

6TL0DJJ8VT  
22-11769

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document#		Agency Crash Number 22-11769		Investigating Officer/Deputy DEPUTY J. TROTH	
Crash Date 11/23/2022		Crash Time 11:10 PM		Date Arrived		Time Arrived	
Date Notified 11/23/2022		Time Notified 11:15 PM		Total Units 01		Total Injured 00 Total Killed 00	
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

ON CTHH NB 0.54 MI W OF OAK HILL RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.608891504	Longitude -89.893494865
	X Coordinate 266493.21875	Y Coordinate 4832503.5
	Structure Type	

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition	
Road Surface Condition(s)		Roadway Factor(s)	
Environment Factor(s)			
Weather Condition(s)			
Animal Type DEER		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control	Special Study

Unit Summary

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

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Truck Bus or HazMat						
01	UNIT	VEHICLE	<b>Vehicle</b>			
			License Plate Number <b>ARH7009</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>3KPFL4A75HE041537</b>	Make <b>KIA MOTORS CORPORAT</b>	Year <b>2017</b>	Model <b>FORTE</b>
			Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>	Bus Use	
			Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER</b>		
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
			Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Vehicle Removed By <b>PLATTS WRECKER</b>		
			What Driver Was Doing	Vehicle Factors		
			Driver Prior Action Other			
			Driver Actions <b>NO CONTRIBUTING ACTION</b>			
Owner Name	Owner Address					
01	UNIT	INDIVIDUAL	<b>Policy Holder</b> Insurance Company <b>FOUNDERS-INS-CO</b> Individual <b>ALDAIR ORE GUZMAN</b>			
01	UNIT	INDIVIDUAL	<b>Individual</b> Driver <b>ALDAIR JORDANO ORE GUZMAN</b> <b>(407) 454-0791</b> Citations Issued <b>0</b> Sex <b>MALE</b> Date of Birth <b>[REDACTED]</b> Race <b>[REDACTED]</b> Address <b>1030 BOWMAN RD</b> <b>WISCONSIN DELLS, WI 53965 , US</b> Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	UNIT	001	<b>Safety Equipment</b> On Duty Crash Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
			Row Seat Position Helmet Use Tint Compliance			
			Eye Protection Injury Severity <b>NO APPARENT INJURY</b>			
			Airbag Ejected Ejection Path Trapped/Extricated			
			Medical Transport <b>NOT TRANSPORTED</b>			
			Hospital Date of Death Time of Death			

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UNIT INDIVIDUAL 01 001	<b>Distracted By</b>		Distracted By Source	
	Distracted By Action			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		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				