

6TL0C884FJ
20-05732

Wisconsin Motor Vehicle
Crash Report

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

6TL0C884FJ

Document Number Override		Primary Crash Document #		Agency Crash Number 20-05732		Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 06/15/2020		Crash Time 01:15 PM		Date Arrived 06/15/2020		Time Arrived 01:23 PM	
Date Notified 06/15/2020		Time Notified 01:17 PM		Total Units 03		Total Injured 03	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input checked="" 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

Location					
ON USH12 WB 0.27 MI N OF CTHC NB IN THE TOWN OF SUMPTER IN SAUK COUNTY		Latitude 43.36152213	Longitude -89.7686348	Lat/Long Source TLT/ILT	Access Control
		X Coordinate 275655.5625	Y Coordinate 4804685.5	On Roadway Link ID# 5320154	On Roadway Link Offset 1354
		Override <input type="checkbox"/>	Tribal Land	Structure Type NO STRUCTURE	

Crash Scene	
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT
Road Surface Condition(s) DRY	Environment Factor(s) NONE
Roadway Factor(s) WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)	Weather Condition(s) CLOUDY
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION
Tribal Land	Access Control NO CONTROL
Within Interchange Area NO	Junction Location NON-JUNCTION
	Intersection Type NOT AN INTERSECTION
Work Zone Crash Location ACTIVITY AREA	Work Zone Crash Type WORK ON SHOULDER OR MEDIAN
Workers Present NO	Law Enforcement Present NO
Work Zone Speed Limit 55	Advisory/Regulatory Speed Limit ADVISORY
	Normal Posted Speed Limit 55

Unit Summary		
Unit Status IN TRANSIT	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 1
Insurance? YES	Direction Of Travel NORTHBOUND	Total Trailers 0
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	<input type="checkbox"/> Pre Crash Tire Mark	Total HazMat Types 0
	Speed Limit 55	Total Lanes 2
	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE

01
UNIT

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01	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
01 UNIT INDIVIDUAL 01	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address	
	Individual Type INDIVIDUAL		Last Name RUSSELL		First Name TIFFENY	
	Middle Initial AUSTIN		Suffix		Street Address S9904 CTH E	
	Street Address 2		PO Box		City SAUK CITY	
	State WI		Zip Code 53583		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex F		Race W	
	Hair BLACK		Eyes BROWN		Height 500	
	Weight 130		Phone Number		Driver's License Number [REDACTED]	
	State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2024	
	Equipment		On Duty Accident		Safety Equipment	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance		Eye Protection	
	Tint Compliance		Injury		Injury Severity POSSIBLE INJURY	
	Airbag DEPLOYED-FRONT		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA	
Trapped/Extricated NOT TRAPPED		Medical Transport EMS GROUND		EMS Agency Identifier 508		
EMS Run #		Hospital SAUK PRAIRIE HOSP		Date of Death		
Time of Death		Non Motorist		Striking Unit #		
Location		To/From School		Prior Action		
Action		Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK)		Distracted By Source UNKNOWN		
Action Other		Drug & Alcoh		Individual Condition APPEARED NORMAL		
Suspected Alcohol Use NO		Suspected Drug Use NO				

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UNIT INDIVIDUAL	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					
UNIT 01 VEHICLE	License Plate Number 833ZYP	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number 1FMDK05W38GA05359		Year 2008	Make FORD		
	Model TAURUS X S	Body Style UT - SPORT UTILITY VEHICLE	Color BLU - BLUE			
	Initial Contact Point 12 - FRONT	Vehicle Damage 12 - FRONT				
	Extent Of Damage DISABLING DAMAGE	Vehicle Factors NOT APPLICABLE				
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Driver Prior Action Other				
	Vehicle Removed By EVERETTS TOWING	Bus Use				
	What Driver Was Doing GOING STRAIGHT	Driver Actions FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER				
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address			
	Organization Type INDIVIDUAL	Company Name				
Last Name RUSSELL	First Name TIFFENY	Middle AUSTIN	Suffix	Date of Birth [REDACTED]		
Street Address S9904 CTH E	Street Address2		PO Box			
City SAUK CITY	St WI	Zip Code 53583	Country of Residence UNITED STATES			
Telephone Number (608) 393-0121 EXT.						
01	Event MOTOR VEH IN TRANSPORT					
02	Event					
03	Event					
04	Event					
01	UTC Number BD759408	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL		
01	Insurance Company ALLSTATE-INS-CO	<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver		
	Organization Type	Last Name	First Name	Policy Holder Company		

