE SHIFT/CROSSOVER | |
| Workers Present NO | | Law Enforcement Present NO | |
| Work Zone Speed Limit 55 | Advisory/Regulatory Speed Limit REGULATORY | Normal Posted Speed Limit 55 | |

Unit Summary

| | | | | | | | | | |
|-------------------------------|-----------|---------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------|----------------------------|-------------------------------------------------------|---------------------------|---------------------|--|
| UNIT | 01 | Unit Status HIT AND RUN | | 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 0 | Total Trailers 0 | Total HazMat Types 0 | | | |
| | | Insurance? UNKNOWN | Direction Of Travel UNKNOWN | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | Total Lanes 2 | | | |
| | | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function UNKNOWN | | Emergency Motor Vehicle Use UNKNOWN | | | |
| | | Traffic Way UNKNOWN | | Traffic Control UNKNOWN | | Traffic Control Inoperative/Missing UNKNOWN | | | |
| | | Surface Type UNKNOWN | | Road Curvature UNKNOWN | | Road Grade UNKNOWN | | | |
| | | Truck Bus or HazMat NO | | | | | | | |
| | | 01 | 01 | Vehicle | | | | | |
| | | | | License Plate Number | | Plate Type | St | Country of Issuance | |
| Vehicle Identification Number | | Make GENERAL MOTORS COR | Year | Model | | | | | |

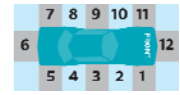
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| | | | | |
|---------------------------|-----------------------------------------------------------|----------------------------------------------------|---------------------------------------------|---------------|
| UNIT VEHICLE | Color BLK - BLACK | Body Style | Bus Use | |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | Vehicle Damage | | |
| | Extent Of Damage FUNCTIONAL DAMAGE | 01 - RIGHT FRONT CORNER | | |
| | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing OTHER | Vehicle Factors | | |
| | Driver Prior Action Other GOING TO CORRECT LANE | UNKNOWN | | |
| UNIT VEHICLE | Driver Actions WRONG SIDE OR WRONG WAY, UNKNOWN | | | |
| | Owner Name | Owner Address | | |
| 01 | 01 | | | |
| Sequence Of Events | | | | |
| 01 | 01 | Event MOTOR VEH IN TRANSPORT | | |
| 02 | 02 | Event | | |
| 03 | 03 | Event | | |
| 04 | 04 | Event | | |
| Individual | | | | |
| UNIT INDIVIDUAL | Driver UNKNOWN | Citations Issued 0 | Sex | |
| | | Date of Birth | Race | |
| | Address , , | Driver License Number | | |
| Safety Equipment | | | | |
| | On Duty Crash | Safety Equipment | | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | RESTRAINT USE UNKNOWN | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| 01 001 | 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 |



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| | | | | |
|-----------------------|---------------------|-------------------------------------------|-----------------------|----------------------|
| UNIT | INDIVIDUAL | Distracted By Distracted By Source | | |
| | | Distracted By Action | | |
| | | Non Motorist | Striking Unit # | Location |
| | | Prior Action | | |
| | | Action | | |
| | | Action Other | | To/From School |
| | | Drug & Alcohol | Suspected Alcohol Use | Suspected Drug Use |
| | | Alcohol Test Given | Alcohol Test Type | Alcohol Test Results |
| | | TEST NOT GIVEN | | |
| | | Drug Test Given | Drug Test Type | Drug Test Results |
| TEST NOT GIVEN | | | | |
| Drug Type | | | | |
| Individual Condition | NOT OBSERVED | | | |

Unit Summary

| | | | | | | |
|------------------------------|----------------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------|----------------|--------------------|
| UNIT | 02 | Unit Status | Vehicle Operating As Classification | Unit Type | | |
| | | IN TRANSIT | D CLASS | AUTOMOBILE | | |
| | | Vehicle Type | Operating As Endorsements | | | |
| | | PASSENGER CAR | | | | |
| | | Total Occs | Train/Bus # Recorded | Total # Citations Issued | Total Trailers | Total HazMat Types |
| | | 1 | | 0 | 0 | 0 |
| | | Insurance? | Direction Of Travel | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit | Total Lanes |
| | | YES | NORTHBOUND | | 55 | 2 |
| | | Most Harmful Event: Collision With | Special Function | Emergency Motor Vehicle Use | | |
| | | MOTOR VEH IN TRANSPORT | NO SPECIAL FUNCTION | NOT APPLICABLE | | |
| Traffic Way | Traffic Control | Traffic Control Inoperative/Missing | | | | |
| TWO-WAY, NOT DIVIDED | NO CONTROL | NO | | | | |
| Surface Type | Road Curvature | Road Grade | | | | |
| BLACKTOP (BITUMINOUS) | CURVE - UNKNOWN DIRECTION | LEVEL | | | | |
| Truck Bus or HazMat | | | | | | |
| NO | | | | | | |

Vehicle

| | | | | | |
|----------------------------|-------------------------|-------------------------------|-------------------------|-------------|----------------------|
| 02 | 02 | License Plate Number | Plate Type | St | Country of Issuance |
| | | 505RCV | AUT - AUTOMOBILE | WI | UNITED STATES |
| | | Vehicle Identification Number | Make | Year | Model |
| | | 1G2ZK36N394269769 | PONTIAC | 2009 | G6 GT |
| | | Color | Body Style | Bus Use | |
| WHI - WHITE | CV - CONVERTIBLE | | | | |
| Initial Contact Point | | | | | |
| 08 - LEFT SIDE REAR | | | | | |

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| UNIT VEHICLE | Vehicle Damage | | |
| | Extent Of Damage FUNCTIONAL DAMAGE | | |
| | Towed Due To Damage NOT TOWED | | |
| | Vehicle Removed By OPERATOR | | |
| UNIT VEHICLE | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors NOT APPLICABLE |
| | Driver Prior Action Other | | |
| | Driver Actions NO CONTRIBUTING ACTION | | |
| 02 02 | Owner Name NARCEDALIA LIGHT (608) 370-1287 | | Owner Address S7993 MAPLE PARK RD PRAIRIE DU SAC, WI 53578 , US |
| | Sequence Of Events | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | |
| | Event | | |
| | Event | | |
| | Event | | |
| UNIT INDIVIDUAL | Policy Holder | | |
| | Insurance Company STATE-FARM-GENERAL-INS-CO | | Individual NARCEDALIA LIGHT |
| 02 002 | Individual | | |
| | Driver HOLLY RIOS MARTINEZ (608) 370-1287 | | Citations Issued 0 |
| | | | Sex FEMALE |
| | | | Race WHITE |
| Address S7993 MAPLE PARK RD PRAIRIE DU SAC, WI 53578 , US | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 002 | Safety Equipment | | On Duty Crash |
| | | | 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 |

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| | | | | | |
|-------------|-----------------------------------------------|------------------------|----------------------------------------------------------------|----------|---------------------------------|
| UNIT | Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| | 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 |
| | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results |
| | Drug Type | | | | |
| 02 | 002 | Individual Condition | | | |
| | | APPEARED NORMAL | | | |