

6TL0D0GSL9  
SC23-05316

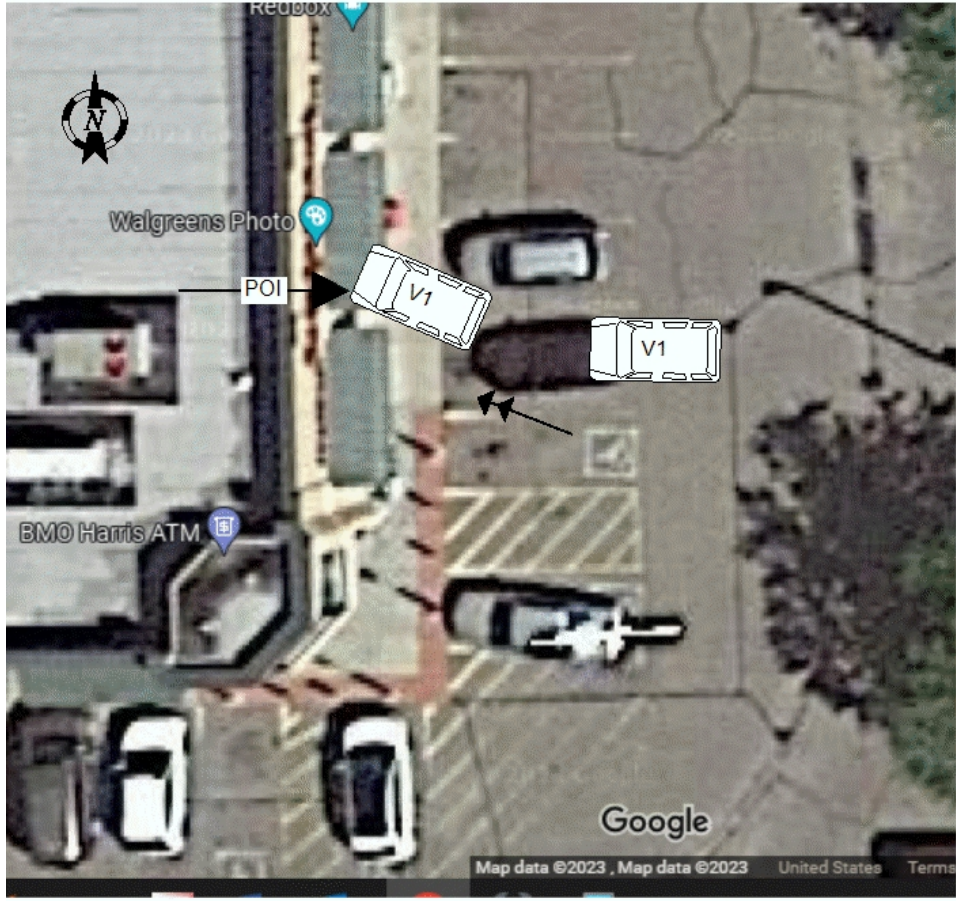
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0D0GSL9

Document Number Override		Primary Crash Document #		Agency Crash Number <b>SC23-05316</b>		Investigating Officer/Deputy <b>DEPUTY G. AKERS</b>	
Crash Date <b>05/26/2023</b>		Crash Time <b>08:44 PM</b>		Date Arrived <b>05/26/2023</b>		Time Arrived <b>08:49 PM</b>	
Date Notified <b>05/26/2023</b>		Time Notified <b>08:47 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By <b>GA</b>
	Additional Information <b>PHOTOS</b>

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

D1 WAS PARKING IN A PRIVATE PARKING LOT WHEN THE VEHICLE ACCELERATED AND STUCK THE WALL OF THE BUILDING. UNKNOWN TO HOW THE VEHICLE ACCELERATED. NO INJURIES. THE VEHICLE HAD TO BE TOWED DUE TO DISABLING DAMAGE. DRIVER CONDITION REPORT SUBMITTED.

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Location

ON 603 CTHBD NB 138 FT N OF STH33 WB (HOUSE/BUILDING 603)  IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.475180997</b>  X Coordinate <b>276059.09375</b>  Structure Type <b>HOUSE/BUILDING</b>	Longitude <b>-89.768833295</b>  Y Coordinate <b>4817309.5</b>
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Crash Scene

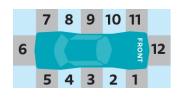
First Harmful Event <b>OTHER FIXED OBJECT</b>	First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - NOT ON ROAD</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes
	Most Harmful Event: Collision With <b>OTHER FIXED OBJECT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

Vehicle

UNIT 01 VEHICLE 01	License Plate Number <b>38777DS</b>	Plate Type <b>DIS - DISABLED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FMCU9HD6JUB06309</b>	Make <b>FORD</b>	Year <b>2018</b>	Model <b>ESCAPE</b>
	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			



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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>		
		What Driver Was Doing <b>PARK MANEUVER</b>		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>SHIRLEY MENDEZ</b> <b>(608) 432-2535</b>		Owner Address <b>662 11TH ST</b> <b>BARABOO, WI 53913 , US</b>		
		<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>OTHER FIXED OBJECT</b>			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>				
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>SHIRLEY MENDEZ</b>		
01	001	<b>Individual</b>				
		Driver <b>SHIRLEY MENDEZ</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth		Race <b>WHITE</b>		
		Address <b>662 11TH ST</b> <b>BARABOO, WI 53913 , US</b>		Driver License Number		
01	001	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
		<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
		Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT INDIVIDUAL 01	INDIVIDUAL 001	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT INDIVIDUAL 01	INDIVIDUAL 002	<b>Individual</b>					
		Passenger <b>MONA MENDEZ</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Date of Birth		Race <b>WHITE</b>			
		Address <b>2206 LITHOSTONE DR LOMIRA, WI 53048 , US</b>		Driver License Number			
		<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
		Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
<b>Distracted By</b>		Distracted By Source					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #		Location			

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
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Crash Date **05/26/2023**  
Crash Time **08:44 PM**

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UNIT  INDIVIDUAL          01 002	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			