WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override								Total Killed 00 Towed Reporting Threshold Secondary Crash Leconstruction By		
Docun			Primary Crash D	Jocument#	21-059		Investigating DEPUTY J				
Orash 07/01			Crash Time 11:15 PM		Date Ar 07/01/2		Time Arrived				
Date N 07/01	Date Notified 07/01/2021		Time Notified 11:20 PM		Total Ur 02	nits	Total Injured	00			
Date N 07/01	On Emergency		and Run	Lane Closu		Work Zone	Trailer	Trailer or Towed			
	Government Property		Active Scl	hool Zone	School:	Bus Related	Tags	Sacondary			
V R	eportable		Crash Type DT4000 (STA	NDARD CRASH)		Amend	ed			
Desc	ription =										
¢	•	***************************************		USH 12							
			Unit 2 Storage	Shed	Additional Information NONE Not Drawn to Scale				ation		
Summer						l any CJIS data în ti					
UNIT 1		RLY SEC	CURE THE STORA			JSH 12 NEAR FERN DE WHILE DRIVING THE S				STIC STORAGE SHED. K UNIT 2, WHICH WAS	

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Crash Date 07/01/2021

Crash Time 11:15 PM

	Location —									
	ON USH12 EB				Latitude			Longitud	de	
	0.41 MI N	43.55294	7158		-89.786	5714178				
	OF SHADY LANE RD				X Coordin	ate		Y Coord	linate	
	IN THE TOWN OF DELTO IN SAUK COUNTY)N			274902.3125 4825995					
	IN SAUK COURT				Structure 1	Туре				
	Crash Scene									
	First Harmful Event				FirstHarm	ful Event l	ocation			
	CARGO/EQUIPMENT LO	ON ROA								
	Manner of Collision	Light Con-	dition							
	00 - NO COLLISION W/VE	DARK/U	NLIT							
	Road Surface Condition(s)	Roadway	Factor(s)							
	DRY									
	Environment Factor(s)				-					
	NONE				NONE					
	Weather Condition(s)									
	CLEAR									
	Animal Type			Relation To Trafficway TRAFFICWAY - ON			Relation To Trafficway			
							N ROAD	N ROAD		
	Crash Classification - Location	3			1		-Jurisdiction			
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION			In the control of the	
	Tribal Land			Access Control NO CONTROL			Special Study		Special Study	
	Within Interchange Area	Junction Location		Intersecti	tion Type N INTERSECTION					
	NO	NON-JUNCTION		NOT AN						
	Unit Summary 🗨									
	Unit Status		1	erating As C	Classification Unit Type					
	IN TRANSIT		D CLASS		AUTOMOBILE					
5	Vehicle Type PASSENGER CAR				Operating As Endorsements					
	Total Occs	Train/Bus#Recorded	Total#Cita	tions lesue	4	Total Tra	ailers Total HazMat Types		MatTypes	
	1	Trail#Bus#Trecorded	1	uuiis issuet		0	0		andt i ypes	
	Insurance?	5: 4: 017		CrashTire	`	Speed Li			es	
_	YES	SOUTHBOUND		Mark	•	65	4			
ξ	Most Harmful Event: Collision	With	SpecialFur				Emergency Motor Vehicle Use			
_	CARGO/EQUIPMENT LO	SS OR SHIFT	NO SPEC	IAL FUNC	TION		NOT APPLICABLE			
	Traffic Way		Traffic Con				Traffic Control Inoperative/Missing		tive/Missing	
	DIVIDED HWY W/O TRAF Surface Type	FIC BARRIER	NO CONT			NO				
	CONCRETE		Road Curva STRAIGH				LEVEL	Road Grade		
	Truck Bus or HazMat		J. MAIOII	-						
	NO									
	Vehicle									
	License Plate Number	nanananananananananananananananananana	Plate Type	•		St Country of lss			ANIA BARBARARARARARARARARARARARARARARARARAR	
		AHV3923 Vehicle Identification Number			LE WI		UNITED STATES			
5						Year Model				
_		11	FORD Body Style		2003 EXPEDITI			JN		
	GRN - GREEN	Color GRN - GREEN					Bus Use			
			4D - 4DR Vehicle Da				1			
=	් 15 - CARGO LOSS			-						
	Initial Contact Point 15 - CARGO LOSS Extent Of Damage NO DAMAGE	Extent Of Damage			00 - NO DAMAGE					
	NO DAMAGE									