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UNIT	HOL	INDIVIDUAL	RUSSELL	TIFFENY	
	Unit Summary				
02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements	
UNIT	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
02	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 NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
02	Truck Bus or HazMat NO				
02	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name VANDRE		First Name ANNELIESE		Middle Initial K
UNIT	Street Address N4024 51ST ST		Street Address 2		PO Box
	City MAUSTON		State WI	Zip Code 53948	Country of Residence UNITED STATES
INDIVIDUAL	DOB	Sex F	Race W	Hair BROWN	Eyes GREEN
				Height 511	Weight 152
02	Driver's License Number		State WI	License Jurisdiction STATE	Country of Issuance UNITED STATES
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2022
02	<i>Equipment</i>		On Duty Accident		
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		
INDIVIDUAL	Helmet Use		SHOULDER & LAP BELT		
	Eye Protection		Helmet Compliance		
02	<i>Injury</i>		Injury Severity POSSIBLE INJURY		
	Ejected NOT EJECTED		Airbag NON DEPLOYED		Ejection Path NOT EJECTED/NOT APPLICA
UNIT	Medical Transport EMS GROUND		Trapped/Extricated NOT TRAPPED		EMS Agency Identifier 510
	Hospital ST CLARE'S HOSPITAL		EMS Run #		Date of Death
02	<i>Non Motorist</i>		Striking Unit #		Location
	Prior Action		To/From School		
02	Distracted By Action NOT DISTRACTED		Action		
	Distracted By Source				

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UNIT INDIVIDUAL	NOT APPLICABLE (NOT DISTRACTED)		Action Other			
	Drug & Alcohol	Individual Condition APPEARED NORMAL				
	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					
	License Plate Number 697ZDP		Plate Type AUT - AUTOMOBILE	St WI	Country of issuance UNITED STATES	
	Vehicle Identification Number KL4CJ1SB0KB835631		Year 2019	Make BUICK		
	Model ENCORE		Body Style UT - SPORT UTILITY VEHICLE		Color GRY - GRAY	
	Initial Contact Point 06 - REAR	Vehicle Damage				
Extent Of Damage FUNCTIONAL DAMAGE	06 - REAR, 12 - FRONT					
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Factors					
Vehicle Removed By BILLS TOWING	NOT APPLICABLE					
What Driver Was Doing GOING STRAIGHT	Driver Prior Action Other		Bus Use			
Driver Actions NO CONTRIBUTING ACTION						
<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address			
Organization Type INDIVIDUAL		Company Name				
Last Name VANDRE	First Name ANNELIESE		Middle K	Suffix Date of Birth [REDACTED]		
Street Address N4624 51ST ST		Street Address2		PO Box		
City MAUSTON	St WI	Zip Code 53948		Country of Residence UNITED STATES		
Telephone Number (608) 415-2624 EXT.						
01	Event MOTOR VEH IN TRANSPORT					
02	Event MOTOR VEH IN TRANSPORT					
03	Event					

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UNIT HOL 02	Event			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
	Organization Type INDIVIDUAL	Last Name VANDRE	First Name ANNELIESE	Policy Holder Company

Unit Summary

03	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
	Vehicle Type PASSENGER VAN		Operating As Endorsements
UNIT	Total Occs 6	Train/Bus # Recorded	Total # Citations Issued 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION
03	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL
	Truck Bus or HazMat NO		

03	Role DRIVER	Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name GARCIA BAUTISTA	First Name HECTOR	Middle Initial	Suffix
UNIT	Street Address S7659 US HIGHWAY 12 LOT P-1		PO Box	
	City NORTH FREEDOM	State WI	Zip Code 53951	Country of Residence UNITED STATES
	DOB [REDACTED]	Sex M	Race H	Weight 198
INDIVIDUAL	Driver's License Number [REDACTED]		State WI	License Jurisdiction STATE
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE	DL Expire Year 2024
	Equipment	On Duty Accident	Safety Equipment	
03	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #
UNIT	Hospital	Date of Death	Time of Death	
	Non Motorist	Striking Unit #	Location	To/From School

