

6TL0DKRB10

23-02229

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 23-02229	Investigating Officer/Deputy DEPUTY R. BARNES	
Crash Date 03/06/2023		Crash Time 05:04 AM	Date Arrived 03/06/2023	Time Arrived 05:04 AM	
Date Notified 03/06/2023		Time Notified 05:04 AM	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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT ON TRAVELING WEST ON HWY 23 WHEN IT HIT SLUSH AND ENTERED THE SOUTH DITCH. NO DAMAGE TO VEHICLE AND VEHICLE PULLED FROM DITCH BY MOOSE TOWING BEFORE BEING REMOVED BY OPERATOR.

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Location

Table with location details: ON STH23 WB 163 FT E OF COON BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY. Includes Latitude (43.547410755), Longitude (-89.866665782), X Coordinate (268422.71875), Y Coordinate (4825599.5), and Structure Type.

Crash Scene

Table with crash scene details: 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) (SNOW), Roadway Factor(s) (ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)), Environment Factor(s) (WEATHER CONDITIONS), Weather Condition(s) (SNOW), Animal Type, Relation To Trafficway (TRAFFICWAY - NOT ON ROAD), Crash Classification - Location (PUBLIC PROPERTY), Crash Classification - Jurisdiction (NO SPECIAL JURISDICTION), Tribal Land, Access Control, Special Study, Within Interchange Area (NO), Junction Location, Intersection Type.

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type ((SPORT) UTILITY VEHICLE), Operating As Endorsements, Total Occs (1), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (NO), Direction Of Travel (WESTBOUND), 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 (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO).

Vehicle

Table with vehicle details: License Plate Number (ARJ1765), Plate Type (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1GNDT13S252210212), Make (CHEVROLET), Year (2005), Model, Color (SIL - SILVER (ALUMINUM)), Body Style, Bus Use, Initial Contact Point (00 - NON-COLLISION), Vehicle Damage (00 - NO DAMAGE), Extent Of Damage (NO DAMAGE).



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01	Owner Name JACKSON MARTINEZ UMANZOR		Owner Address 1117 CLARA AVE # C4 WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01 02 03 04	Event DITCH			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver JACKSON MARTINEZ UMANZOR		Citations Issued 0	Sex MALE
	Address 1117 CLARA AVE # C4 WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race HISPANIC
			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				
Non Motorist		Striking Unit #	Location	

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UNIT	Prior Action				
	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	001			