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		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR							
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors							
		Driver Prior Action Other		NOT APPLICABLE							
TINO	VEHICLE	Driver Actions OTHER CONTRIBUTING ACTION									
6	0.1	OwnerName RAYMOND L FORLER (920) 740-2446		Owner Address 537 N LAWE ST APPLETON, WI 54911 , I	JS						
		Sequence Of Events									
	8	Event CARGO/EQUIPMENT LOS	SS OR SHIFT								
	3	Event									
	03	Event									
	8	Event									
_		Policy Holder									
NS NS		Insurance Company PROGRESSIVE-CASUAL		Individual RAYMOND FORLER							
:											
		Individual									
	Concession to	Dalican		Citations Issued	Sex						
		Driver RAYMOND FORLER		4	MAN E						
	¥	RAYMOND L FORLER (920) 740-2446		1 Date of Birth	MALE Race						
E	IIDUAL	RAYMOND L FORLER (920) 740-2446		Date of Birth							
TINO	INDIVIDUAL	RAYMOND L FORLER	US		Race WHITE						
UNIT		Address 537 N LAWE ST APPLETON, WI 54911 , I		Date of Birth Driver License Number	Race WHITE						
TINO		RAYMOND L FORLER (920) 740-2446 Address 537 N LAWE ST APPLETON, WI 54911 , I		Date of Birth Driver License Number STATE: WISCONSIN COUN	Race WHITE						
TINU		Address 537 N LAWE ST APPLETON, WI 54911 , I	y Crash Seat Position	Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment	Race WHITE						
TIND		Address 537 N LAWE ST APPLETON, WI 54911 , to Fety Equipment Row 01 - FRONT ROW	y Crash Seat Position	Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT	Race WHITE						
	Sal	RAYMOND L FORLER (920) 740-2446 Address 537 N LAWE ST APPLETON, WI 54911 , It Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	y Crash Seat Position 07 - LEFT	Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Race WHITE						
01 UNIT		RAYMOND L FORLER (920) 740-2446 Address 537 N LAWE ST APPLETON, WI 54911 , II Pety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury S NO AF	Seat Position 07 - LEFT	Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance	Race WHITE TRY: UNITED STATES						
	Sal	RAYMOND L FORLER (920) 740-2446 Address 537 N LAWE ST APPLETON, WI 54911 , It Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	y Crash Seat Position 07 - LEFT	Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE						
	Sal	RAYMOND L FORLER (920) 740-2446 Address 537 N LAWE ST APPLETON, WI 54911 , II Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S NO AF Ejected	Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path	Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE TRY: UNITED STATES						
	Sal	RAYMOND L FORLER (920) 740-2446 Address 537 N LAWE ST APPLETON, WI 54911 , II Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AF Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path	Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Race WHITE TRY: UNITED STATES Trapped/Extricated NOT TRAPPED						
	Sal	RAYMOND L FORLER (920) 740-2446 Address 537 N LAWE ST APPLETON, WI 54911 , II Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury S NO AF Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT Ai	Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death	Race WHITE TRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run#						
	Sal	Address 537 N LAWE ST APPLETON, WI 54911 , I EXAMPLETON OF DUTE OF DUTE	Seat Position 07 - LEFT Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT Ai	Date of Birth Driver License Number STATE: WISCONSIN COUN Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death	Race WHITE TRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run#						

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Crash Date 07/01/2021

Crash Time 11:15 PM

		Non Motorist	riking Unit#	Location							
		Prior Action		<u> </u>							
		Action									
	7										
⊢	NDIVIDUAL										
UNIT	ME										
_	9										
	_										
		A atiam Other						To/Frame Calabad			
		Action Other To/From School									
	,	Su	spected Alcohol	Use	Suspected Drug Use			I			
		Drug & Alcohol NO		TALL 1.17 4.7	NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Tes	st Results			
		Drug Test Given		Drug Test Type		Drug Test Resu	lts				
		TEŠT NOT GIVEN									
5	00	Drug Type									
			Individual Condition								
		APPEARED NORMAL									
		<i>Violations</i>									
	0.1		sue To? Sta	atute Number 8.10(5)(a)	Description FAIL/SECURE LOAD	S IF TOWING	Δ TRΔII FR				
			01 34	(5)(u)	1 ALE OZOGILE ZOAD	on rounto	A MAILEN				
	Unit Summary				Vehicle Operating As Classification Unit Type						
	IN T	RANSIT			CLASS		AUTOMOBILE				
02		cle Type SSENGER CAR		•			Operating A	As Endorsements			
_		Occs	Train/Bus#Re	ecorded T	otal#Citations Issued	TotalTra					
	1	, 0000		0		0		0			
		rance?	Direction Of T	-	Pre CrashTire	SpeedL	imit	TotalLanes			
Ħ	YES	i t Harmful Event: Collision \	SOUTHBOU	South State of State	Mark 65 Special Function		Emergency Motor Vehicle Use				
5		RGO/EQUIPMENT LOS			O SPECIAL FUNCTIO	N	NOT APP	NOT APPLICABLE			
		fic Way			raffic Control		1	Traffic Control Inoperative/Missing			
		DED HWY W/O TRAFF ace Type	FIC BARRIER		IO CONTROL Load Curvature		NO Road Grade				
		NCRETE			STRAIGHT LEVEL						
		k Bus or HazMat		•			•				
	NO.										
		Vehicle License Plate Number		**************************************	Plate Type	St	Country of Is	ssuance			
		202ZXL			AUT - AUTOMOBILE	WI	UNITED STATES				
02	02	Vehicle Identification Nur			Make	Year	Model	_			
J	0	1G1ZS58N38F147283	3		CHEVROLET Body Style	2008	Bus Use	<u> </u>			
		SIL - SILVER (ALUMI	NUM)		4D - 4DR		242 036				
		Initial Contact Point									
		01 - RIGHT FRONT CORNER									

