

6TL0C9H5JQ

20-10575

Wisconsin Motor Vehicle Crash Report

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

| | | | | | | | | |
|---|--|--|---|--|--|--|----------------------|--|
| UNIT 01 INDIVIDUAL | Role DRIVER | | Citations Issued 0 | <input type="checkbox"/> Use Driver Address | | Individual Type | | |
| | Last Name JIMENEZ-MENDEZ | | First Name JOSE | | Middle Initial M | Suffix | | |
| | Street Address 209 SPRUCE ST | | Street Address 2 | | PO Box | | | |
| | City SAUK CITY | | State WI | Zip Code 53583 | | Country of Residence UNITED STATES | | |
| | DOB | Sex M | Race H | Hair BLACK | Eyes BROWN | Height 511 | Weight 182 | Phone Number (608) 370-4958 EXT. |
| | 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 2025 | | | |
| | 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 | | | | | | |
| UNIT 01 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 # | | | |
| | Hospital | | Date of Death | | Time of Death | | | |
| | Non Motorist | Striking Unit # | | Location | | To/From School | | |
| | Prior Action | | Action | | | | | |
| | Distracted By Action NOT DISTRACTED | | | | | | | |
| | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | 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 | | |
| Drug Type | | | | | | | | |
| UNIT 02 INDIVIDUAL | Role PASSENGER | | Citations Issued 0 | <input checked="" type="checkbox"/> Use Driver Address | | Individual Type INDIVIDUAL | | |
| | Last Name GAYTAN GAMBOA | | First Name KAREN | | Middle Initial E | Suffix | | |
| | Street Address 209 SPRUCE ST | | Street Address 2 | | PO Box | | | |
| | City SAUK CITY | | State WI | Zip Code 53583 | | Country of Residence UNITED STATES | | |

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UNIT
INDIVIDUALUNIT
INDIVIDUAL

02

UNIT
INDIVIDUAL

| | | | | | | | |
|--|--|-------------------|--|--------------------------------------|--|---|--|
| DOB | Sex F | Race H | Hair BLACK | Eyes BROWN | Height 502 | Weight 136 | Phone Number (608) 643-9343 EXT. |
| Driver's License Number | | | State WI | License Jurisdiction STATE | | Country of Issuance UNITED STATES | |
| License Type NON-CDL RESTRICTED DRIVER'S LICENSE | | | License Status EXPIRED | | | DL Expire Year 2016 | |
| Equipment | On Duty Accident | | Safety Equipment | | | | |
| Row 15 - UNENCLOSED CAR | Seat Position | | NONE USED - VEHICLE OCCUPANT | | | | |
| Helmet Use | | | Helmet Compliance | | | | |
| Eye Protection | | | Tint Compliance | | | | |
| Injury | Injury Severity SUSPECTED SERIOUS INJU | | Airbag NON DEPLOYED | | | | |
| Ejected TOTALLY EJECTED | | | Ejection Path OTHER PATH (E.G., BACK O | | Trapped/Extricated NOT TRAPPED | | |
| Medical Transport EMS GROUND | | | EMS Agency Identifier 6000368 | | EMS Run # | | |
| Hospital ST CLARE HOSP | | | Date of Death | | Time of Death | | |
| Non Motorist | Striking Unit # | | Location | | To/From School | | |
| Prior Action | | | Action | | | | |
| Distracted By Action | | | | | | | |
| 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 | |
| Drug Type | | | | | | | |
| License Plate Number NG9646 | | | Plate Type LTk - LIGHT TRUCK | | St WI | Country of Issuance UNITED STATES | |
| Vehicle Identification Number 1FTEW1EP6JKD78796 | | | | | Year 2018 | Make FORD | |
| Model F150 | | | Body Style PK - PICKUP | | | Color RED - RED | |
| Initial Contact Point 00 - NON-COLLISION | | | | | | | |

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|--|--|---|---|--|-----------------------|-------------------|
| UNIT | 01 | Vehicle Damage | | | | |
| | | Extent Of Damage NO DAMAGE | 00 - NO DAMAGE | | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Factors | | | |
| | | Vehicle Removed By | NOT APPLICABLE | | | |
| | VEHICLE | What Driver Was Doing GOING STRAIGHT | Driver Prior Action Other | Bus Use | | |
| | | Driver Actions NO CONTRIBUTING ACTION | | | | |
| | | <input type="checkbox"/> Vehicle Owner Same As Operator | | <input checked="" type="checkbox"/> Use Operator Address | | |
| | | Organization Type INDIVIDUAL | Company Name | | | |
| | | Last Name JIMENEZ | First Name URBINA | Middle F | Suffix | Date of Birth |
| | | Street Address 209 SPRUCE ST | Street Address2 | PO Box | | |
| City SAUK CITY | St WI | Zip Code 53583 | Country of Residence UNITED STATES | | | |
| Telephone Number (608) 370-4959 EXT. | | | | | | |
| 01 | Event FELL/JUMPED FROM MOTOR VEHICLE | | | | | |
| | 02 | Event | | | | |
| | 03 | Event | | | | |
| | 04 | Event | | | | |
| UNIT | HOL 01 | Insurance Company PROGRESSIVE-CASUALTY-INS-CO | <input checked="" type="checkbox"/> Policy Holder Same As Owner | <input type="checkbox"/> Policy Holder Same As Driver | | |
| | | Organization Type INDIVIDUAL | Last Name JIMENEZ | First Name URBINA | Policy Holder Company | |

Description

Diagram

Reconstruction By

Photos By

Additional Information

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NOT TO SCALE

ON THE ABOVE DATE AND TIME UNIT 1 WAS TRAVELING WESTBOUND ON HWY 12. UNIT 1'S PASSENGER WAS IN THE OPEN BED OF THE TRUCK HOLDING COUCHES IN PLACE. THE DRIVER OF UNIT 1 STATED HE HIT A BUMP AND THE PASSENGER, ALONG WITH TWO COUCHES, FELL OUT OF THE BED OF THE TRUCK. THE PASSENGER RECEIVED SERIOUS INJURIES AND WAS TRANSPORTED TO ST. CLARE'S HOSPITAL.

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 Rank DEP | Officer Last Name TATE | Officer First Name MATTHEW | Officer Middle Name J | Suffix |
| DOT Officer ID 9105 | | DNR Officer ID | Officer Badge Number 9105 | |
| Officer EMail | | | | |
| Local Agency Number | Law Enforcement Agency Jurisdiction SAUK | | Law Enforcement Agency type COUNTY SHERIFF | |
| Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPT | | 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 |
|---|--------------------------------|-----------------------------|-----------------------------------|

OFFICE USE ONLY