

WISCONSIN MOTOR VEHICLE
CRASH REPORT

6TL0F3SSHL

Document Number Override		Primary Crash Document #	Agency Crash Number 25-00626	Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 01/22/2025		Crash Time 06:31 AM	Date Arrived 01/22/2025	Time Arrived 06:52 AM	
Date Notified 01/22/2025		Time Notified 06:32 AM	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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	<p>Reconstruction By</p> <hr/> <p>Photos By</p> <hr/> <p>Additional Information</p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

OPERATOR OF U1 CALLED IN TO REPORT A TRAFFIC CRASH THAT OCCURRED ON HY12 NEAR THE VETERAN'S MEMORIAL NEAR CH Z. U1 STATED U2 WAS TRAVELING SOUTHBOUND AT APPROXIMATELY 45MPH. U1 STATED HE PASSED U2 WHEN THE ROADWAY WAS SAFE TO DO SO. U1 STATED HE THEN RE-ENTERED THE SOUTHBOUND LANE AND AFTER HE DID SO, OPERATOR OF U2 ACCELERATED. U1 STATED U2 THEN CAME UP BEHIND HIM, SWERVED TO THE RIGHT AND DROVE ONTO THE SHOULDER AND STRUCK THE REAR PASSENGER WHEEL WELL OF U1. OPERATOR OF U1 STATED HE CONTINUED TO KWIK TRIP AND U2 OPERATOR CONTINUED SOUTHBOUND. OPERATOR OF U1 THEN PULLED OVER AT CENEX IN SAUK CITY UNTIL I ARRIVED ON SCENE. OPERATOR OF U1 POINTED TO THE DAMAGE WHICH CONSISTED OF TIRE SCRAPES AND WHEEL SCRAPES TO THE REAR PASSENGER WHEEL. OPERATOR OF U1 PROVIDED ME WITH A LICENSE PLATE OF MCF-9695 AND FROM TEXAS. I INFORMED OPERATOR OF U1 THAT I HAVE FOLLOW UP TO DO AND WILL CONTACT HIM IN THE FUTURE.

UPON CHECKING U2 REGISTRATION STATUS AND BEING IN WISCONSIN, I CHECKED OUR IN-HOUSE RECORDS AND OBSERVED THE OPERATOR OF U2 RESIDES IN BLUFFVIEW IN SAUK COUNTY. ON 1-23-25 I CONTACTED THE OPERATOR OF U2. U2 STATED HE WAS SOUTHBOUND HY12 NEAR THE VETERAN'S MEMORIAL WHEN THE OPERATOR OF U1 WAS "TAILGATING" HIM. I WAS OPERATOR OF U2 IF HE THOUGHT HE WOULD HAVE BEEN ABLE TO SAFELY STOP IF AN ANIMAL RAN OUT IN FRONT OF HIM. OPERATOR OF U2 THOUGHT HE WOULD NOT HAVE BEEN ABLE TO STOP SAFELY WITHOUT U1 COLLIDING INTO HIM.

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1300 LANGE COURT
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(608) 356-4895

U2 STATED NEAR THE VETERAN'S MEMORIAL U1 PASSED HIM AND THEN RE-ENTERED THE SOUTHBOUND LANES. U2 STATED U1 THEN SLAMMED ON HIS BRAKES IN FRONT OF HIM. U2 STATED HE THEN SWERVED TO THE RIGHT TO AVOID THE COLLISION. U2 STATED WHEN HE DID THIS, U1 THEN ALSO SWERVED RIGHT AND THEN RESULTED IN CONTACT. OPERATOR OF U2 SHOWED ME THE DAMAGE TO THE FRONT DRIVER SIDE WHEEL WELL, WHICH IS CONSISTENT WITH DAMAGE TO U1. OPERATOR OF U2 STATED HE DID NOT STOP TO MEET WITH THE OTHER DRIVER AS HE WAS AFRAID WHAT U1 OPERATOR MIGHT DO AS HE ATTEMPTED TO CAUSE AN ACCIDENT. OPERATOR OF U2 STATED HE DID NOT CALL LE AS HE DID NOT HAVE INSURANCE. I INFORMED OPERATOR OF U2 REGARDLESS HE NEEDS TO NOTIFY LAW ENFORCEMENT. I DID INFORM U2 THAT HE WOULD BE RECEIVING A CITATION FOR OPERATING MOTOR VEHICLE WITHOUT INSURANCE. I COMPLETED A CITATION FOR OPERATING MOTOR VEHICLE WITHOUT INSURANCE AND ISSUED IT TO THE DRIVER.
I CONTACTED U1 OPERATOR AND INFORMED HIM THAT HE WOULD BE RECEIVING A CITATION FOR RECKLESS DRIVING BASED ON BOTH STATEMENTS FROM THE OPERATORS INVOLVED. OPERATOR OF U1 CONFIRMED HIS ADDRESS TO BE IN ONALASKA WISCONSIN. I INFORMED OPERATOR OF U1 THAT HE WOULD BE RECEIVING THE CITATION IN THE MAIL. I EXPLAINED THE CITATION TO HIM AND THIS ENDED MY CONTACT.

