

6TL0D942C5  
24-13877

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>24-13877</b>	Investigating Officer/Deputy <b>DEPUTY M. PETERSON</b>	
Crash Date <b>12/20/2024</b>		Crash Time <b>04:12 AM</b>	Date Arrived <b>12/20/2024</b>	Time Arrived <b>04:41 AM</b>	
Date Notified <b>12/20/2024</b>		Time Notified <b>04:15 AM</b>	Total Units <b>01</b>	Total Injured <b>02</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

Diagram  	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 WEST ON STH 23/33 WHEN IT BEGAN TO SLIDE TOWARD THE DRIVER SIDE. UNIT 1 SLIDE OFF THE SOUTH SIDE OF THE ROADWAY DUE TO THE SNOW COVERED ROADWAY. UNIT 1 CONTINUED DOWN A STEEP EMBANKMENT AND COLLIDED WITH A TREE. UNIT 1 OPERATOR SAID SHE FELT THE VEHICLE START TO SLIDE TO THE LEFT AND TRIED TO CORRECT IT BY COUNTER STEERING. UNIT 1 OPERATOR SUSTAINED MINOR INJURIES AND WAS WEARING A SEAT BELT. THE FRONT SEAT PASSENGER REPORTED NO INJURIES AND WAS WEARING A SEAT BELT. THE BACK SEAT PASSENGER SUSTAINED MINOR INJURIES AND WAS WEARING A SEAT BELT. THE DRIVER AND BACK SEAT PASSENGER WERE TRANSPORTED TO THE REEDSBURG AREA MEDICAL CENTER BY REEDSBURG EMS. THE VEHICLE SUSTAINED DISABLING DAMAGE AND HAD AIRBAG DEPLOYMENT. THE VEHICLE WAS RECOVERED AND TOWED FROM THE SCENE BY CRAIGS TOWING.

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## Location

ON STH23 WB 0.60 MI E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.533326006</b>	Longitude <b>-89.905120018</b>
	X Coordinate <b>265261.4375</b>	Y Coordinate <b>4824143.5</b>
	Structure Type <b>NO STRUCTURE</b>	

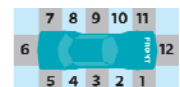
## Crash Scene

First Harmful Event <b>TREE</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</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

<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>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</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>TREE</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>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>VEHICLE</b>	License Plate Number <b>ALV1777</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>JN8AZ08T07W518176</b>	Make <b>NISS</b>	Year <b>2007</b>	Model <b>MURANO</b>
		Color <b>MAR - MAROON (BURGUNDY)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</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 <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions			
01 01	Owner Name <b>JONATHAN MALDONADO VELAZQUEZ</b>		Owner Address <b>2327 MICHAEL CT REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>RUN OFF ROADWAY LEFT</b>			
	Event <b>TREE</b>			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>BEATRIZ TAPIA BELLORIN (608) 604-8686</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>175 E COURT ST RICHLAND CENTER, WI 53581 , US</b>		Date of Birth	Race <b>HISPANIC</b>
	On Duty Crash		Driver License Number	
01 001	<b>Safety Equipment</b>		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	
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR 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>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	EMS Run #	
Hospital <b>REEDSBURG AREA MED CTR</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	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
01	001	Action Other		To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
01	001	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
01	001	Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		PASSENGER <b>DEYLING CENTINO</b> <b>(608) 604-8686</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
01	002	Date of Birth	Race <b>HISPANIC</b>	
		Address <b>175 E COURT ST</b> <b>RICHLAND CENTER, WI 53581 , US</b>	Driver License Number	
01	002	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>
01	002	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	002	<b>Injury</b>	Injury Severity <b>NO APPARENT 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>
01	002	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
01	002	<b>Distracted By</b>	Distracted By Source	
		Distracted By Action		
01	002	<b>Non Motorist</b>	Striking Unit #	Location
		Prior Action		

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
01	002	<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	
		Drug Type			
Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>			
		PASSENGER <b>GONZALES ALFREDO</b> <b>(608) 604-8686</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>HISPANIC</b>	
		Address <b>175 E COURT ST</b> <b>RICHLAND CENTER, WI 53581 , US</b>		Driver License Number	
		<b>Safety Equipment</b>			
01	003	On Duty Crash	Safety Equipment		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR 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		
<b>Distracted By</b>	Distracted By Source				
Distracted By Action					
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

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<b>UNIT</b>	<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>		
			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>					
		<b>01</b>	<b>003</b>				