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25-01303

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Do		ency Crash Number 25-01303		ating Officer/Deputy Y J. GREENWOOD	
Crash Date 02/12/2025	Crash Time 09:25 AM		te Arrived /12/2025	Time Arrived 09:46 AM		
Date Notified 02/12/2025	Time Notified 09:30 AM		al Units	Total Injured 02	Total Kil	led
On Emergency	Hit and Run	Lane Closure	Work Zone	Trailer o	r Towed	Reporting Threshold
Government Property	Active Sch	nool Zone Sch	nool Bus Related	Tags		
Reportable	Crash Type DT4000 (STAN	IDARD CRASH)		Amende	d	Secondar Crash
escription Diagram	•					
	DSI-	H 12			Additional Inf	formation
I, a sworn law enforce UNIT 1 WAS EB ON USH 12.1 EMBANKMENT AND THROUG	UNIT 1 WAS UNABLE TO	NEGOTIATE THE CUF	RVE DUE TO SLIPPERY R	this report.	IIT 1 ENTERE	ED THE DITCH HITTING

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 02/12/2025
Crash Time 09:25 AM

Location

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

0.4 OI	N USH12 EB 42 MI S F CTHC EB	DTED			43.347777521 X Coordinate		Longitude -89.759402433 Y Coordinate			
	THE TOWN OF SUM SAUK COUNTY	PIER		276353			4803134	1.5		
				Structure NO STF	RUCTURE					
Cr	ash Scene									
Fir	st Harmful Event			First Har	mful Event L	ocation				
DI	ТСН			ON RO	ADWAY					
Ma	anner of Collision			Light Cor	Light Condition					
		VEHICLE IN TRANSPORT		DAYLIGHT						
Ro	pad Surface Condition(s)			Roadway	/ Factor(s)					
W	ET, SLUSH, ICE									
En	vironment Factor(s)									
W	EATHER CONDITION	IS		NONE						
We	eather Condition(s)									
CI	LOUDY, SNOW									
An	imal Type			Relation	To Trafficwa	ay				
				TRAFFI	CWAY - C	N ROAD				
	ash Classification - Locati	on				Jurisdiction				
	JBLIC PROPERTY					RISDICTION				
In	bal Land				**			Special Study		
	thin Interchange Area	Junction Location		Intersection Type						
N		NON-JUNCTION		NOT AN INTERS	ECTION					
	it Summary =									
	nit Status			ating As Classificatio	n	Unit Type				
	TRANSIT		D CLASS			AUTOMO				
- 1	hicle Type ASSENGER CAR					Operating A	s Endorsem	ents		
	tal Occs	Train/Bus # Recorded	Total # Citation	ns Issued	d Total Trail		Total HazM	Mat Types		
3			0	5.10 100u0u	0		0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ins	surance?	Direction Of Travel	Pre C	rashTire	Speed Li	mit	Total Lane	S		
. YE	ES	EASTBOUND		Mark	55		4			
. .	ost Harmful Event: Collisio	on With	Special Funct	tion AL FUNCTION	CTION		Emergency Motor Vehicle Use NOT APPLICABLE			
	MBANKMENT affic Way		Traffic Contro				Traffic Control Inoperative/Missing			
	VIDED HWY MEDIAN	W/BARRIER	NO CONTR				NO Road Grade LEVEL			
	rface Type	WIDANNEN	Road Curvatu							
	ONCRETE		CURVE RIG	SHT						
Tr	uck Bus or HazMat					-1				
N	ס									
	Vehicle									
	License Plate Number	•	Plate Type		St	Country of Is				
	AZF2362		AUT		WI	UNITED STATES				
2 2	Vehicle Identification N		Make		Year		Model			
0		1640	BUIC Pody Style		2000	Bus Use				
	Color GLD - GOLD		Body Style 4D - 4DR							
ш	Initial Contact Point		Vehicle Dam	nage						
	03 - RIGHT SIDE N	MIDDLE	01 - RIGH	T FRONT CORNE			_	7 8 9 10 11		
VEHICL	Extent Of Damage			FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RI REAR, 05 - RIGHT REAR CORNER, 06 - F				6 8 12		
7	DISABLING DAMA	AGE		LEFT REAR CORNER, 11 - LEFT FRONT CORNER, 12				5 4 3 2 1		
	Motor Vahicle Crash		nis report does not in	nclude any CJIS data	_		Crash Date	02/12/2025		

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is report does not include any CJIS data. 2 of 6

