# 6TL0CBQ6PS 21-09899

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/15/2021

Crash Time 06:55 PM

	Document Number Override Primary Crash Document#		ent#	Agency Crash Number 21-09899			Investigating Officer/Deputy DEPUTY B. ZIBELL				
PS	Crash Date         Crash Time           10/15/2021         06:55 PM			Date Arrived		Time	Time Arrived				
BQ6	Date Notified 10/15/2021	Time Notified 06:59 PM			Total Units 01		Total	Total Injured Total Kille 00 00			
20	On Emergency	it and Run	Lane Clos	Closure Work		rk Zone		Trailer or To		Reporting  Threshold	
eTL0C	Government Active School Zone			School Bus Related NO		Tags	Tags				
	<b>▼</b> Reportable	TED ANIM	NIMAL W/ NO INJURY			Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
Ī	Location <b>———</b>										
j									I, ,,		
	ON CTHAEB					Latitude			Longitude		
	1229 FT S					43.557948093		-89.738587		587672	
	OF MOON RD					X Coordin	ate	Y Coord		inate	
	IN THE TOWN OF DELTON					278808.2			482642		
	IN SAUK COUNTY								4020421		
						Structure Type					
(	Crash Scene										
1	First Harmful Event	Eiret Warm	ful Event Lo	cation							
		IAL (ALD)						cations			
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROA	DVVAT				
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT									
	Road Surface Condition(s)					Roadway	Factor(s)				
	<u> </u>										
	Environment Factor(s)										
ŀ	Weather Condition(s)										
	AutoralTura										
		Animal Type					Relation To Trafficway				
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURIS				I a	
	Tribal Land					Access Control				Special Study	
Ļ											
	Unit Summary										
	Unit Status Vehic			/ehicle Operating As Classification			UnitType				
	IN TRANSIT			D CLASS				AUTOMOBILE			
ŀ	Vehicle Type							Operating As Endorsements			
01	PASSENGER CAR										
						J   T-4-173					
	Total Occs Train/Bus # Recorded		0	Total#Citations Issued		Total Trail		illers   Total Hazi   <b>0</b>		viat i ypes	
		Direction Of Travel	- 0			<del>  </del>					
	Insurance? YES	SOUTHBOUND		Pre CrashTire Mark		Obeed Fil		"   Total Lailes		:5	
LIND	Most Harmful Event: Collision With			Special Function				Emergency Motor Vehicle Use			
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT		TION		NOT APPLICABLE			
}	Traffic Way			ffic Contro	d			Traffic Control Inoperative/Missing			
	rame (ray			Traffic Control				Traine Constant more residence in the constant of the constant more residence in the constant of the constant			
}	Surface Type			Road Curvature				Road Grade			

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	Truc	ck Bus or HazMat								
		Vehicle								
UNIT 01		License Plate Number		Plate Type	St	Country of Issuance	•			
		AAD9185		AUT - AUTOMOBILE	WI	UNITED STATES	3			
	5	Vehicle Identification Number 1G1PJ5SC9C7343930		Make CHEVROLET	Year 2012	Model CRUZE ECO				
		Color		Body Style		Bus Use				
	VEHICLE	BLU - BLUE		4D - 4DR						
		Initial Contact Point 01 - RtGHT FRONT CORNER		Vehicle Damage		7 8 9 10 11				
		Extent Of Damage	IER	01 - RIGHT FRONT CO	ORNER, 12 - FI	RONT	6 U			
	W.	MINOR DAMAGE					5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		NOT TOWED What Driver Was Doing		OWNER  Vehicle Factors						
		What Driver Was Donig		Versicle Factors						
		Driver Prior Action Other								
	111	Driver Actions NO CONTRIBUTING ACTION								
l⊨	VEHICLE									
	3									
		Owner Name Owner Address								
_		Unite (4) (4)								
2	5									
				1						
Ì≒		Policy Holder								
N N		Insurance Company GENERAL-CASUALTY-IN	s-co	Individual VALERIA LOPEZ						
				1						
		Driver VALERIA LOPEZ		Citations Issued	Citations issued Sex					
	_			0 FEMALE						
	DIMDUAL			Date of Birth	Race HISPANIC					
Ş	Ħ	Address		Drivert icense Number						
>		580 COUNTY ROAD E GRAND MARSH, WI 53936 , US  On Duty Crash		STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment						
	Sai	fety Equipment		ament additions						
		Row	SeatPosition	SHOULDER & LAP E	LDER & LAP BELT					
		11.2 111								
		Helmet Use		Helmet Compliance						
		Eye Protection  Injury Severity  NO APPARENT INJURY  Ejected Ejection Path		TintCompliance						
2	8			Airbag						
				Trapped/Extricated						
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED		Date of Death		Time of Death				
		Hospital		Date of Death		Time of Death				

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	Distracted By Distracted	f By Source					
	Distracted By Action						
	Non Motorist Striking U	nit# Location					
	Prior Action						
	Action						
Į							
UNIT							
	Action Other					To/From School	
	Drug & Alcohol NO	Suspected Drug Use NO	ı				
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	•		Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
0.1	Drug Type						
	Individual Condition						
	APPEARED NORMAL						
	AFFEARED NORMAL						

Form DT4000