

6TL1C3B006
25-02727

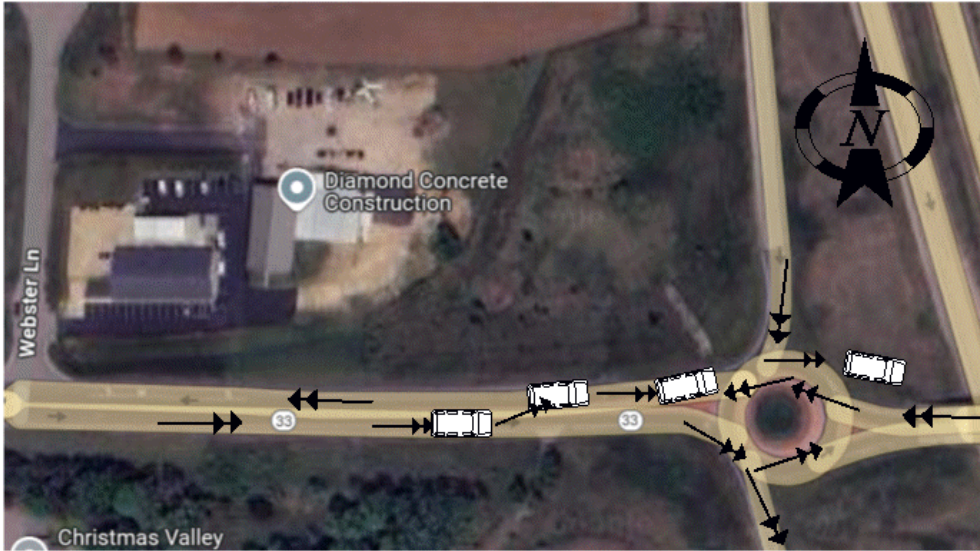
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 25-02727	Investigating Officer/Deputy DEPUTY T. MOSLEY	
Crash Date 03/23/2025		Crash Time 12:01 AM	Date Arrived 03/23/2025	Time Arrived 12:06 AM	
Date Notified 03/23/2025		Time Notified 12:02 AM	Total Units 01	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
 <p>HY 12/HY 33, BARABOO WI, 53913 3/23/2025 @ 12:01AM **NOT TO SCALE TM 9108</p>	Photos By TMOSLEY 9108
	Additional Information PHOTOS
	<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
<p>UNIT 1 WAS TRAVELING EAST BOUND ON HIGHWAY 33 APPROACHING THE ROUNDABOUT AT HIGHWAY 12. UNIT 1 THEN CROSSED INTO WRONG LANE OF TRAVEL AND ENTERED THE ROUNDABOUT, THE WRONG DIRECTION. UNIT 1 FAILED TO NEGOTIATE THE ROUNDABOUT AND COLLIDED WITH THE CURB ON THE NORTHEAST CORNER. UNIT 1 WAS DISABLED FROM THE IMPACT WITH THE CURB AND TOWED BY CRAIGS.</p>	

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Location

INTERSECTION ON STH33 EB AT STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.51458674	Longitude -89.785088894
	X Coordinate 274890.84375	Y Coordinate 4821730
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event CURB	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/LIGHTED	
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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type ROUNDBOUT

Unit Summary

UNIT 01	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 15	Total Lanes 1
	Most Harmful Event: Collision With CURB		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way ONE-WAY TRAFFIC		Traffic Control YIELD SIGN	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number DX76348	Plate Type AUT	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GKS2BKC3HR170368	Make GMC	Year 2017	Model YUKON
	Color BLK - BLACK	Body Style 4D - 4DR		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT		
Extent Of Damage DISABLING DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing UNKNOWN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions WRONG SIDE OR WRONG WAY			
01 01	Owner Name DAVID LLANITO		Owner Address 1231 S MAIN ST ROCKFORD, IL 61102 , US	
	Sequence Of Events			
01 02 03 04	Event CURB			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	DRIVER		Citations Issued 0	Sex
			Date of Birth	Race
	Address		Driver License Number	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	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				
Non Motorist		Striking Unit #		Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use	
			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		
		01	001	Individual Condition	
				NOT OBSERVED	