Crash Time 09:25 AM

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

		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE		hicle Removed By /ERETTS TOWING				
		What Driver Was Doing	IIIO DAIIAGE		hicle Factors	'			
		NEGOTIATING CURVE							
		Driver Prior Action Other		NC	OT APPLICABLE				
		Driver Actions							
	щ	SPEED TOO FAST/COND)						
IN N	ᅙ								
5	VEHICLE								
	>								
		Owner Name			Owner Address				
2	2	OSCAR ROMAN ALVARADO			200 W HIAWATH	A DR .LS, WI 53965,U	s		
	_					,			
	;	Sequence Of Events							
	5	Event DITCH							
	05	Event EMBANKMENT							
		Event							
	03	FENCE							
	4	Event							
╘	- 1	Policy Holder							
FIND		Insurance Company GEICO-GENERAL-INS-CO			INDIVIDUAL RODOLFO CARRILLO SEDANO				
		Individual	,		TODOLI O CANNILLO GEDANO				
		DRIVER			Citations Issued	Sex			
	ب	RODOLFO CARRILLO SEDANO			0 MALE				
_	NDIVIDUAL					Race HISPANIC			
TNO TNO	≥	Address			Driver License Number				
-	¥	200 W HIAWATHA DR #53 WISCONSIN DELLS, WI 5	307 33965 , US						
	Sat	On Duty	Crash		Safety Equipment				
	Sai			Ш,	SHOULDER & LAF	DELT			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	ľ	SHOULDER & LAP	PELI			
		Helmet Use	•		Helmet Compliance				
		Eye Protection		_	Tint Compliance				
_	_	Injury S	everity	- 1	Airbag				
6	9	Injury NO AP	PARENT INJURY	- 1	DEPLOYED-FRONT				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT A	ADDI 1	CABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport	NOT EJECTED/NOT A		PLICABLE EMS Agency Identifier		EMS Run #		
	NOT TRANSPORTED			ľ	LIVIS Agency Identifier				
		Hospital			Date of Death Time of Death				
		Distracted By Distracted NOT A	ed By Source	TRAC	TED)		ı		
		Distracted By Action			•				
		NOT DISTRACTED							

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

								(***,
		Non Motorist	riking Unit #	Location				
		Prior Action		ı				
		Action						
	AL.							
FNS	INDIVIDUAL							
5	2							
	=							
		Action Other						To/From School
		19	uspected Alcohol U	leo	Suspected Drug Use			
	L	Drug & Alcohol N	O		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		
2	001	Drug Type						
	0							
		Individual Condition						
		APPEARED NORMA	ıL					
	ı	Individual PASSENGER			LOitationa logged	Low		
	ب	MARIANNE DAVALO	OS LARDIZABA	L	Citations Issued 0	Sex FEMALE		
Ļ	INDIVIDUAL				Date of Birth	Race HISPANIC		
Ĭ.		Address 200 W HIAWATHA DR #6211			Driver License Number			
	Z	WISCONSIN DELLS,	, WI 53965 , US	i				
	0-4	Or	n Duty Crash		Safety Equipment			
	Sar	Fety Equipment	Seat Po	nsition	SHOULDER & LAP	BELT		
		02 - SECOND ROW	09 - R					
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
2	005		jury Severity USPECTED MIN	NOR INJURY	Airbag DEPLOYED-FRONT			
		Ejected	Ejection Pa	ath	1		Trapped/Extricated	
		NOT EJECTED Medical Transport	NOTEJE	CTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #	
		NOT TRANSPORTED	D				Time of Dooth	
		Hospital			Date of Death		Time of Death	
		Distracted By	stracted By Source	е				
		Distracted By Action						
		Non Motorist	riking Unit #	Location				
		HOIT WOLDING						

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		Prior Action							
		Action							
	A								
-	INDIVIDUAL								
ENS.	₹								
-	ā								
	Z								
		Action Other						To/From School	
		Action Culci						Ton Toni Concor	
		Suspe	cted Alcohol U	Jse	Suspected Drug Use				
	L	Drug & Alcohol NO			NO				
		Alcohol Test Given		Alcohol Test Type)		Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	i		
2	002	Drug Type							
	_								
		Individual Condition							
		APPEARED NORMAL							
		AIT LAKED NORMAL							
		Individual							
		PASSENGER			Citations Issued	Sex			
	_	LEYSI ALMAN	ACIN MAMA	MI	0	FEMALE			
	INDIVIDUAL				Date of Birth	Race			
╘	₫					HISPANIC			
F	Address 200 W HIAWATHA DR #6211			Driver License Number					
	Z	WISCONSIN DELLS, WI		;					
		On Du	ity Crash		Safety Equipment				
	Saf	fety Equipment							
		Row	Seat Po	osition	SHOULDER & LAP	BELT			
		02 - SECOND ROW	09 - R	IGHT					
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
		Eye Protection			Tint Compliance				
_	က	Injury	Severity		Airbag				
2	003	Injury SUSF	PECTED MIN	NOR INJURY	DEPLOYED-FRONT				
l		Ejected	Ejection Pa	ith	•		Trapped/Extricated		
		NOT EJECTED	NOT EJE	CTED/NOT APPI			NOT TRAPPED		
		Medical Transport EMS Agency Identifier EMS Run #							
		EMS GROUND 6000555							
	Hospital Date of Death Time of Death SAUK PRAIRIE HOSP								
	Distracted By Source								
		Distracted By	, 22310						
		Distracted By Action							
		Non Motorist	g Unit#	Location				<u> </u>	
		Prior Action							

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		Action					
	AL						
LIND	IDU						
5	INDIVIDUAL						
	Z						
							1=-
		Action Other					To/From School
	L	Drug & Alcohol NO	Jse	Suspected Drug Use NO			•
İ		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	<u> </u> 	
					_		
2	003	Drug Type					
	•						
		Individual Condition					
		APPEARED NORMAL					