

6TL0D942BX
24-11110

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D942BX

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|---|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 24-11110 | | Investigating Officer/Deputy DEPUTY M. PETERSON | |
| Crash Date 10/04/2024 | | Crash Time 06:09 PM | | Date Arrived 10/04/2024 | | Time Arrived 06:12 PM | |
| Date Notified 10/04/2024 | | Time Notified 06:10 PM | | Total Units 02 | | Total Injured 01 | 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

| | |
|----------------|---------------------------------------|
| <p>Diagram</p> | 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 AND UNIT 2 WERE BOTH TRAVELING NORTH ON USH 12. UNIT 1, FROM THE INSIDE LANE, SIGNALLED TO CHANGE ITS LANE TO THE OUTSIDE LANE. UNIT 1 OPERATOR SAID THEY LOOKED BUT DID NOT SEE ANY CARS IN THE OUTSIDE LANE. UNIT 1 PROCEEDED TO CHANGE LANES AND ENDED UP SIDE SWIPING UNIT 2'S FRONT DRIVERS SIDE TIRE/QUARTER PANEL. UNIT 1 CONTINUED STRAIGHT IN THE OUTSIDE LANE. UNIT 2 EXITED THE ROADWAY AND BEGAN TO SLIDE TOWARD THE DRIVERS SIDE. UNIT 2 THEN BEGAN OVERTURNING SEVERAL TIMES, PASSENGER SIDE OVER DRIVER SIDE. UNIT 2 THEN CAME TO REST ON ALL FOUR TIRES FACING EAST. BOTH OCCUPANTS REPORTED WEARING SEAT BELTS. UNIT 1 HAD MINOR DAMAGE TO THE REAR PASSENGER SIDE DOOR AND NO AIRBAG DEPLOYMENT. UNIT 2 SUSTAINED DISABLING DAMAGE THROUGHOUT THE VEHICLE WITH FULL AIRBAG DEPLOYMENT. UNIT 2 OPERATOR REPORTED INJURIES TO THEIR LEG AND ARM AND WAS TRANSPORTED TO SAUK PRAIRIE HEALTH CARE ER BY SAUK PRAIRIE EMS. UNIT 1 OPERATOR WAS ISSUED AND EXPLAINED A CITATION FOR UNSAFE LANE CHANGE. UNIT 1 WAS DRIVEN FROM THE SCENE AND UNIT 2 WAS TOWED FROM THE SCENE BY EVERETT'S TOWING.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON USH12 WB 316 FT N OF USH12 WB IN THE TOWN OF SUMPTEP IN SAUK COUNTY | Latitude 43.379088915 | Longitude -89.768239045 |
| | X Coordinate 275752.40625 | Y Coordinate 4806635.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | | |
|---|--|---|---------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 07 - SIDESWIPE/SAME DIRECTION | | 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 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 NORTHBOUND | <input type="checkbox"/> Pre CrashTire 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 TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|------|---------|---|---|---------------------|---|
| UNIT | VEHICLE | Vehicle | | | |
| | | License Plate Number 153JVJ | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number KNDPMCAC1H7129641 | Make KIA MOTORS CORPORA | Year 2017 | Model SPORTAGE |
| | | Color SIL - SILVER (ALUMINUM) | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | | Initial Contact Point 04 - RIGHT SIDE REAR | Vehicle Damage 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR | | |
| | | Extent Of Damage MINOR DAMAGE | | | |



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| | | | | | | |
|---|------------|--|--|---|----------------------|--|
| UNIT | VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | |
| | | What Driver Was Doing CHANGING LANES | | Vehicle Factors | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | |
| | | Driver Actions | | | | |
| 01 | 01 | Owner Name BETTY YURIK (608) 235-4164 | | Owner Address 1511 21ST ST BARABOO, WI 53913 , US | | |
| | | Sequence Of Events | | | | |
| UNIT | INDIVIDUAL | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | | 02 | Event | | | |
| | | 03 | Event | | | |
| | | 04 | Event | | | |
| UNIT | INDIVIDUAL | Policy Holder | | | | |
| | | Insurance Company STATE-FARM-GENERAL-INS-CO | | Individual BETTY YURIK | | |
| | | Individual | | | | |
| 01 | 001 | Driver LISA PEASE (608) 235-4164 | | Citations Issued 1 | Sex FEMALE | |
| | | Address 1511 21ST ST BARABOO, WI 53913 , US | | Date of Birth | Race WHITE | |
| | | 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 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 | | | | | | |

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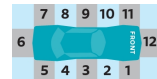
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|-------------------------------|--------------|-------------------------|--|--|------------------------------------|---------------------------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| | Action Other | | | | | To/From School | |
| | 01 | 001 | 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 | Violations | | | | | |
| UTC Number BG943787 | | Issue To? 001 | Statute Number 346.34(1)(a)3 | Description DEVIATING FROM LANE OF TRAFFIC | | | |

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 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | | Insurance? UNKNOWN | Direction Of Travel NORTHBOUND | <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 TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | Traffic Control Inoperative/Missing NO | | |
| | | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | Road Grade LEVEL | | |
| | | Truck Bus or HazMat NO | | | | | |
| | | 02 | 02 | Vehicle | | | |
| | | | | License Plate Number AYF3412 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| Vehicle Identification Number KM8JU3AC3AU056958 | Make HYUNDAI | | | Year 2010 | Model TUCSON | | |
| Color GRY - GRAY | Body Style UT - SPORT UTILITY VEHICLE | | | Bus Use | | | |
| Initial Contact Point 10 - LEFT SIDE FRONT | | | | | | | |



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|--|---|--|--|--|--|
| UNIT VEHICLE | Extent Of Damage DISABLING DAMAGE | | Vehicle Damage 15 - ALL AREAS | | |
| | 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 | | NOT APPLICABLE | | |
| UNIT VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | |
| | Owner Name JULIA CASTANEDA CACERES (608) 448-7670 | | Owner Address S7559 HY 12 NORTH FREEDOM, WI 53951 , US | | |
| UNIT VEHICLE | Sequence Of Events | | | | |
| | 01 | Event RUN OFF ROADWAY RIGHT | | | |
| | 02 | Event MOTOR VEH IN TRANSPORT | | | |
| | 03 | Event OVERTURN/ROLLOVER | | | |
| | 04 | Event | | | |
| UNIT INDIVIDUAL | Individual | | | | |
| | Driver JULIA CASTANEDA CACERES (608) 448-7670 | | Citations Issued 0 | Sex FEMALE | |
| | Address S7559 HY 12 NORTH FREEDOM, WI 53951 , US | | Date of Birth | Race HISPANIC | |
| | Driver License Number | | | | |
| UNIT INDIVIDUAL | 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 SUSPECTED MINOR INJURY | | Airbag DEPLOYED-COMBINATION | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | |
| | Medical Transport EMS GROUND | | EMS Agency Identifier 6000555 | EMS Run # | |
| | Hospital SAUK PRAIRIE HOSP | | Date of Death | Time of Death | |
| | Distracted By | | | | |
| Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | | | |

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|------|--|------------------------------------|---------------------------------|
| UNIT | 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 | | |
| | Individual Condition APPEARED NORMAL | | |