WISCONSIN MOTOR VEHICLE CRASH REPORT

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

ſ	Document Number Override	Primary Crash Docum	ent # Agency 23-037	Crash Number	Investigating DEPUTY A.	Officer/Deputy		
22	Crash Date 04/17/2023	Crash Time 04:35 AM		Date Arrived 04/17/2023 Total Units 01		Time Arrived 04:56 AM		
	Date Notified 04/17/2023	Time Notified 04:54 AM				Total Injured Total Killed 00 00		
١	On Emergency	Hit and Run	_ane Closure	Work Zone	Trailer	or Towed	Reporting Threshold	
1 0 	Government Property	Active School	Zone School NO	Bus Related	Tags			
L	Reportable	Crash Type DT4000 (STANDAF	RD CRASH)		Amende	ed	Secondary Crash	
_	Diagram Diagram					Reconstruction	n Rv	
	J. G.					reconstruction	. Sy	
		Non-rep	portable slid off			Photos By		
					-	Additional Infor	rmation	
Ī	✓ I, a sworn law enforce	ment officer, agree tha	t I have not added	any CJIS data in t	his report.			
	ON 04/17/2023, I WAS DISPATCI UNIT IN THE DITCH ON THE RIC OPERATOR STATED SHE WAS SNOW JUST PULLED UNIT 1 IN TOWING TO REMOVE THE VEH	GHT SIDE OF THE ROADWA ON HER WAY TO WORK W TO THE DITCH, AND SHE V	AY. THE ROADWAY W. THEN SHE SLID INTO T VAS UNABLE TO STEE	AS ICY AND SNOW-CC THE DITCH. UNIT 1 OP ER UNIT 1 BACK ONTO	VERED. I MADE CO ERATOR STATED S THE ROAD. UNIT 1	ONTACT WITH L HE WAS NOT G HAD ALREADY	JNIT 1 OPERATOR. UNIT 1 GOING FAST, AND THE CONTACTED CRAIGS	

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Crash Time 04:35 AM

Loc	cation									
	STH23 WB				Latitude			Longitu	ıde	
	FT W				43.53271	12769		-89.95	1486004	
OF COPPER SPRINGS RD IN THE TOWN OF EXCELSIOR					X Coordin 261512.4			Y Coor 48242		
IN SAUK COUNTY					Structure			1.02.2	<u>. </u>	
					NO STR	UCTURE				
Cra	sh Scene									
	t Harmful Event				First Harm	nful Event Lo	cation			
DITCH					ON ROA	DWAY				
	nner of Collision			Light Condition						
	- NO COLLISION W/VI					ARK/UNLIT				
Roa	ad Surface Condition(s)				Factor(s)					
WE	T, SNOW, SLUSH									
Env	rironment Factor(s)									
WE	ATHER CONDITIONS	3			NONE					
We	ather Condition(s)				-					
	OW									
Ani	mal Type					o Trafficway				
Cro	sh Classification - Location	n			TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
	BLIC PROPERTY	11			-					
,	al Land					NO SPECIAL JURISDICTION Access Control Special Study		Special Study		
					NO CON	NO CONTROL				
	hin Interchange Area				ction Type					
NO	1	NON-JUNCTION		NOT AN	INTERSE	CTION				
	it Summary 💻									
	t Status				Classification Unit Type					
	IN TRANSIT			D CLASS		AUTOMOBILE Operating As Endorsements				
	nicle Type PORT) UTILITY VEHIC	1 =					Operating A	s Endorse	ements	
	al Occs	Train/Bus # Recorded	Total # Cita	Total # Citations Issued Total Tr		Total Traile	ers	Total Ha	zMat Types	
2	ai 0003	Train/Bas // Trosorasa	1 Pre CrashTire		0		0		zwat Typoo	
	urance?	Direction Of Travel							ines	
ΥE		WESTBOUND		Mark		55	2			
Mos	st Harmful Event: Collision	With	1 '	Special Function		1	Emergency			
	СН	NO SPEC	NO SPECIAL FUNCTION			NOT APPLICABLE				
	ffic Way		Traffic Control			Traffic Control Inoperative/Missing		ative/Missing		
	O-WAY, NOT DIVIDED	D	NO CONTROL Road Curvature STRAIGHT			NO Bood Creede				
	face Type	16/				Road Grade LEVEL				
	ACKTOP (BITUMINOL ck Bus or HazMat	JO ₁	STRAIGH		LEVEL					
NO										
	Vehicle									
	License Plate Number	Plate Type St		St	Country of Issuance					
	AFV7101		AUT - AUTOMOBILE		WI	UNITED STATES				
_	Vehicle Identification Number		Make			Year	Model			
2			JEEP			2015	PATRIOT			
	Color		Body Style		TV VEHICLE		Bus Use			
111	WHI - WHITE		UT - SPORT UTILITY VEHICLE							
쁫	Initial Contact Point 99 - UNKNOWN Extent Of Damage		Vehicle Damage						7 8 9 10 11	
=			00 - NO	00 - NO DAMAGE					6 7 12	
	NO DAMAGE					1	5 4 3 2 1			

