WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document # Crash Time 02:45 AM		Agency Crash Number 23-01956 Date Arrived 02/25/2023		Investigating Officer/Deputy DEPUTY A. JAHNKE Time Arrived 02:47 AM			
Crash Date 02/25/2023								
Date Notified 02/25/2023	Time Notified 02:47 AM	Time Notified		nits	Total Injured 00	Total Kille	Total Killed	
On Emergency H	it and Run	Lane Closu	ure	☐ Work Zone	Trailer	or Towed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School Bus Related NO		Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amende	ed	Secondary Crash	
Description Diagram								
						Photos By Additional Info	rmation	
	Slide	off						
↓ I, a sworn law enforcem		41.41.					_	

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L	ОС	ation								
	ON CTHASB								Longit	ude
	711 FT N					43.584958335			-89.73	37738075
	OF INDIAN TRAIL PKWY IN THE TOWN OF DELTON IN SAUK COUNTY					X Coordinate 278975.71875			Y Coo	rdinate
								48294	419	
						Structure Type NO STRUCTURE				
C	ra	sh Scene				l				
_	-	Harmful Event				Firet Harm	nful Event Lo	ocation		
	DITO					ON ROA		Joanon		
		ner of Collision			Light Condition					
- 10	00 -	NO COLLISION W/VE	HICLE IN TRANSPORT			DARK/UNLIT				
ī	Road	d Surface Condition(s)					Factor(s)			
,	۷E	T, SNOW								
ī	Envir	ronment Factor(s)								
,	ΝE	ATHER CONDITIONS				NONE				
١	Nea	ther Condition(s)								
;	SNC	ow .								
7	Anim	nal Type				Relation T	o Trafficwa	у		
L					TRAFFICWAY - ON ROAD					
		h Classification - Location BLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
-	Tribal Land					Access Control Special S NO CONTROL		Special Study		
1	Nithi	in Interchange Area	Junction Location		Intersection		TROL			
ļ	ОИ	· ·	NON-JUNCTION		NOT AN	INTERSE	CTION			
Ū	nit	t Summary \blacksquare								
П	Jnit :	Status		Vehicle Ope	erating As C	lassification	l	Unit Type		
	IN TRANSIT D CLASS					AUTOMOBILE				
•	Vehicle Type							Operating A	s Endors	ements
		ORT) UTILITY VEHICL		1=					-	N. I.T.
	Total Occs Train/Bus # Recorded 1		Total # Citations Issued 0		Total Traile		ailers Total HazMat Types 0		azMat Types	
h	nsur	ance?	Direction Of Travel	Pre	CrashTire)	Speed Lin	nit	Total La	anes
ŀ	JNK	NOWN	SOUTHBOUND		Mark		55		2	
	Most Harmful Event: Collision With				Special Function			Emergency Motor Vehicle Use NOT APPLICABLE		
1	DITCH				NO SPECIAL FUNCTION			Traffic Control Inoperative/Missing		
		ic Way		Traffic Cont					ol Inopei	rative/Missing
		D-WAY, NOT DIVIDED			NO CONTROL Road Curvature				NO Road Grade	
	Surface Type BLACKTOP (BITUMINOUS)				STRAIGHT			LEVEL		
		k Bus or HazMat	~ ,	STRAIGH	JIKAIGHI				LEVEL	
	NO									
	1	Vehicle					0:			
		License Plate Number		Plate Type		_	St	Country of Is:		
		ANJ6007 Vehicle Identification Nur		AUT - AUTOMOBILE Make		WI Year	UNITED STATES Model			
	5NMSH13E59H281269				HYUNDAI		2009	SANTA FE		
	Color				Body Style Bus Use					
	TAN - TAN				UT - SPORT UTILITY		TY VEHICLE			
Initial Contact Point			Vehicle Da	Vehicle Damage			1		7 8 9 10 11	
	ত 00 - NON-COLLISION									6 12
	00 - NON-COLLISION Extent Of Damage NO DAMAGE			00 - NO	00 - NO DAMAGE					
5	山	NO DAMAGE								5 4 3 2 1

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		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED What Driver Was Doing GOING STRAIGHT		OWNER Vehicle Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
		Driver Actions NO CONTRIBUTING ACTIO	N						
_	<u> </u>								
LNO	물								
ر ر	VEHICLE								
		Owner Name		Owner Address					
	01	JOVANY ANGELES VEGA		W11803 THRESHI MERRIMAC, WI 53					
				ŕ	,				
	Į	Sequence Of Events							
		Event							
	01	DITCH							
	02	Event							
	03	Event							
	_	Event							
	04								
	i	ndividual							
		Driver		Citations Issued					
	Ļ	MARIA DOMINGUEZ MORA (608) 408-3003	AN	0					
	INDIVIDUAL	(000) 400-3003		Date of Birth	Race HISPANIC				
L N N		Address		Driver License Number	1				
5	Ū	1610 DRAPER ST							
	=	BARABOO, WI 53913 , US							
	Saf	On Duty C	rash	Safety Equipment					
		ow Seat Position		SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection	Tint Compliance						
	_	Injury Seve	Airbag						
5	90	1	ARENT INJURY	NON DEPLOYED					
		Ejected Ejection Path		Trapped/Extricated					
		NOT EJECTED NOT EJECTED/NOT APPLI				NOT TRAPPED			
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED Hospital	Date of Death		Time of Death				
		Tiospital		Date of Death		Time of Death			
		Distracted By NOT APP	By Source PLICABLE (NOT DISTRA	ACTED)					
		Distracted By Action NOT DISTRACTED							
		Non Motorist Striking Ur	nit# Location						

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ı		In: A C					
		Prior Action					
ļ							
		Action					
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١.	J						
I≒	ቯ						
L N N	INDIVIDUAL						
_	□						
	Z						
		Action Other					To/From School
ĺ		Suspected Alcoh	iol Use	Suspected Drug Use			•
	L	Drug & Alcohol NO		NO			
İ		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
l		Drug Test Given	Drug Test Type		Drug Test Results	3	
		TEST NOT GIVEN					
_	7	Drug Type	•		•		
2	001						
		Individual Condition					
		APPEARED NORMAL					