20-10575

Wisconsin Motor Vehicle Crash Report

	Document Number Override Primary 0			sh Document #		Agency C 20-1057		Number		Investigating Officer/E	· · ·				
g	Crash Date 08/28/2020					Date Arriv 08/28/20				Time Arrived 10:16 PM					
15	Date Notified	ł	Total Units					Total Injured To	tal Killed						
9	08/28/2020	10:03 PM		(01				01 00						
-осэн5ла	On Emergency	Hit	and Run		Closure			Work Zone		Trailer or Towed		Reporting Threshold			
6TL	Governme Property			School Zone		School B NO	us Rel	lated		Tags					
				TANDARD CF	RASH)						[Secondary Crash			
	Location														
	ON USH12 WB 0.29 MI S				Latitud			ongitude		t/LongSource	Access	Control			
	OF SKILLET CREE	KRD				152605		9.775095		T/ILT	On Dee	dway Link Offact			
	IN THE TOWN OF E	BARABOO				rdinate 30.9062		Coordinate 812478		Roadway Link ID# 91490	1554	dway Link Offset			
	IN SAUK COUNTY							ribal Land			Structur	re Type			
					Overr	ide					NO ST	NO STRUCTURE			
Ó	Crash Scene				•		-	-							
	First Harmful Event					armful Ev		ocation							
	FELL/JUMPED FROM MOTOR VEHICLE					OADWA									
	Manner of Collision 00 - NO COLLISIO				Ŭ										
	Road Surface Condition			13FUR I	DARK/UNLIT Environment Factor(s)										
		511(0)													
	DRY					NONE									
	Roadway Factor(s)				Weather Condition(s)										
	NONE					CLEAR									
	Animal Type	Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD									
	Crash Classification - I	Location			Crash Classification - Jurisdiction										
	PUBLIC PROPERT	ΓY			NO SPECIAL JURISDIC				ΓΙΟΝ						
	Tribal Land				Access Control NO CONTROL Intersection Type				Special Study e						
	Within Interchange Are	n Interchange Area Junction Loo						ction Type							
	NO	NC	N-JUNCTIC	N	NOT AN INTERSECTION										
	Unit Summary														
	Unit Status Vehicle Op IN TRANSIT D CLASS				ing As Classification				Unit Type TRUCK						
01	Vehicle Type UTILITY TRUCK/PICKUP TRUCK							C	Operating	ating As Endorsements					
	Total Occs Tr 2	ain/Bus # Re		Total # Citations 0	Issued		Tot 0	tal Trailers		Total HazMat Types 0					
UNIT	Insurance? Direction Of Travel YES WESTBOUND			Pre Cras			Spe 65	eed Limit		Total Lanes 4					
Ĵ	Most Harmful Event: C OTHER NON-COLI			Special Function		TION		Emergence NOT AP		ncy Motor Vehicle Use					
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRI			Traffic Control	<u> </u>				Traffic Control Inoperative/Missing						
	Surface Type Road Curvature BLACKTOP (BITUMINOUS) STRAIGHT							F	Road Grad	de					
01	Truck Bus or HazMat														

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_		Role DRIVER			Citations Issued 0			Use Driver Address		Individual Type		
0	01				First Name	1		Middle Init	tial	Suffix		
	-	JIMENEZ-MENDE	Ζ		JOSE Street Address 2				M PO Box			
		209 SPRUCE ST										
	AL	City SAUK CITY			State WI	Zip Code 53583		Country of UNITED				
UNIT	INDIVIDUAL	DOB	Sex M	Race H	Hair	Eyes BRO	H	eight 11	Weight 182	Phone	- Number 370-4958 EXT.	
	INDI	Driver's License Num	ber		State WI		License Jursi	idiction	Country of	f Issuanc	e	
		License Type NON-CDL DRIVER			License Status		UTATE		DL Expire			
			On Duty Acc		Safety Equipmen							
		Equipment Row		Seat Position	SHOULDER &		BEI T					
	5 01 - FRONT ROW 07 - LEFT				SHOOLDER &		DEET					
	Helmet Use				Helmet Complian	се						
		Eye Protection	Tint Compliance									
UNIT		Injury	Airbag NON DEPLOYED									
	UAL	Ejected NOT EJECTED		Ejection Path								
	INDIVIDUAL	MedicalTransport			EMS Agency Ider		NOT TRA EMS Run #					
	-	Hospital			Date of Death			Time of De	ath			
		Non Motorist	Location			To/FromSc	hool					
		Prior Action	•		Action							
	01	Distracted By Action	_									
		NOT DISTRACTE			Action Other							
		NOT APPLICABLE	E (NOT DIS									
		Drug & Alcoh	Individual Co	DINORMAL								
	AL	Suspected Alcohol Us	se		Suspected Drug I NO	Jse						
UNIT	INDIVIDUAL	Alcohol Test Given Alcohol Test Type TEST NOT GIVEN			1			Alcohol Test Results				
	INDI	Drug Test Given TEST NOT GIVEN		Drug Test Type				Drug Test Results				
		Drug Type										
		Role PASSENGER			Citations Issued			Driver dress	Individual			
2	02	Last Name GAYTAN GAMBO	First Name			Middle Init		Suffix				
		Street Address 209 SPRUCE ST			Street Address 2				PO Box			
		City			State		Zip Code		Country of			
SAUK CITY				WI		53583		UNITED STATES				