6TL0C22XZ8

23-03749

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		Towed Due To Damage	Vehicle Removed By						
		TOWED BUT NOT DUE TO DISABLING DAMAG	CRAIGS TOWING						
		What Driver Was Doing	Vehicle Factors						
		GOING STRAIGHT	Yourse Lasters						
			NOT APPLICABLE						
		Driver Prior Action Other	NOT APPLICABLE						
		Daires Astions							
		Driver Actions							
	Щ	NO CONTRIBUTING ACTION							
Ę	$\overline{\mathbf{c}}$								
UNIT	VEHICLE								
	VE								
		Owner Name	Owner Address						
_	1	FERNADO RAMIREZ JIMENEZ	190 FIELDSTONE						
6	01	(608) 432-1174	WISCONSIN DEL	.S, WI 53965 , US					
		Sequence Of Events							
		Event							
	01	DITCH							
	2	Event							
	02								
	03	Event							
	0								
	04	Event							
	0								
_	ı	Policy Holder							
LIND		Insurance Company	Individual						
\supset		PROGRESSIVE-CLASSIC-INS-CO	FERNADO RAMIRI	FERNADO RAMIREZ JIMENEZ					
	ĺ	Individual							
		Driver	Citations Issued	Sex					
		FABIOLA ZARRABAL	1	FEMALE					
	A	(608) 844-9522	Date of Birth	Race					
_	INDIVIDUAL		HISPANIC						
L	Ξ	Address	Driver License Number						
\supset	2	541 N DEWEY AVE APT 2	STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	REEDSBURG, WI 53959 , US							
		On Duty Crash	Safety Equipment						
	Sat	On Duty Crash fety Equipment	Safety Equipment						
	Sat	On Duty Crash Row Seat Position	Safety Equipment SHOULDER & LAP	BELT					
	Saf	fety Equipment		BELT					
	Sai	Row Seat Position		BELT					
	Sat	Row Seat Position 07 - LEFT	SHOULDER & LAF	BELT					
	Sat	Row Seat Position 07 - LEFT	SHOULDER & LAF	BELT					
	Sat	Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use	SHOULDER & LAP Helmet Compliance	BELT					
П		Row Seat Position 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag	BELT					
01	Sai	Row Seat Position 07 - LEFT Helmet Use Eye Protection Injury Injury Inpury Inpur	SHOULDER & LAP Helmet Compliance Tint Compliance						
10		Row Seat Position 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricate					
01		Row Seat Position 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED/NOT A	SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricate					
10		Row 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT A Medical Transport	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricate					
01		Row Seat Position 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT A Medical Transport NOT TRANSPORTED	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier	Trapped/Extricate: NOT TRAPPED EMS Run #					
01		Row 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT A Medical Transport	SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricate					
01		Row 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT A Medical Transport NOT TRANSPORTED Hospital	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier	Trapped/Extricate: NOT TRAPPED EMS Run #					
01		Row 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT A Medical Transport NOT TRANSPORTED Hospital Distracted By Source	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death	Trapped/Extricate: NOT TRAPPED EMS Run #					
01		Row 01 - FRONT ROW 07 - LEFT Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT A Medical Transport NOT TRANSPORTED Hospital	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PPLICABLE EMS Agency Identifier Date of Death	Trapped/Extricate: NOT TRAPPED EMS Run #					

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		Non Motorist	king Unit#	Location					
		Prior Action							
		Action							
	,L								
⊨	INDIVIDUAL								
UNIT	IVIC								
	N								
		Action Other						To/From School	
	L	Orug & Alcohol NO	Jse	Suspected Drug Use					
	_	Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results	l to		
		TEST NOT GIVEN	ST NOT GIVEN			Drug Test Nesulis			
0	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		Individual Passenger			Citations Issued Sex				
	INDIVIDUAL	FERNANDO RAMIREZ JIMENEZ (608) 432-1147		0	MALE				
⊢		(300)			Date of Birth	Race HISPANIC			
UNIT	DIV	Address 241 N BURRITT AVE # 1 WISCONSIN DELLS, WI 53965, US			Driver License Number				
	Z				STATE: WISCONSIN COUNTRY: UNITED STATES				
		On	Duty Crash		Safety Equipment				
	Sai	fety Equipment	Seat Position		SHOULDER & LAP BELT				
		Row 01 - FRONT ROW	09 - RI			occ i			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
01	Injury Severity NO APPARENT IN.				Airbag				
0	0	Injury NO	APPARENT II		NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED	NOT EJE	CTED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier EMS Run		EMS Run #		
	Hospital			Date of Death Time of Death					
		Distracted By	tracted By Source	9	1		l		
		Distracted By Action							
		Stri	iking Unit#	Location					
		Non Motorist							

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ı		Prior Action						
		PHOI ACTION						
		A .:						
		Action						
	¥							
 _	Š							
LNO	₽							
J	\geq							
	INDIVIDUAL							
	=							
l		Action Other						To/From School
		7.00.011 0.0101						
ł			Suspected Alco	hol Use	Suspected Drug Use			
		Drug & Alcohol	NO	1101 000	NO			
		Alcohol Test Given	_	Alb- T4 T	_		Alcohol Test Results	
				Alcohol Test Type			Alconol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
2	002	Drug Type						
•	ŏ							
		1 11 1 1 0 111						
		Individual Condition						
		APPEARED NORM	ЛAL					
	,	Violations						
		UTC Number	Issue To?	Statute Number	Description			
	6	BC936556	001	343.05(3)(a)	OPERATE W/O VAL	ID LICENSE B/C	EXPIRATION	
ı								