#### 6TL0D0GSKV 23-01917

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash D	Oocument #	Agence <b>23-01</b>	y Crash Number <b>917</b>	Investigating DEPUTY 0	Officer/Deputy B. AKERS	
Crash Date <b>02/24/2023</b>	Crash Time 12:49 AM Time Notified 12:49 AM		Date Arrived 02/24/2023 Total Units 01		Time Arrived 01:00 AM		
Date Notified <b>02/24/2023</b>					Total Injured Total Kille		ed be
On Emergency	it and Run	Lane Clos	sure	Work Zone		or Towed	Reporting Threshold
Government Property	Active Sc	hool Zone	Schoo <b>NO</b>	Bus Related	Tags		
Reportable	Crash Type DT4000 (STA	NDARD CRASI	H)		Amend	led	Secondary Crash
Non-rep		ble				Photos By GA  Additional Info PHOTOS	rmation
<b>↓</b> I, a sworn law enforcem	ont officer comme	o that I have -	- 1-1-0 40-1	d only C IIS data is th	io rono-t		

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Crash Date 02/24/2023

Crash Time 12:49 AM

ı	Loc	ation <b>——</b>									
ŀ		GASSER RD				Latitude			Longitud	de	
	0.28 MI W OF GREAT WOLF DR IN THE TOWN OF DELTON IN SAUK COUNTY					43.575717856		-89.786	-89.7860219		
								Y Coord	Y Coordinate		
								482852	22		
						Structure Type					
L						NO STRUCTURE					
(	Cra	sh Scene 💻									
Ī	First	Harmful Event				First Harm	nful Event L	ocation			
		TOR VEH IN TRANSP	ORT			ON ROA	DWAY				
		ner of Collision					Light Condition				
			EHICLE IN TRANSPORT				DARK/LIGHTED				
	Road	d Surface Condition(s)				Roadway	Factor(s)				
	SNC	OW, ICE									
•	Environment Factor(s)										
	ЮИ	NE				NONE					
		ther Condition(s)				1					
		( )				1					
	CLC	DUDY									
	Anim	nal Type				Relation T	o Trafficwa	ıy			
	Crash Classification - Location				TRAFFICWAY - ON ROAD						
						Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION						
						Access Control NO CONTROL				Special Study	
•	With	in Interchange Area	Junction Location		Intersection	tion Type					
	NO		NON-JUNCTION		NOT AN	AN INTERSECTION					
i	Unit	t Summary =									
T		Status		Vehicle Ope	erating As C	lassification	l	Unit Type			
	IN T	N TRANSIT D CLASS				AUTOMOBILE					
5	Vehi	ehicle Type				Operating As Endorsements			ments		
١,	_	SENGER CAR									
		l Occs	Train/Bus # Recorded	Total # Citations Issue		0		lers		Mat Types	
	1		Direction Of Travel					.imit Total Lane			
	YES	rance?	WESTBOUND	Pre	CrashTire	re 35		2		es	
		Harmful Event: Collision		Special Fun	Special Function NO SPECIAL FUNCTION		Emergency			Motor Vehicle Use	
5	DIT								NOT APPLICABLE		
-		ic Way	Traffic Cont			Traffic Control Inoperative/Missing NO		tive/Missing			
	DIVIDED HWY MEDIAN W/BARRIER			NO CONT	NO CONTROL						
ľ	Surfa	асе Туре		Road Curvature				Road Grade			
		CKTOP (BITUMINOU	JS)	STRAIGH	STRAIGHT			LEVEL			
ſ	Truc <b>NO</b>	k Bus or HazMat									
$\dashv$		Vehicle									
		License Plate Number		Plate Type	)		St	Country of Is	suance		
		DL34033		· ' '		IL	UNITED STATES				
		Vehicle Identification Nu	Make			Year	Model				
5	01	2D4FV48V35H15092	DODGE	DODGE 2005		2005	MAGNUM				
	_	2041 4404331113032	22	DODGE			2005				
		Color	22	Body Style	;		2005	Bus Use			
		Color GRY - GRAY		Body Style 4H - HAT	СНВАСК	4 DOOR	2005				
	Щ	Color GRY - GRAY Initial Contact Point		Body Style	СНВАСК	4 DOOR	2005			7 8 9 10 11	
	Щ	Color GRY - GRAY Initial Contact Point 00 - NON-COLLISION		Body Style 4H - HAT Vehicle Da	CHBACK amage	4 DOOR	2005			7 8 9 10 11	
		Color GRY - GRAY Initial Contact Point		Body Style 4H - HAT Vehicle Da	СНВАСК	4 DOOR	2005				

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Crash Time 12:49 AM

		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED  What Driver Was Doing		CRAIGS TOWING  Vehicle Factors					
		GOING STRAIGHT	venicie ractors						
		Driver Prior Action Other	NOT APPLICABLE						
		Driver Actions							
_	<u> </u>	SPEED TOO FAST/COND							
LNO	2								
_	VEHICLE								
		Owner Name  JASON CERVANTES SANI	OOVAL	Owner Address 4640 S ALBANY AVE					
5	01	(312) 312-8306	JOVAL	CHICAGO, IL 6063					
		Sequence Of Events							
	01	Event MOTOR VEH IN TRANSPO	RT						
	02	Event CURB							
	03	Event DITCH							
		Event							
	04								
╘	ļ	Policy Holder							
L		Insurance Company MAGNUM		Individual JASON CERVANTES SANDOVAL					
	ì	ndividual							
		Driver		Citations Issued Sex					
	7	JASON CERVANTES SANI (312) 312-8306	DOVAL	1	MALE				
_	INDIVIDUAL	(0.12) 0.12 0000		Date of Birth	Race				
L N N	Σ	Address		Driver License Number  STATE: ILLINOIS COUNTRY: UNITED STATES					
		4640 S ALBANY AVE CHICAGO, IL 60632, US							
		, , , , , , , , , , , , , , , , , , , ,							
	_	On Duty C	Crash	Safety Equipment					
	Saf	fety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT				
		01 - FRONT ROW Helmet Use	07 - LEFT	Helmet Compliance					
		Tieliliet Ose							
		Eye Protection		Tint Compliance					
_	_	Injury Sev	erity	Airbag					
2	00		ARENT INJURY	NON DEPLOYED					
			Ejection Path NOT EJECTED/NOT APP	LICADI E		Trapped/Extricated			
		NOT EJECTED  Medical Transport	LICABLE EMS Agency Identifier		NOT TRAPPED  EMS Run #				
		NOT TRANSPORTED	Line i i i i i i i i i i i i i i i i i i		ENIO INGILI				
		Hospital	Date of Death Time of Death						
		Distracted	l By Source						
		Distracted By NOT AP	PLICABLE (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACTED							

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	AL.							
UNIT	JE							
_	INDIVIDUAL							
	_							
		Action Other						To/From School
			Suspected Alco	hol Use	Suspected Drug Use			
	L	Drug & Alcohol	NO		NO			
		Alcohol Test Given		Alcohol Test Type	1		Alcohol Test Results	
		TEST NOT GIVEN		Drug Toot Time		ID T (D )		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	<b>IAL</b>					
	,	Violations						
	5	UTC Number BG945019	Issue To? <b>001</b>	Statute Number <b>346.57(3)</b>	Description DRIVING TOO FAST	FOR CONDITIO	NS	