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	٩L												
UNIT	INDIVIDUAL	DOB	Sex F	Race H	Hair BLACK	Eyes BRO	WN	Height 502	Weig 136	nt	Phone Number (608) 643-9343 EXT.		
	INDI	Driver's License Number			State WI						f Issuance STATES		
		License Type NON-CDL RESTR	ICTED DR	IVER'S LICENSE	License Status EXPIRED					DL Expire Year 2016			
		Equipment	On Duty A	ccident	Safety Equipme	ent							
	02	Row 15 - UNENCLOSE	D CAR	Seat Position	NONE USED) - VEH	CLE O	CUPANT					
	0	Helmet Use			Helmet Complia	ance							
		Eye Protection			Tint Complianc	e							
	Ľ	Injury				Airbag NON DEPLOYED							
UNIT	INDIVIDUAL	Ejected TOTALLY EJECTE	OTHER PATH (E.G., BACK O				Trapped/Extricated NOT TRAPPED						
Б	NDIV	MedicalTransport EMS GROUND	EMS Agency Identifier 6000368				EMS Run #						
	-	Hospital ST CLARE HOSP	Date of Death										
		Non Motorist	Location			To/Fi	romSchool						
	02	Prior Action	-										
	•	Distracted By Action											
		Distracted By Source			Action Other								
		Drug & Alcoh		ED NORMAL									
L	UAL	Suspected Alcohol Us	se		Suspected Drug	g Use							
UNIT	JIVIDUAL	Alcohol Test Given Alcohol Test Type TEST NOT GIVEN Drug Test Given Drug Test Type								Alcohol Test Results Drug Test Results			
	INC	Drug Test Given											
		Drug Type											
		License Plate Numbe NG9646	Plate Type LTK - LIGHT	TRUC	St Country of Issu K WI UNITED STA								
		Vehicle Identification I			Year Ma					Make FORD			
		Model			-					Color			
		F150			PK - PICKUP RE					RED - RED			
		Initial Contact Point 00 - NON-COLLIS	ON										

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					V	ehicle Darr	nage						
01	01	Extent Of Damage			0	00 - NO DAMAGE							
		Towed Due To Damage				ehicle Fact	tors						
		NOT TOWED Vehicle Removed By				ΙΟΤ ΑΡΡΙ	ICABLE						
	What Driver Was Doing GOING STRAIGHT				C	Driver Prior Action Other Bus Us					ŝe		
HI Driver Actions NO CONTRIBUTING ACTION							-						
Vehicle Owner Same As Operator							✓ Use Ope	erator	Addres	s			
Organization Type Company Name INDIVIDUAL					any Name								
				First N			Middle Suffix			Date of Birth			
	JIMENEZ URBINA Street Address Street Add							PO Bo	ж				
	209 SPRUCE ST												
		City SAUK CITY		St WI	Zip Code 53583				untry of Residence				
		Telephone Number		VVI	53563	UNITED STATES							
		(608) 370-4959 EXT.											
	01	Event FELL/JUMPED FROM MOT	OR VEHI	CLE									
	02	Event											
	03	Event											
	04	Event											
₽		Insurance Company PROGRESSIVE-CASUALT	Y-INS-CO		X	Po Sa	licy Holder me As Owne	r [Polic	y Holde	r Same As Driver		
UNIT	S I Organization Type Last Name INDIVIDUAL JIMENEZ					First Name Policy Holder Comp URBINA					any		
]	Des	cription											
	Diag	ram									Reconstruction By		
											Photos By		
											Additional Information		

L0C9H5JQ 10575		Wisconsin Crasl	COUNTY SHERIFFS DEPARTMEN 1300 LANGE COUR BARABOO, WI 53913 (608) 356-489				
N				HWY 12		NONE	
			↑				
ON THE ABOVE DATE / COUCHES IN PLACE. T TRUCK. THE PASSENG	HE DRIVER OF UNIT	S TRAVELING WESTBOUN 1 STATED HE HIT A BUMP US INJURIES AND WAS TF	AND THE PASS	ENGER, ALON	IG WITH TWO COUC	OPEN BED OF HES, FELL OUT	THE TRUCK HOLDING OF THE BED OF THE
Signature ☑ I, a sworn law e Law Enforcemer		r, agree that I have no	t added any (CJIS data in	this report.		
Agency Space							
	Officer Last Name	Officer First MATTHEV		Office J	r Middle Name	Suffix	
DOT Officer ID 9105		DNR Officer ID		Office 9105	r Badge Number	·	
Officer EMail)	1					
Local Agency Number	Law Er	forcement Agency Jurisdic	tion		Law Enforcement A	gency type	
Law Enforcement Agen	SAUK		TAS Agency I		COUNTY SHERI		
SAUK COUNTY SH	ERIFFS DEPARTI	1EN	SAUK COU	NTY SHERI			
Law Enforcement Agen 1300 LANGE COUR			Law Enforcen	nent Agency S	Street Address2		
Law Enforcement Agen	cy City	LEA State	Law E		gency Zip Code		
		1	5551	-			

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