Location

ON USH12 0.49 MI S OF CTHZ IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude	Longitude
	43.307639418	-89.759154767
	X Coordinate	Y Coordinate
	276225.84375	4798676
	Structure Type	
	NO STRUCTURE	

Crash Scene

First Harmful Event	First Harmful Event Location	
MOTOR VEH IN TRANSPORT	ON ROADWAY	
Manner of Collision	Light Condition	
07 - SIDESWIPE/SAME DIRECTION	DAWN	
Road Surface Condition(s)	Roadway Factor(s)	
SNOW	NONE	
Environment Factor(s)		
Weather Condition(s)		
SNOW	Relation To Trafficway	
Animal Type	TRAFFICWAY - ON ROAD	
Crash Classification - Location	Crash Classification - Jurisdiction	
PUBLIC PROPERTY	NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study
	NO CONTROL	
Within Interchange Area	Junction Location	Intersection Type
NO	NON-JUNCTION	NOT AN INTERSECTION

Unit Summary

UNIT	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		1	0	0	
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes	
	YES	SOUTHBOUND		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)		STRAIGHT		LEVEL		
Truck Bus or HazMat						
NO						
Vehicle						
License Plate Number		Plate Type	St	Country of Issuance		
AWK2483		AUT	WI	UNITED STATES		

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01 UNIT VEHICLE	01	Vehicle Identification Number WMWRC33432TC31121	Make	Year 2002	Model COOPER	
		Color YEL - YELLOW	Body Style HB - HATCHBACK	Bus Use		
		Initial Contact Point 04 - RIGHT SIDE REAR	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	04 - RIGHT SIDE REAR			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER			
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors			
		Driver Prior Action Other	NOT APPLICABLE			
01 UNIT VEHICLE		Driver Actions OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER				
	01	Owner Name CHRISTOPHER CRANDALL (608) 566-4240	Owner Address 413 5TH AVE N ONALASKA, WI 54650 , US			
Sequence Of Events						
01 UNIT	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
01 UNIT	Policy Holder					
		Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	INDIVIDUAL CHRISTOPHER CRANDALL			
01 UNIT INDIVIDUAL	Individual					
		DRIVER CHRISTOPHER CRANDALL (608) 566-4240	Citations Issued 1	Sex MALE		
		Address 413 5TH AVE N ONALASKA, WI 54650 , US	Date of Birth	Race WHITE		
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
01 UNIT	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		
01 UNIT	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		

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UNIT	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	
	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					
Violations					
01	UTC Number BK261575	Issue To? 001	Statute Number 346.62(2)	Description RECKLESS DRIVING-ENDANGER SAFETY	

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 1		Total Trailers 0	
	Insurance? NO		Direction Of Travel SOUTHBOUND		<input type="checkbox"/> Pre CrashTire Mark		Total HazMat Types 0	
	Speed Limit 55		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 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							

Vehicle

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02	UNIT	VEHICLE	License Plate Number AAS3198	Plate Type AUT	St WI	Country of Issuance UNITED STATES		
			Vehicle Identification Number ML32A4HJXHH020282	Make MITS	Year 2017	Model MIRAGE		
			Color RED - RED	Body Style HB - HATCHBACK	Bus Use			
			Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT				
			Extent Of Damage MINOR DAMAGE					
			Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER				
			What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE				
Driver Prior Action Other								
02	UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION					
			Owner Name JOSE VEGA (608) 572-9037	Owner Address S7559 US HIGHWAY 12 # P-5 NORTH FREEDOM, WI 53951 , US				
Sequence Of Events								
02	UNIT	01	Event MOTOR VEH IN TRANSPORT					
		02	Event					
		03	Event					
		04	Event					
Individual								
02	UNIT	INDIVIDUAL	DRIVER JOSE VEGA (608) 572-9037	Citations Issued 1	Sex MALE			
				Date of Birth	Race HISPANIC			
			Address S7559 US HIGHWAY 12 # P-5 NORTH FREEDOM, WI 53951 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
02	UNIT	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		Airbag NON DEPLOYED	
			Injury		Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABLE		
Ejected NOT EJECTED		Trapped/Extricated NOT TRAPPED						

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	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		
	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		
02	Drug Type				
	Individual Condition APPEARED NORMAL				
	Violations				
02	UTC Number BK261574	Issue To? 002	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	