Wisconsin Motor Vehicle Crash Report

	Document Number Overrio	Primary Crash Document #			rash Numbei 8	•	Investigating Officer/Deputy DEPUTY A. MEEKER								
> 9	Orash Date 08/18/2020	Time AM		Date Arrived 08/18/2020			Time Arrived 03:32 AM								
0D9426V	Date Notified 08/18/2020	-	Time Notified 03:19 AM			S		Total Injured 01	Total Kill	ed					
	On Emergency	Hit and R	un 🔲 Laı	ne Clos		Work Z	one	Trailer or 1	Γowed		Reporting Threshold				
6TL	Government Property		ctive School Zo	ne	NO School Bu	us Related		Tags							
	Reportable	Type 00 (STANDARD	CRASI	H)			Amended		Secondary Crash						
	Location											•			
	ON CTHH NB			Lati	tude	Longitude		Lat/LongSource	Acc	cess Cont	trol				
	254 FT S OF BIRCHWOOD RD		43.	61693829	-89.8289	9520	GPS								
	IN THE TOWN OF DEL		oordinate 1732.5312	Y Coordir 4833217		On Roadway Link IDa 4565510	417	7	/ Link Offset						
				Ov	verride	Tribal Lar	nd		Str	ucture Typ	ре				
	Crash Scene ■			•					•						
	First Harmful Event			Firs	t Harmful Ev	ent Location									
	TREE			OF	F ROADW	AY, LOCA	TION U	NKNOWN							
	Manner of Collision			Ligh	nt Condition										
	00 - NO COLLISION W	/VEHICLE IN	TRANSPORT	DA	DARK/UNLIT										
	Road Surface Condition(s)			Env	Environment Factor(s)										
	DRY	RY					NONE								
	Roadway Factor(s)			Wea	ather Condit	ion(s)						_			
	NONE	CLI	CLEAR												
	Animal Type		Relation To Trafficway TRAFFICWAY - NOT ON ROAD Crash Classification - Jurisdiction												
	Crash Classification - Loca	Cras													
	PUBLIC PROPERTY			NO SPECIAL JURISD			DICTION								
	Tribal Land		Access Control NO CONTROL			Special Study									
	Within Interchange Area	Junction Lo	ocation	· ·	In	tersection Ty	ре					_			
	NO	NON-JUN	ICTION		N	OT AN INT	ERSEC	TION							
	Unit Summary														
	Unit Status		Vehicle Oper	rating As	Classification	n	Unit Ty	/ре				_			
	IN TRANSIT		D CLASS				AUTO	MOBILE							
0	Vehicle Type PASSENGER CAR		, <u> </u>				Operat	ting As Endorsements							
	Total Occs Train/E	Bus # Recorded	Total # Citati	ons Issue	ed	Total Traile	ers	Total HazMat Ty 0	pes						
LIND		on Of Travel		CrashTii Mark	re	Speed Lim	it	Total Lanes 02				_			
Ś	Most Harmful Event: Collision With TREE Special Function NO SPECIAL			tion AL FUN	ICTION	1	Emerg NOT	mergency Motor Vehicle Use OT APPLICABLE							
	Traffic Way Traffic Control TWO-WAY, NOT DIVIDED NO CONTR							Traffic Control Inoperative/Missing NO							
	Surface Type		Road Curvat				Road Grade					_			
	BLACKTOP (BITUMIN	OUS)	CURVE LE				LEVE								
5	Truck Bus or HazMat	<u> </u>					I					_			

Wisconsin Motor Vehicle Crash Report

_		Role DRIVER	Citations Issued 05 Use Driver Address			Individual Type INDIVIDUAL							
5	01	Last Name SALAZAR MIGUE	First Name ERICK			Middle Initial Suffix							
		Street Address 638 COMMERCIA	Street Address 2	2			PO Box						
_	JAL	City WISCONSIN DELL	State WI		Zip Code 53965		Country of F						
LIND	INDIVIDUAL	DOB	Sex M	Race H	Hair BROWN	Eyes BRO		Height 506	Weight 160	Phone I	Number		
	IND	Driver's License Num	ber		State		License Ju NOT LICI		Country of Issuance				
		License Type NON-CDL DRIVER	R'S LICENS	E	License Status NOT LICENSI	ED			DL Expire Y	ear/			
		Equipment	On Duty Acc		Safety Equipme	nt							
		Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOULDER 8	& LAP	BELT						
	01	Helmet Use		<u> </u>	Helmet Complia	nce							
		Eye Protection		Tint Compliance	:								
		Injury	Airbag DEPLOYED-FRONT										
╘	UAL	Ejected NOT EJECTED				Ejection Path Trapped/E NOT EJECTED/NOT APPLICA NOT TRA							
LIND	INDIVIDUAL	MedicalTransport EMS GROUND	EMS Agency Ide 6000123	entifier		EMS Run	#						
	Z	Hospital ST CLARE HOSP	Date of Death			Time of De	eath						
		Non Motorist	Location			To/FromSo	chool						
		Prior Action			Action								
	01	Distracted By Action NOT DISTRACTED	D										
		Distracted By Source NOT APPLICABLE		TRACTED)	Action Other								
		Drug & Alcoh	Individual Co	ondition HE INFLUENCE OF M	IEDICATIONS/	DRUGS	S/ ALCOH	IOL					
	AL	Suspected Alcohol Us	Suspected Drug Use NO										
E NO	NDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	l				Alcohol Test Results						
٦	INDI	Drug Test Given TEST NOT GIVEN				Drug Test Results							
		Drug Type											
_ '		Role PASSENGER			Citations Issued 0			se Driver Address	Individual T				
2	02	Last Name MIGUEL			First Name GABRIEL	1		Middle Initia	al	Suffix			
		Street Address UNKNOWN			Street Address 2	2			PO Box	PO Box			
			I			Country of Residence UNITED STATES							

