

1XL097RB2K  
SP25-00567

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 <b>OFFICER M. ANDREWS</b>	
Crash Date <b>04/16/2025</b>		Crash Time <b>09:09 PM</b>		Date Arrived <b>04/16/2025</b>		Time Arrived <b>09:14 PM</b>	
Date Notified <b>04/16/2025</b>		Time Notified <b>09:09 PM</b>		Total Units <b>01</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
<p>Not to scale</p> <p>HOLIDAY INN HOTEL</p> <p>PHILLIPS BLVD</p>		Photos By <b>65,60</b>
		Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS ATTEMPTING TO MAKE A PARKING MANEUVER. UNIT 1 OPERATOR ACCIDENTLY HIT ACCELERATOR INSTEAD OF BRAKE CAUSING UNIT 1 TO JUMP THE CURB AND STRIKE THE FIXED OBJECT (BUILDING)

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Location

<b>PARKING LOT</b> <b>PHILLIPS BLVD/ USH12 NB LOT 747</b> <b>(HOUSE/BUILDING 747)</b>  <b>IN THE VILLAGE OF SAUK CITY</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.271734782</b>	Longitude <b>-89.731703246</b>
	X Coordinate <b>278321.875</b>	Y Coordinate <b>4794615</b>
	Structure Type <b>HOUSE/BUILDING</b>	

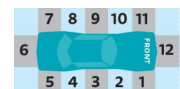
Crash Scene

First Harmful Event <b>OTHER FIXED OBJECT</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>10</b>	Total Lanes <b>0</b>
	Most Harmful Event: Collision With <b>OTHER FIXED OBJECT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>FP266296</b>	Plate Type <b>AUT</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1C4RDJDG5SC533911</b>	Make <b>DODG</b>	Year <b>2025</b>	Model <b>DURANGO</b>
		Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>12 - FRONT</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>PARK MANEUVER</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions <b>OTHER CONTRIBUTING ACTION</b>					
01 01	Owner Name <b>EAN HOLDINGS (855) 266-9596</b>		Owner Address <b>301 S VETERANS PKWY NORMAL, IL 61761 2115, US</b>			
	<b>Sequence Of Events</b>					
01 02 03 04	Event <b>CURB</b>					
	Event <b>OTHER FIXED OBJECT</b>					
	Event					
	Event					
UNIT	<b>Policy Holder</b>					
	Insurance Company <b>LIBERTY-MUTUAL-INS-CO</b>		ORGANIZATION/COMPANY <b>EAN HOLDINGS</b>			
UNIT INDIVIDUAL	<b>Individual</b>					
	DRIVER <b>RICHARD Z PRICE (563) 508-4909</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
	Address <b>4003 BRIAR CT BETTENDORF, IA 52722 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>		
Address <b>4003 BRIAR CT BETTENDORF, IA 52722 , US</b>		e Number <b>STATE: IOWA COUNTRY: UNITED STATES</b>				
01 001	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #	
Hospital			Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
Distracted By Action <b>NOT DISTRACTED</b>						

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UNIT	<b>Non Motorist</b>		Striking Unit #	Location			
	Prior Action						
	Action						
	Action Other				To/From School		
01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		PASSENGER <b>ARCEDERA E TUAZON</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
					Date of Birth [REDACTED]	Race <b>ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN</b>	
		Address , , PH			Driver License Number		
		01	002	<b>Safety Equipment</b>		On Duty Crash	
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>				Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	
<b>Distracted By</b>				Distracted By Source			
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #		Location			

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	002	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		PASSENGER <b>ADDI S TAUZON</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth [REDACTED]	Race <b>ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN</b>	
		Address <b>, , PH</b>	Driver License Number		
		01	003	<b>Safety Equipment</b>	On Duty Crash
Row <b>02 - SECOND ROW</b>	Seat Position <b>08 - MIDDLE</b>			<b>LAP BELT ONLY</b>	
Helmet Use				Helmet Compliance	
Eye Protection				Tint Compliance	
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>				EMS Agency Identifier	EMS Run #
Hospital				Date of Death	Time of Death
<b>Distracted By</b>	Distracted By Source				
Distracted By Action					
01	003	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>Individual</b>		
	PASSENGER <b>AZRIEL D TAUZON</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth [REDACTED]	Race <b>ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN</b>
Address , , PH	Driver License Number		
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NOT APPLICABLE</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000555</b>	EMS Run #
	Hospital <b>SAUK PRAIRIE HOSP</b>	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action			
		Action Other			To/From School
<b>01</b>	<b>004</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			

**Property Owner**

<b>PROP OWNER</b>	<b>01</b>	ORGANIZATION/COMPANY <b>HOLIDAY INN</b> <b>(608) 370-8002</b>	Address <b>747 PHILLIPS BLVD</b> <b>SAUK CITY, WI 53583 , US</b>

**Fixed Objects Struck**

<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>OTHER FIXED OBJECT</b>	Structure Number	Damage Tag Number