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UNIT 03	Prior Action		Action					
	Distracted By Action NOT DISTRACTED							
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Action Other					
UNIT INDIVIDUAL 03	Drug & Alcohol		Individual Condition APPEARED NORMAL					
	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							
UNIT INDIVIDUAL 04	Role PASSENGER		Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL			
	Last Name MARTINEZ OSORIO		First Name ELVIA		Middle Initial Suffix			
	Street Address S7559 US HIGHWAY 12 LOT P-1		Street Address 2		PO Box			
	City NORTH FREEDOM		State WI	Zip Code 53951	Country of Residence UNITED STATES			
	DOB [REDACTED]	Sex F	Race B	Hair BLACK	Eyes BROWN	Height 508	Weight 165	Phone Number (608) 844-9502 EXT.
	Driver's License Number		State	License Jurisdiction NOT LICENSED	Country of Issuance			
	License Type		License Status NOT LICENSED			DL Expire Year		
	Equipment		On Duty Accident					
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT		Safety Equipment SHOULDER & LAP BELT			
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
UNIT INDIVIDUAL 04	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED			
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist		Striking Unit #		Location		To/From School	
UNIT 04	Prior Action		Action					
	Distracted By Action							
	Distracted By Source		Action Other					

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UNIT INDIVIDUAL	Drug & Alcohol		Individual Condition APPEARED NORMAL		
	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	
UNIT 03 INDIVIDUAL	Drug Type				
	Role PASSENGER		Citations Issued 0	<input checked="" type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL
	Last Name GARCIA MARTINEZ		First Name GIOVANI		Middle Initial Suffix
	Street Address S7559 US HIGHWAY 12 LOT P-1		Street Address 2		PO Box
	City NORTH FREEDOM		State WI	Zip Code 53951	Country of Residence UNITED STATES
	DOB [REDACTED]	Sex M	Race H	Hair	Eyes
				Height	Weight
					Phone Number (608) 844-9502 EXT.
	Driver's License Number		State	License Jurisdiction NOT LICENSED	Country of Issuance
	License Type		License Status NOT LICENSED		DL Expire Year
UNIT 05 INDIVIDUAL	Equipment		On Duty Accident		
	Row 03 - THIRD ROW		Seat Position 09 - RIGHT		
	Helmet Use		SHOULDER & LAP BELT		
	Eye Protection		Helmet Compliance		
	Tint Compliance		Safety Equipment		
	Injury		Injury Severity NO APPARENT INJURY		
	Airbag NON DEPLOYED		Ejection Path NOT EJECTED/NOT APPLICABLE		
	Trapped/Extricated NOT TRAPPED		Ejected NOT EJECTED		
	EMS Agency Identifier		EMS Run #		
	Medical Transport NOT TRANSPORTED		Hospital		
UNIT 05 INDIVIDUAL	Date of Death		Time of Death		
	Non Motorist		Striking Unit #		
	Location		To/From School		
	Prior Action		Action		
	Distracted By Action		Action Other		
	Distracted By Source				
	Drug & Alcohol		Individual Condition APPEARED NORMAL		
	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	

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UNIT 03	Drug Type											
	Role PASSENGER					Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL		
	Last Name GARCIA MARTINEZ					First Name JHONATAN					Middle Initial	Suffix
	Street Address S7559 US HIGHWAY 12 LOT P-1					Street Address 2					PO Box	
	City NORTH FREEDOM					State WI		Zip Code 53951		Country of Residence UNITED STATES		
	DOB [REDACTED]		Sex M	Race H		Hair	Eyes	Height		Weight	Phone Number (608) 844-9502 EXT.	
	Driver's License Number					State		License Jurisdiction NOT LICENSED		Country of Issuance		
	License Type					License Status NOT LICENSED					DL Expire Year	
	Equipment		On Duty Accident			Safety Equipment						
	Row 03 - THIRD ROW		Seat Position 07 - LEFT			SHOULDER & LAP BELT						
UNIT 06	Helmet Use					Helmet Compliance						
	Eye Protection					Tint Compliance						
	Injury		Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED						
	Ejected NOT EJECTED					Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED				
	Medical Transport NOT TRANSPORTED					EMS Agency Identifier		EMS Run #				
	Hospital					Date of Death		Time of Death				
	Non Motorist		Striking Unit #			Location		To/From School				
	Prior Action					Action						
	Distracted By Action											
	Distracted By Source											
UNIT 06	Drug & Alcoh		Individual Condition APPEARED NORMAL									
	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				

