6TL0B3P3HG 22-00800

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override				ng Officer/Deputy			
		22-0800				GREENWOOD	
Crash Date	Crash Time	Date Arrived		Time Arrived			
01/25/2022	08:58 PM	01/25/2022		09:20 PM			
Date Notified	Time Notified	Total Units		Total Injured	Total Kill	ed	
01/25/2022	09:00 PM	01					
Crash Date 01/25/2022 Date Notified 01/25/2022 On Emergency Hit Government Property	and Run Lane Close		k Zone		or Towed	Reporting Threshold	
Government	Active School Zone	School Bus Relate	d	Tags			
Property							
Sd	Crash Type DT4000 (STANDARD CRASH	l)		Amende	d	Secondary Crash	
Description							
Diagram					Reconstruction	on By	
					51 / 5		
					Photos By		
Non-Reportable				-	Additional Info	ormation	
in district of control for the production of					Additionalist	omauon	
I, a sworn law enforcemen	nt officer, agree that I have no	ot added any CJIS	S data in this i	report.			
Location							
ON BIRCHWOOD RD			Latitude		Longit	ude	
242 FT S			43.615175426			28323407	
OF BIRCHWOOD SPUR		L	X Coordinate			rdinate	
IN THE TOWN OF DELTON			271776.59375		48330		
IN SAUK COUNTY		L	Structure Type		I		
			NO STRUCTU	IRE			

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Crash Scene

	First	irst Harmful Event					First Harmful Event Location				
		итсн					SHOULDER LEFT				
		ner of Collision NO COLLISION W/VEH				Light Condition DARK/UNLIT					
	Road	d Surface Condition(s)				Roadway Factor(s)					
	SNC	ow .									
		ronment Factor(s)									
	NON	IE				NONE					
	Wea	ther Condition(s)									
	CLE										
	Anim	nal Type				Relation To Trafficway TRAFFICWAY - ON ROAD					
		h Classification - Location BLIC PROPERTY				l	ssification	Jurisdiction SDICTION			
	Triba	al Land			Intersectio		Access Control NO CONTROL on Type			Special Study	
	With	in Interchange Area	Junction Location							L	
	NO	-	NON-JUNCTION			INTERSE	CTION				
		t Summary 💳									
					Vehicle Operating As Classific		"'		DH E	24.5	
		IN TRANSIT Vehicle Type			D CLASS				AUTOMOBILE Operating As Endorsements		
6		ORT) UTILITY VEHICLI	E			operating to Endorsonian					
	Tota	lOccs	Train/Bus#Recorded	Total#Citat	Total # Citations Issued		Total Traile	al Trailers		Total HazMat Types 0	
_	Insurance? Direction Of Travel UNKNOWN NORTHBOUND			Pre CrashTire Mark		Speed Lim	Speed Limit Total Li		nes		
LNO	Most Harmful Event: Collision With			Special Fun	Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way				Traffic Control NO CONTROL			Traffic Control Inoperative/Missing			
		,			Road Curvature			Road Grade			
		CKTOP (BITUMINOUS)		STRAIGHT			LEVEL			
	Truck Bus or HazMat										
	Ţ	Vehicle	erskuuskassuuskassuuska		e e e e e e e e e e e e	enenenenen	· cccccccc	Y S S S S S S S S S S S S S S S S S S S	SSSSSSS		
	License Plate Number			1	Plate Type				Country of Issuance		
	SPNCR38			AUT - AUTOMOBILE		IL.	UNITED STATES				
	Ođ	Vehicle Identification Number 1C4PJLCB8KD423186			Make JEEP		Year 2019	Model			
	Color WHI - WHITE			1 .	Body Style UT - SPORT UTILITY VEHICLE		Bus Use				
	Щ	Initial Contact Point		Vehicle Da	Vehicle Damage					7 8 9 10 11	
EN C	EHC	00 - NON-COLLISION Extent Of Damage NO DAMAGE		00 - NO I	00 - NO DAMAGE					6 12 5 4 3 2 1	
	V	NO DAMAGE Towed Due To Damage			Vehicle Removed By						
	NOT TOWED What Driver Was Doing			OWNER	OWNER Vehicle Factors						
	LEFT TURN										
	Driver Prior Action Other			NOT APF	NOT APPLICABLE						

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Crash Date 01/25/2022

Crash Time 08:58 PM

UNIT	VEHICLE	Driver Actions OTHER CONTRIBUTING ACTION								
	5	Owner Name CHRISTILYNE JOY BUGAYONG (213) 305-3749		Owner Address 423 WEST LAWRENCE AVE APT #! SPRINGFIELD, IL 62704 , US						
		Sequence Of Events								
	5	Event DITCH								
	- 8	Event								
	8	Event								
	3	Event								
		Individual								
	4	Driver CHRISTILYNE JOY BUGAYONG (213) 305-3749			Citations Issued 0	Sex FEMALE				
=	INDIVIDUAL				Date of Birth Race WHITE					
TNO	ğ	Address 423 WEST LAWRENCE AVE APT #! SPRINGFIELD, IL 62704 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES						
	Sai	On Duty Crash Safety Equipment			Safety Equipment					
		Row Seat Position		SHOULDER & LAP BELT						
		HeimetUse			Helmet Compliance					
		Eye Protection			Tint Compliance					
5	8		injury Severit NO APPAR	/ ENT INJURY	Airbag NON DEPLOYED					
		Ejected		tion Path	Trapped/Extricated					
		NOT EJECTED NOT EJECTED/NOT APP					NOT TRAPPED			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#			
		Hospital			Date of Death		Time of Death			
		Distracted By	Distracted By NOT APPLI	Source CABLE (NOT DISTRA	ACTED)					
	Distracted By Action NOT DISTRACTED									
		Non Motorist	Striking Unit#	Location						
		Prior Action								

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	_						
	X () ()	Action					
	7						
_	3						
	9						
5	2						
	INDIVIDUAL						
		Action Other					To/From School
		Action Other					10/From School
	1		1	In			
	•	Suspected Alcohol NO)Se	Suspected Drug Use NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
_	\mathbf{z}	Drug Type	•		•		
7	8						
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORWAL					