

6TL0B7D6SD

20-01623

# 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 <b>20-01623</b>		Investigating Officer/Deputy <b>DEPUTY A. SUKOWATEY</b>	
Crash Date <b>02/12/2020</b>		Crash Time <b>10:00 PM</b>		Date Arrived <b>02/12/2020</b>		Time Arrived <b>10:08 PM</b>	
Date Notified <b>02/12/2020</b>		Time Notified <b>10:00 PM</b>		Total Units <b>01</b>		Total Injured <b>00</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
		Photos By
		Additional Information <b>NONE</b>

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

THE OPERATOR OF UNIT ONE WAS TRAVELING NORTH ON HWY 12 AT N. REEDSBURG ROAD WHEN HE LOST CONTROL OF THE MOTOR VEHICLE DUE TO ICY/SNOW CONDITIONS. HE BEGAN TO SPIN AND COLLIDED WITH THE TRAFFIC BARRIER ON THE WEST SIDE OF THE ROADWAY. BOTH THE OPERATOR AND THE PASSENGER CLAIMED NO INJURIES. OPERATOR HAD VALID INTERNATIONAL LICENSE THROUGH COSTA RICA.

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**Location**

INTERSECTION ON USH12 WB AT N REEDSBURG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.532423441</b>	Longitude <b>-89.786995371</b>
	X Coordinate <b>274803.15625</b>	Y Coordinate <b>4823716</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>CONCRETE TRAFFIC BARRIER</b>		First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>SNOW</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</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**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements		
	Total Occs <b>2</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"/> Pre CrashTire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>		
	Most Harmful Event: Collision With <b>CONCRETE TRAFFIC BARRIER</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>AEP2346</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1FAFP53275A272326</b>		Make <b>FORD</b>	Year <b>2005</b>	Model <b>TAURUS</b>			
Color <b>TAN - TAN</b>		Body Style <b>SD - SEDAN</b>		Bus Use			
Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 12 - FRONT</b>					
Extent Of Damage <b>DISABLING DAMAGE</b>							

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BILLS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01	Owner Name <b>LEONARDO GARBONZO (608) 844-0724</b>		Owner Address <b>177 FOREST DRIVE WISCONSIN DELLS, WI 53965 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>CONCRETE TRAFFIC BARRIER</b>		
	Event			
	Event			
	Event			
04	<b>Policy Holder</b>			
	Insurance Company <b>DAIRYLAND-INS-CO</b>		Individual <b>LEONARDO GARBONZO</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>LEONARDO GARBONZO (608) 844-0724</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>177 FOREST DRIVE WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>HISPANIC</b>
			Driver License Number <b>STATE: OTHER JURISDICTION COUNTRY: COSTA RICA</b>	
01	<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	INDIVIDUAL	<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>JIMENEZ EMEL CORTEZ (608) 844-0724</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>177 FOREST DRIVE WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>HISPANIC</b>
				Driver License Number	
		01	002	<b>Safety Equipment</b>	On Duty Crash
Row <b>01 - FRONT 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					
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		<b>Drug &amp; Alcohol</b>			
01	002	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>			