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UNIT INDIVIDUAL 07	Drug Type									
	Role PASSENGER				Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name GARCIA MARTINEZ				First Name ATZIRIJ				Middle Initial	Suffix
	Street Address S7559 US HIGHWAY 12 LOT P-1				Street Address 2				PO Box	
	City NORTH FREEDOM				State WI		Zip Code 53951		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex M	Race H	Hair	Eyes	Height	Weight	Phone Number (608) 844-9502 EXT.	
	Driver's License Number				State		License Jurisdiction NOT LICENSED		Country of Issuance	
	License Type				License Status NOT LICENSED				DL Expire Year	
	Equipment		On Duty Accident			Safety Equipment				
	Row 02 - SECOND ROW		Seat Position 09 - RIGHT			BOOSTER SEAT				
UNIT INDIVIDUAL 07	Helmet Use				Helmet Compliance					
	Eye Protection				Tint Compliance					
	Injury		Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED				
	Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED		
	Medical Transport NOT TRANSPORTED				EMS Agency Identifier			EMS Run #		
	Hospital				Date of Death			Time of Death		
	Non-Motorist		Striking Unit #			Location			To/From School	
	Prior Action				Action					
	Distracted By Action				Action Other					
	Distracted By Source									
UNIT INDIVIDUAL	Drug & Alcoh		Individual Condition APPEARED NORMAL							
	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	

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UNIT 03	Drug Type									
	Role PASSENGER				Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name GARCIA MARTINEZ				First Name ITHZARAMIJ				Middle Initial	Suffix
	Street Address S7659 US HIGHWAY 12 LOT P-1				Street Address 2				PO Box	
	City NORTH FREEDOM				State WI		Zip Code 53951		Country of Residence UNITED STATES	
	DOB [REDACTED]		Sex F	Race H	Hair	Eyes	Height	Weight	Phone Number (608) 844-9502 EXT.	
	Driver's License Number				State		License Jurisdiction NOT LICENSED		Country of Issuance	
	License Type				License Status NOT LICENSED				DL Expire Year	
	Equipment		On Duty Accident			Safety Equipment				
	Row 02 - SECOND ROW		Seat Position 07 - LEFT			SHOULDER & LAP BELT				
Helmet Use										
Eye Protection										
Tint Compliance										
UNIT 08	Injury		Injury Severity POSSIBLE INJURY			Airbag NON DEPLOYED				
	Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICA			Trapped/Extricated NOT TRAPPED		
	Medical Transport EMS GROUND				EMS Agency Identifier 507			EMS Run #		
	Hospital SAUK PRAIRIE HOSP				Date of Death			Time of Death		
	Non Motorist		Striking Unit #			Location			To/From School	
	Prior Action				Action					
	Distracted By Action				Action Other					
	Distracted By Source				Action Other					
	Drug & Alcoh		Individual Condition APPEARED NORMAL							
	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			

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<p>Diagram</p> <div style="text-align: center; margin-top: 100px;"> </div>	<p>Reconstruction By</p> <hr/> <p>Photos By</p> <hr/> <p>Additional Information NONE</p>
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ON 06-15-20 UNIT 1,2,3 WERE ALL TRAVELING NORTH ON USH 12. UNIT 1 REAR ENDED UNIT 2 WHICH WAS PUSHED INTO THE REAR OF UNIT 3. UNIT 1 CAME TO REST IN THE LANE OF TRAFFIC. UNIT 2 PULLED AROUND UNIT 3 AND CAME TO REST ON THE EAST SIDE OF THE ROAD. UNIT 3 CAME TO REST ON THE EAST SIDE OF THE ROAD BETWEEN UNIT 1 AND UNIT 2.

Signature _____

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

Law Enforcement Agency _____

Agency Space 20-05732				
Officer Rank DEP	Officer Last Name SUTHERLAND	Officer First Name T	Officer Middle Name	Suffix
DOT Officer ID 9195	DNR Officer ID		Officer Badge Number 9195	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN			TAS Agency Name SAUK COUNTY SHERIFF	
Law Enforcement Agency Street Address 1300 LANGE COURT			Law Enforcement Agency Street Address2	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		

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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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