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21-05990

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l			Г	Vehicle Damage							
ĦN.	KEHICL	Extent Of Damage FUNCTIONAL DAMAGE		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT							
		Towed Due To Damage NOT TOWED	I	Vehicle Removed By OPERATOR							
		What Driver Was Doing GOING STRAIGHT Driver Prior Action Other		Vehicle Factors NOT APPLICABLE							
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION									
07	2	Owner Name JUAN MARTINEZ (608) 477-3066		Owner Address 902 MOORE ST # 58 BARABOO, WI 53913, US							
		Sequence Of Events									
	Ð	Event CARGO/EQUIPMENT LOSS OR SHIFT									
	8	Event									
	8	Event									
	8	Event									
LIND		Driver	-co	Citations Issued	Sex MALE						
		Insurance Company GENERAL-CASUALTY-INS Individual		JUAN MARTINEZ							
TINO		Insurance Company GENERAL-CASUALTY-INS Individual Driver JUAN MARTINEZ		JUAN MARTINEZ Citations issued 0	Sex MALE Race WHITE						
	INDIVIDUAL	Insurance Company GENERAL-CASUALTY-INS Individual Driver JUAN MARTINEZ (608) 477-3066 Address 902 MOORE ST # 58		Citations Issued Date of Birth Driver License Number	Sex MALE Race WHITE						
	INDIVIDUAL	Insurance Company GENERAL-CASUALTY-INS Individual Driver JUAN MARTINEZ (608) 477-3066 Address 902 MOORE ST # 58 BARABOO, WI 53913 , US		Citations Issued Date of Birth Drivert icense Number STATE: WISCONSIN COUNTRY: UNI	Sex MALE Race WHITE						
	INDIVIDUAL	Insurance Company GENERAL-CASUALTY-INS Individual Driver JUAN MARTINEZ (608) 477-3066 Address 902 MOORE ST # 58 BARABOO, WI 53913 , US Tety Equipment Row	Crash Seat Position	Citations Issued Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment	Sex MALE Race WHITE						
	S INDIVIDUAL	Insurance Company GENERAL-CASUALTY-INS Individual Driver JUAN MARTINEZ (608) 477-3066 Address 902 MOORE ST # 58 BARABOO, WI 53913 , US fety Equipment Row 01 - FRONT ROW	Crash Seat Position	Citations Issued Date of Birth Drivert icense Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT	Sex MALE Race WHITE						
	INDIVIDUAL	Insurance Company GENERAL-CASUALTY-INS Individual Driver JUAN MARTINEZ (608) 477-3066 Address 902 MOORE ST # 58 BARABOO, WI 53913 , US fety Equipment Row 01 - FRONT ROW Helmet Use	Crash Seat Position 07 - LEFT	Citations Issued Date of Birth Drivert icense Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Sex MALE Race WHITE						
TNU	S INDIVIDUAL	Insurance Company GENERAL-CASUALTY-INS Individual Driver JUAN MARTINEZ (608) 477-3066 Address 902 MOORE ST # 58 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP	Crash Seat Position 07 - LEFT	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE TED STATES						
TNU	S INDIVIDUAL	Insurance Company GENERAL-CASUALTY-INS Individual Driver JUAN MARTINEZ (608) 477-3066 Address 902 MOORE ST # 58 BARABOO, WI 53913 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Sev NO APP	Seat Position 07 - LEFT verity PARENT INJURY Ejection Path	Citations Issued O Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UNI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE TED STATES						

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		Distracted By N	istracted By Source IOT APPLICABLI	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED						
	•	Non Motorist	Striking Unit#	Location				
		Prior Action						
	JAL	Action						
TINO	NDWDUAL							
		Action Other						To/From School
	Ĺ	Drug & Alcohol	Suspected Alcohol U IO	se	Suspected Drug Use NO			1
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	•	
02	005	Drug Type						
		Individual Condition APPEARED NORMA	AL					