

6TL0FQBC3F
25-02101

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 25-02101		Investigating Officer/Deputy DEPUTY J. MACASKILL		
Crash Date 03/06/2025		Crash Time 04:31 PM		Date Arrived 03/06/2025		Time Arrived 05:06 PM		
Date Notified 03/06/2025		Time Notified 04:32 PM		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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

Diagram 	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.

ON 3/6/25 AT APPROXIMATELY 1431, UNIT 2 WAS DRIVING EASTBOUND ON CTH H NEAR TESSER RD. AS UNIT 2 WAS DRIVING, THEY NOTICED UNIT 1 WHO WAS DRIVING WESTBOUND ON CTH H HAD CROSSED THE CENTERLINE AND WAS DRIVING WESTBOUND IN TH EASTBOUND LANE. UNIT 2 SWERVED TOWARDS THE DITCH TO AVOID A COLLISION BUT UNIT 1 SIDE SWIPE UNIT 2, DAMAGING THE DRIVER SIDE OF UNIT 2. THE CRASH WAS WITNESSED AND REPORTED BY A WITNESS WHO STATED THEY OBSERVED UNIT 1 DRIVING ERRATICALLY PRIOR TO THE CRASH. WITNESS STATED THEY OBSERVED UNIT 1 CROSS THE CENTERLINE AND WAS DRIVING INTO ONCOMING TRAFFIC WHEN UNIT 1 SIDE SWIPE UNIT 2. UNIT 1 LEFT THE SCENE OF THE CRASH PRIOR TO LAW ENFORCEMENT ARRIVAL BUT WAS LATER LOCATED NEAR THE SCENE AND IDENTIFIED. WHEN LOCATED, UNIT 1 HAD DAMAGE TO DRIVER SIDE MIRROR AS WELL. THIS IS CONSISTENT WITH WITNESS STATEMENTS ON SCENE.

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Location

ON CTHH 0.27 MI N OF TESSERS RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.622618509	Longitude -89.813885069
	X Coordinate 272969.71875	Y Coordinate 4833807
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE 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 01	Unit Status HIT AND RUN	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 2	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	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 UPHILL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number AYP1727	Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2FMPK4K89HBB87506	Make FORD	Year 2017	Model EDGE
	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT		
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 GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL, WRONG SIDE OR WRONG WAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01 01	Owner Name RACHEL TOLLIVER (608) 432-9789		Owner Address 1032 RACE ST WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01 01	01	Event CROSS CENTERLINE		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		INDIVIDUAL RACHEL TOLLIVER	
UNIT INDIVIDUAL	Individual			
	DRIVER RACHEL TOLLIVER (608) 432-9789		Citations Issued 2	Sex FEMALE
	Address 1032 RACE ST WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment RESTRAINT USE UNKNOWN
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source		
Distracted By Action				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other				To/From School	
	Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use	
	Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	
	TEST NOT GIVEN					
	Drug Test Given		Drug Test Type		Drug Test Results	
	TEST NOT GIVEN					
	Drug Type					
Individual Condition		NOT OBSERVED				
Violations						
01		UTC Number	Issue To?	Statute Number	Description	
		BM655005	001	346.05(1)	OPERATING LEFT OF CENTER	
02		UTC Number	Issue To?	Statute Number	Description	
		BM655006	001	346.70(2)	FAILURE TO FILE ACCIDENT REPORT	

Unit Summary

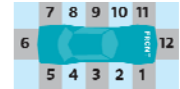
UNIT	02	Unit Status		Vehicle Operating As Classification		Unit Type							
		IN TRANSIT		D CLASS		AUTOMOBILE							
		Vehicle Type				Operating As Endorsements							
		(SPORT) UTILITY VEHICLE											
		Total Occs		Train/Bus # Recorded		Total # Citations Issued		Total Trailers		Total HazMat Types			
		1				0		0		0			
		Insurance?		Direction Of Travel		<input type="checkbox"/> Pre CrashTire Mark		Speed Limit		Total Lanes			
		YES		EASTBOUND				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				DOWNHILL					
Truck Bus or HazMat													
NO													
Vehicle													
02	02	License Plate Number			Plate Type		St	Country of Issuance					
		AKD5452			AUT		WI	UNITED STATES					
		Vehicle Identification Number			Make		Year	Model					
2T3P1RFV3MW146476			TOYT		2021	RAV4							
Color			Body Style			Bus Use							
BLK - BLACK			UT - SPORT UTILITY VEHICLE										

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	Extent Of Damage MINOR DAMAGE			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other			
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name MAURA ALVAREZ (608) 393-2745		Owner Address S1063 WINNESHIEK ST WISCONSIN DELLS, WI 53965 , US	
UNIT 02 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT 02 002	Policy Holder			
	Insurance Company ARTISAN-AND-TRUCKERS-CASUALTY-CO		INDIVIDUAL FRANCISCO ALVAREZ	
UNIT INDIVIDUAL	Individual			
	DRIVER MAURA ALVAREZ (608) 393-2745		Citations Issued 0	Sex FEMALE
	Address S1063 WINNESHIEK ST WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 02 002	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	
	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	

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UNIT	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			
02	002	Individual Condition APPEARED NORMAL		

Witness

WITN 01	Individual	Address	Date of Birth
	JARROD ERTEL (952) 820-5168	W9534 GEHRI RD WONEWOC, WI 53968 , US	