

6TL0D942C3  
24-13675

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 <b>24-13675</b>	Investigating Officer/Deputy <b>DEPUTY M. PETERSON</b>	
Crash Date <b>12/15/2024</b>		Crash Time <b>04:25 AM</b>	Date Arrived <b>12/15/2024</b>	Time Arrived <b>04:29 AM</b>	
Date Notified <b>12/15/2024</b>		Time Notified <b>04:26 AM</b>	Total Units <b>01</b>	Total Injured <b>01</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 type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING SOUTH ON STH 23 AND WAS ROUNDING A CURVE TO THE RIGHT. UNIT 1 BEGAN TO SLIDE DUE TO ICE COVERED ROADS. UNIT 1 CAUGHT TRACTION ON THE GRAVEL SHOULDER AND ROLLED APPROXIMATELY TWO TIMES, PASSENGER SIDE OVER DRIVER SIDE. UNIT 1 CAME TO REST ON ALL FOUR TIRES AND ATTEMPTED TO DRIVE FROM THE CRASH SCENE TO GET HELP. THE OPERATOR LOST HIS CELL PHONE AND WAS UNABLE TO CALL 911. THE OPERATOR REPORTED WEARING A SEAT BELT AND COMPLAINED OF A LEFT SHOULDER INJURY. THE OPERATOR WAS TRANSPORTED BY PLAIN EMS TO THE SAUK PRAIRIE HOSPITAL ER. THE VEHICLE SUSTAINED DISABLING DAMAGE THROUGHOUT AND WAS TOWED FROM THE SCENE BY NACHRIENERS TOWING.

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## Location

ON STH23 EB 0.31 MI N OF CTHN SB IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude <b>43.297405562</b>	Longitude <b>-90.042655851</b>
	X Coordinate <b>253190.546875</b>	Y Coordinate <b>4798338.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>OVERTURN/ROLLOVER</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>FREEZING RAIN OR FREEZING DRIZZLE</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

UNIT 01	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>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE RIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>MICW0</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1J4FF48S91L616747</b>	Make <b>JEEP</b>	Year <b>2001</b>	Model <b>CHEROKEE</b>
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>	Vehicle Damage <b>15 - ALL AREAS</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>DOMINGO LEGUIZAMON (414) 688-1671</b>		Owner Address <b>E4473 MEADOW DR HILLPOINT, WI 53937 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>RUN OFF ROADWAY RIGHT</b>		
	02	Event <b>OVERTURN/ROLLOVER</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>USAA-CASUALTY-INS-CO</b>		INDIVIDUAL <b>DOMINGO LEGUIZAMON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>DOMINGO LEGUIZAMON (414) 688-1671</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>E4473 MEADOW DR HILLPOINT, WI 53937 , US</b>		Date of Birth	Race
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		
Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>EMS GROUND</b>		
EMS Agency Identifier <b>6001155</b>		EMS Run #		
Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death		
Time of Death		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
<b>Distracted By</b>				
Distracted By Action <b>NOT DISTRACTED</b>				

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>Non Motorist</b>	Striking Unit #		Location			
		Prior Action					
	<b>INDIVIDUAL</b>	Action					
		Action Other				To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
	<b>01</b>	<b>001</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
			Drug Type				
			Individual Condition <b>APPEARED NORMAL</b>				