

1XL050LHKZ
SP24-01786

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK PRAIRIE POLICE DEPARTMENT
640 13TH ST
PRAIRIE DU SAC, WI 53578
(608) 643-2427

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy OFFICER B. BRENNAN	
Crash Date 10/12/2024		Crash Time 04:35 PM		Date Arrived 10/12/2024		Time Arrived 04:42 PM	
Date Notified 10/12/2024		Time Notified 04:36 PM		Total Units 02		Total Injured 00	Total Killed 00
<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 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>DIAGRAM NOT TO SCALE</p>		
		Photos By OFC HAYDEN
		Additional Information PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS FACING WESTBOUND AND STOPPED AT THE STOP SIGN ON SAUK PRAIRIE ROAD. UNIT 2 WAS FACING EASTBOUND AND STOPPED AT THE STOP SIGN ON SAUK PRAIRIE ROAD. UNIT 1 MADE A LEFT SOUTHBOUND TURN ON HIGHWAY 12. UNIT 2 TRAVELED EASTBOUND INTO THE INTERSECTION OF SAUK PRAIRIE ROAD AND HIGHWAY 12 AND DID STRIKE UNIT 1 ON THE PASSENGER SIDE DOOR PANEL CAUSING FUNCTIONAL DAMAGE. UNIT 2 SUSTAINED FUNCTIONAL DAMAGE TO THE FRONT BUMPER. UNIT 1 DRIVER WAS OPERATING A MOTOR VEHICLE WITH AN EXPIRED LICENSE AND WAS ISSUED A CITATION FOR OPERATING WITHOUT A LICENSE. UNIT 1 AND UNIT 2 REMOVED THEIR VEHICLES FROM THE SCENE.

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Location

INTERSECTION ON USH12 WB AT SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.281725804	Longitude -89.759047775
	X Coordinate 276139.40625	Y Coordinate 4795797.5
	Structure Type NO STRUCTURE	

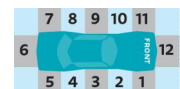
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY, RAIN			
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 FOUR-WAY INTERSECTION	

Unit Summary

UNIT	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	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle					
	01	License Plate Number ANJ3340		Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 5NPDH4AE8GH729954		Make HYUN	Year 2016	Model ELANTRA
	VEHICLE	Color BRO - BROWN		Body Style SD - SEDAN		Bus Use
		Initial Contact Point 03 - RIGHT SIDE MIDDLE		Vehicle Damage 03 - RIGHT SIDE MIDDLE		
Extent Of Damage FUNCTIONAL DAMAGE						



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions			
01	01	Owner Name RONALD EDUARDO QUEZADA LARIOS		Owner Address S10109A US HIGHWAY 12 PRAIRIE DU SAC, WI 53578 , US
Sequence Of Events				
01	Event MOTOR VEH IN TRANSPORT			
02	Event			
03	Event			
04	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL RONALD QUEZADA LARIOS	
UNIT INDIVIDUAL	Individual			
	DRIVER ALVARO JAVIER QUEZADA LARIOS		Citations Issued 1	Sex MALE
	Date of Birth [REDACTED]		Race	
	Address 204 SPRUCE ST # 6 SAUK CITY, WI 53583 , US		er STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash
		Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
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
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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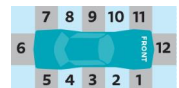
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Violations					
01	001	UTC Number BG5325482	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE	

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 2		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 45		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 STOP SIGN				Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat NO											

Vehicle

02	02	License Plate Number AHT1409		Plate Type AUT		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 1N4AL2AP1AN503629		Make NISS		Year 2010		Model ALTIMA 2.5	
		Color BLK - BLACK		Body Style 4D - 4DR				Bus Use	
		Initial Contact Point 12 - FRONT							



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	12 - FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name WESLEY HOWARD LARSEN (608) 588-4904	Owner Address E6991 MILL RD SPRING GREEN, WI 53588 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT VEHICLE	Policy Holder	
	Insurance Company AUTO-OWNERS-INS-CO	INDIVIDUAL WESLEY LARSEN
UNIT INDIVIDUAL	Individual	
	DRIVER AIDEN JAMES LARSEN (608) 588-4904	Citations Issued 0
		Sex MALE
		Race WHITE
	Date of Birth [REDACTED]	
	Address E6991 MILL RD SPRING GREEN, WI 53588 , US	ber [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT VEHICLE	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
UNIT VEHICLE	Injury	
	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	EMS Run #
	Date of Death	Time of Death

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UNIT INDIVIDUAL	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			
UNIT INDIVIDUAL	Individual		
	PASSENGER JOELINE JANS	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address , ,		Driver License Number
	Safety Equipment		
On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	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
	Distracted By Distracted By Source		

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	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		