

6TL0CX0QBH
23-01002

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 23-01002		Investigating Officer/Deputy DEPUTY K. MCCARTY	
Crash Date 01/30/2023		Crash Time 07:18 PM		Date Arrived 01/30/2023		Time Arrived 07:27 PM	
Date Notified 01/30/2023		Time Notified 07:20 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 DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By
<p>NOT TO SCALE</p>		<p>Photos By MCCARTY 9130</p> <p>Additional Information PHOTOS</p>

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

UNIT 1 TRAVELING WESTBOUND ON HY 12 NEAR 213 MM. UNIT 1 DRIVER STATED HE BELIEVED HE FELL ASLEEP AT THE WHEEL WHICH CAUSED HIS VEHICLE TO LEAVE THE LEFT LANE AND ENTER MEDIAN. UNIT 1 DRIVER STATED HE JUST BOUGHT VEHICLE AND DID NOT HAVE INSURANCE ON IT. NO INJURIES REPORTED, CRAIG'S FOR A PULL OUT. DRIVER WARNED FOR INATTENTIVE DRIVING. VEHICLE SUSTAINED FUNCTIONAL DAMAGE TO FRONT END AND WAS DRIVEN FROM SCENE.

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Location

ON USH12 WB 0.31 MI W OF USHL U WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.554881282	Longitude -89.784577556
	X Coordinate 275082.09375	Y Coordinate 4826204
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4
	Most Harmful Event: Collision With DITCH	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY MEDIAN W/BARRIER	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number ASH7924	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2HGEJ6672WH558626	Make HONDA	Year 1998	Model CIVIC
	Color GRY - GRAY	Body Style SD - SEDAN	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE			
01 01	Owner Name MICHEL ZANIN ZONIN (608) 686-3179		Owner Address 511 E ADAMS ST WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01 01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event DITCH		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	Driver MICHEL ZANIN ZONIN (608) 686-3179		Citations Issued 0	Sex MALE
	Address 511 E ADAMS ST WISCONSIN DELLS, WI 53965 , US		Date of Birth [REDACTED]	Race HISPANIC
	Driver License Number			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED		
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
Time of Death				
Distracted By		Distracted By Source OTHER DISTRACTION (ANIMAL, FOOD, GROOMING)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				
Non Motorist		Striking Unit #		
Location				

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
01	001	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		
		Individual			
		UNIT	INDIVIDUAL	Passenger ELVIS PANDURO ALVARADO JR	Citations Issued 0
	Date of Birth [REDACTED]			Race HISPANIC	
Address S6330 BLUFF RD #183 MERRIMAC, WI 53561 , US	Driver License Number				
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				
01	002			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			
		Non Motorist			
		Striking Unit #	Location		
Prior Action					

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UNIT	INDIVIDUAL	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			
		Individual			
		Passenger IAN ASHILEI CASTRO SILVA	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race HISPANIC	
UNIT	INDIVIDUAL	Address 511 E ADAMS ST WISCONSIN DELLS, WI 53965 , US	Driver License Number		
		Safety Equipment	On Duty Crash	Safety Equipment	
		Row 02 - SECOND 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					
Non Motorist	Striking Unit #	Location			
Prior Action					

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UNIT INDIVIDUAL	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			
	01 003			