6TL0BJ1GJQ 20-00959

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Primary Crash Document #		Agency Crash Number 20-00959			Investigating Officer/Deputy DEPUTY J. MACASKILL			
g	Crash Date 01/25/2020	Crash Time 06:25 PM			Date Arrived		Tim	Time Arrived			
G	Date Notified 01/25/2020	Time Notified 06:30 PM			Total Units 01		Total 00		Injured Total Killed 00		
6TL0BJ1	On Emergency	Hit and Run	Lane Closu		ш	ork Zone		Trailer or 1	Towed	owed Reporting Threshold	
6TL	Government Active School Zo			School Bus Related NO			Тад	Tags			
	Reportable	Crash Type NON-DOMES	STICATED ANIMAL W/ NO INJUR			RY Amended			Secondary Crash		
	, a sworn law enforce	ement officer, agre	ee that I have no	ve not added any CJIS data in this report.							
	Location										
ł	ON STH33 WB			4		Latitude 43.492035433 X Coordinate		Longitud -89.634 Y Coordi		de	
	0.32 MI E									4524133	
	OF MAN MOUND RD										
	IN THE TOWN OF GREEN	NFIELD				286981.5		481882			
	IN SAUK COUNTY				Structure Type						
						NO STRUCTURE					
(Crash Scene										
1	First Harmful Event					First Harm	ıful Event L	_ocation			
	OTHER NON-COLLISION Manner of Collision				ON ROADWAY						
					Light Condition						
	00 - NO COLLISION W/VI	EHICLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
	()		1.00		(4)						
	Environment Factor(s)										
	,,										
	Weather Condition(s)										
	Animal Type			Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction							
	DEER Crash Classification - Location PUBLIC PROPERTY Tribal Land										
						NO SPECIAL JURISDICTIO					
						Access Control		VIODICTION		Special Study	
	Tribai Laria			71000		Access Co	100000 OUHUUI			Special Study	
	Unit Summary =					10		1			
	Unit Status Vehicle Operating				ing As C	iassification		Unit Type			
	IN TRANSIT D CLASS							AUTOMOBILE			
01	Vehicle Type							Operating	As Endorse	ments	
0	PASSENGER CAR										
	Total Occs Train/Bus # Recorded			Total # Citations Issued						:Mat Types	
	1			0		0				0	
	Insurance?	Direction Of Trave		Pre CrashTir Mark		e Speed		Limit Total Lane		es	
UNIT	YES WESTBOUND						Francisco Motor Vohiola II				
5	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNC			CTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	OTHER NON-COLLISION										
	Traffic Way			Traffic Control			T		Traffic Control Inoperative/Missing		
	Surface Type			Pood Curveture				Road Grade			
	Оштабо Туре			Road Curvature				Noud Grade			

This report does not include any CJI 1 of 3 Crash Date 01/25/2020
Crash Time 06:25 PM

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	Truc	ruck Bus or HazMat								
		Vehicle								
		License Plate Number	Plate Type	St	Country of Issuance					
		ABP9793	AUT - AUTOMOBILE	wı	UNITED STATES					
2	2	Vehicle Identification Number	Make	Year	Model					
0	0	2GKALNEK4G6120635	GENERAL MOTORS COR	2016	TERRAIN SL					
		Color	Body Style		Bus Use					
		WHI - WHITE	UT - SPORT UTILITY VEHICLE							
UNIT	Щ	Initial Contact Point	Vehicle Damage							
	VEHICL	00 - NON-COLLISION	00 - NO DAMAGE							
	프	Extent Of Damage								
	7	NO DAMAGE								
		Towed Due To Damage	Vehicle Removed By							
		NOT TOWED	OPERATOR							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
İ		Driver Actions	1							
	Щ	NO CONTRIBUTING ACTION								
╘	VEHICLE									
UNIT	Ĭ									
_	Ē									
	_									
		Owner Name	Owner Address							
		- Cirio Hamo	owner Address							
2	9									
-										
╘	l	Policy Holder								
LIND		Insurance Company	Individual							
		PROGRESSIVE-CLASSIC-INS-CO	COLON ORTIZ							
	I	Individual								
		Driver	Citations Issued		Sex					
	_	COLON JOSE ORTIZ	0		MALE					
	¥		Date of Birth		Race					
l⊨	DIVIDUAL				HISPANIC					
FNO	Σ	Address	Driver License Number		•					
_ ا	_	1125A SILVER DR # 205	STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	BARABOO, WI 53913 , US								
		On Duty Crash	Safety Equipment	Safety Equipment						
	Sai	fety Equipment								
		Row Seat Position	SHOULDER & LAP BELT	•						
		God. 1 God. 2								
		Helmet Use	Helmet Compliance							
			Tomat compliance							
		Eye Protection	Tint Compliance Airbag							
_	_	Injury Severity								
2	9	<i>Injury</i> NO APPARENT INJURY								
		Ejected Ejection Path		Trapped/Extricated						
		Medical Transport	EMS Agency Identifier		EMS Run #					
		1	EMO Agency Identifier		Live Ruit #					
		NOT TRANSPORTED								
		NOT TRANSPORTED Hospital	Date of Death		Time of Death					
		NOT TRANSPORTED Hospital	Date of Death		Time of Death					

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Crash Date 01/25/2020

Crash Time 06:25 PM

		Distracted By	Distracted By Source					
		Distracted By Action						
	,	Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
UNIT	INDIVIDUAL							
	IND							
		Action Other						To/From School
								TO/TTOIN SCHOOL
	L	Drug & Alcohol NO			Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Ty				Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
5	001	Drug Type						
		Individual Condition						
APPEARED NORMAL								