Wisconsin Motor Vehicle Crash Report

⊨	INDIVIDUAL		I -	I.B.	Livi	T-		Lucia	I				
UNIT	IVID	DOB	Sex M	Race H	Hair UNKNOW	Eyes UNK	NOWN	Height	Weight	Phone	Number		
	IND	Driver's License Number			State	•	License J	ursidiction	Country o	f Issuanc	е		
		License Type	License Status				DL Expire	Year					
		Equipment	On Duty Ad	ccident	Safety Equipment								
		Row	<u> </u>	RESTRAINT	USE U	INKNOWI	N						
	02	01 - FRONT ROW Helmet Use		09 - RIGHT	Helmet Complia	ance) 				
		Eye Protection	Tint Compliance										
		,	I Inium Cour	wide a				<u> </u>					
		Injury Severity NO APPARENT INJURY			Airbag DEPLOYED-I	FRON	г						
⊢	UA	Ejected NOT EJECTED	Ejection Path NOT EJECTE	D/NO	T APPLIC	Trapped/E A NOT TRA							
LNO	INDIVIDUAL	MedicalTransport			EMS Agency Id			EMS Run					
	IND	NOT TRANSPORT	Date of Death		Time of De	eath							
						7.5							
		Non Motorist Striking Unit #			Location			To/FromSo	cnool				
		Prior Action	Action										
	02	Distracted By Action											
		Distracted By Source	Action Other										
			Individual (Condition									
		Drug & Alcoh	APPEAR	ED NORMAL	I 0								
	JAL	Suspected Alcohol Us NO	Suspected Drug NO	guse									
UNIT	IDIVIDUAL	Alcohol Test Given TEST NOT GIVEN				Alcohol Test Results							
	INDI	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	t Results			
		Drug Type							<u> </u>				
		Role	Citations Issued	<u> </u>	1 11	se Driver	Individual	Type					
5		PASSENGER			O Sinch Name		Address	INDIVIDUAL					
_	03	Last Name GUZMAN			First Name CARLOS			Middle Ini	tiai 	Suffix			
		Street Address UNKNOWN			Street Address	2			PO Box				
		City WISCONSIN DELI	LS		State Zip Code WI 53965				Country of Residence UNITED STATES				

Wisconsin Motor Vehicle Crash Report

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

	١٩٢											
L N O	NDIVIDUAL	DOB	Sex M	Race H	Hair UNKNOW	Eyes UNK	NOWN	Height	Weight	Phone Number		
	IND	Driver's License Number			State License Jui			lursidiction	Country	of Issuance		
		License Type	License Status	, i			DL Expi	e Year				
		Equipment	Safety Equipment									
	03	Row 02 - SECOND RO	RESTRAINT	USE U	NKNOW	'n						
	0	Helmet Use			Helmet Compli	iance						
		Eye Protection			Tint Compliand	ce						
	Ţ	Injury	NO ALL AREIT INCORT			YED	X					
L N O	DUA	Ejected NOT EJECTED	Ejection Path NOT EJECT	ED/NOT	T APPLIC		red/Extricated					
5	INDIVIDUAL	MedicalTransport NOT TRANSPORTED			EMS Agency Identifier EMS I				₹un #			
	=	Hospital	Date of Death Time of I				of Death	Death				
		Non Motorist	Location			To/Fr	romSchool					
	3	Prior Action			Action							
	03	Distracted By Action										
		Distracted By Source	•		Action Other							
		Drug & Alcoh	Individual APPEAR	Condition ED NORMAL	_ -							
	JAL	Suspected Alcohol U NO	se		Suspected Dru NO	ıg Use						
L N O	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN					Alcohol	Alcohol Test Results				
	IND	Drug Test Given TEST NOT GIVEN					Drug Te	Drug Test Results				
		Drug Type										
		License Plate Number	License Plate Number 139YCF				E	St WI	Country of Is:			
		Vehicle Identification 1G8ZS57N37F164			•			Year 2007	Make SATURN			
		Model AURA			Body Style SD - SEDAN	l			Color WHI - WHI			
		Initial Contact Point 12 - FRONT							1			

