

6TL0CX0Q9G

22-02120

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON CTHH WB 904 FT E OF GLEN VALLEY DR IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.575257912	Longitude -89.96306861
	X Coordinate 260744.984375	Y Coordinate 4828966
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With DITCH	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number AGN2097	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number JF1GE7G60AG514271	Make SUBARU	Year 2010	Model IMPREZA	
		Color WHI - WHITE	Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 06 - REAR	Vehicle Damage			
		Extent Of Damage NO DAMAGE	00 - NO DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name VICTOR ZACONET TORES (608) 404-6012		Owner Address 975 OVERLAND TRAIL WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01 02 03 04	Event DITCH			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual VICTOR ZACONET TORES	
UNIT INDIVIDUAL	Individual			
	Driver VICTOR ZACONET TORES (608) 404-6012		Citations Issued 1	Sex MALE
	Address 975 OVERLAND TRAIL WISCONSIN DELLS, WI 53965 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		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					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger BROOKE ASHLEY COBB (608) 404-6012		Citations Issued 0	Sex FEMALE		
		Date of Birth [REDACTED]		Race WHITE			
		Address 1044 ILLINOIS AVE WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Safety Equipment		On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
Distracted By					Distracted By Source		
Distracted By Action							
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UNIT INDIVIDUAL	Prior Action					
	Action					
	Action Other			To/From School		
	Drug & Alcohol		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					
	Individual Condition APPEARED NORMAL					
	Violations					
	01	002	UTC Number BG022674		Issue To? 001	Statute Number 343.05(3)(a)