4 of 7

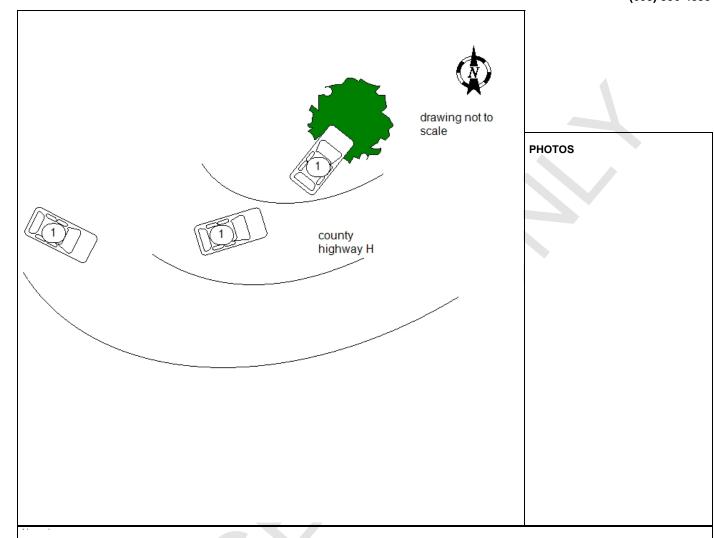
Wisconsin Motor Vehicle Crash Report

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

						Vehicle Damage							
7	Extent Of Damage DISABLING DAMAGE						15 - ALL AREAS						
	Towed Due To Damage						tors			A			
		TOWED DUE TO DISABLING DAMAGE Vehicle Removed By					LICABLE						
		PLATTS WRECKE				D . D .	A 11 O11		15 11				
		What Driver Was Doing				Driver Prior	Action Other		Bus Us	e			
	ш	NEGOTIATING CU Driver Actions	JKVE										
LIND	VEHICLE	FAILURE TO CON	ITROL, RAN C	OFF ROAD	WAY, FA	AILED TO KEEP IN DESIGNATED LANE							
		Vehicle Owne	r Same As Op				Use Op	erator Ado	Iress				
		Organization Type INDIVIDUAL			any Name	е							
		Last Name MIGUEL		First N MEL				Middle M	Suffix	Date of Birth			
		Street Address			Address2	2		PO Box					
		1401 SPRUCE DR	1	Sileei	Audiess2	2		ГОВОХ					
		City		St	Zip Co	de		Country of	Residence				
		BARABOO		WI	53913	3		UNITED S	STATES				
		Telephone Number (608) 393-9959 EX	αт.										
	Event RUN OFF ROADWAY LEFT												
	02	Event TREE											
	03	Event											
	04	Event											
01	٦	UTC Number BG112158	Issue To? 001	Statute Nur 346.63(1)	mber (b)	Description OPERA	on TING W/PAC	>= .02 UN	IDER IID OR	DER (2ND)			
01	02	UTC Number BG112159	Issue To?	Statute Nur 346.57(2)	mber	Description FAILURE TO KEEP VEHICLE UNDER CONTROL							
01	03	UTC Number BG112160	Issue To?	Statute Nur 343.05(3)		Description OPERATE W/O VALID LICENSE (1ST VIOLATION)							
01	04	UTC Number					Description OPERATE MOTOR VEHICLE W/O INSURANCE						
01	05	UTC Number BG112162	Issue To? 001	mber I)	Description IID TAMPERING/FAIL TO INSTALL/VIOLATE COURT ORDER								
ĺ	Des	cription											
	Diag	ram								Reconstruction By			
										Photos By OFC. HAZARD			
										Additional Information			
										Auulii0Hal IIII0HHali0H			

Wisconsin Motor Vehicle Crash Report

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



UNIT #1 WAS TRAVELING EAST BOUND ON CTH H NEGOTIATING THE CURVE. UNIT #1 RAN OFF THE ROADWAY TO THE LEFT LEAVING THE ROAD AND STRIKING A TREE. UNIT #1 HAD DISABLING DAMAGE AND WAS REMOVED BY PLATT'S WRECKER SERVICE. DRIVER WAS ARRESTED FOR AN OWI RELATED OFFENSE PLEASE SEE CASE #20-10208 FOR FURTHER INFORMATION. PASSENGERS LEFT THE SCENE PRIOR TO LAW ENFORCEMENT ARRIVAL.

Signature

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

Law Enforcement Agency Agency Space Officer Middle Name Officer Rank Officer Last Name Officer First Name Suffix DEP **ANDREW MEEKER** DOT Officer ID **DNR Officer ID** Officer Badge Number 9158 9158 Officer EMail Local Agency Number Law Enforcement Agency Jurisdiction Law Enforcement Agency type **COUNTY SHERIFF SAUK** Law Enforcement Agency Name TAS Agency Name SAUK COUNTY SHERIFFS DEPARTMEN SAUK COUNTY SHERIFF Law Enforcement Agency Street Address Law Enforcement Agency Street Address2 1300 LANGE COURT Law Enforcement Agency City LEA State Law Enforcement Agency Zip Code **BARABOO** WI 53913

Wisconsin Motor Vehicle Crash Report

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