

6TL0B3P3KH
23-06730

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 23-06730 | Investigating Officer/Deputy DEPUTY J. GREENWOOD | |
| Crash Date 06/27/2023 | | Crash Time 10:09 AM | Date Arrived 06/27/2023 | Time Arrived 10:25 AM | |
| Date Notified 06/27/2023 | | Time Notified 10:11 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 checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|----------------|---|
| <p>Diagram</p> | Reconstruction By |
| | Photos By DEPUTY GREENWOOD |
| | Additional Information PHOTOS |

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

UNIT 1 WAS NB ON CTH T. UNIT 1 LEFT THE ROADWAY AN WENT ON THE GRAVEL SHOULDER. UNIT 1 HIT CULVERT CAUSING IT TO SKID AND ROLL ON ITS SIDE IN THE SB LANE.

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Location

| | | |
|---|---------------------------------------|----------------------------------|
| ON CTHT NB 0.46 MI S OF HILLMAN RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.577155473 | Longitude -89.74723476 |
| | X Coordinate 278180.3125 | Y Coordinate 4828577.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event DITCH | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | |
|------------|--|---|---|--|--------------------------------|
| UNIT 01 | 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? YES | Direction Of Travel NORTHBOUND | <input checked="" type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 |
| | Most Harmful Event: Collision With OVERTURN/ROLLOVER | 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 CURVE RIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | |
|-----------------------|---|---|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | |
| | License Plate Number AJE6400 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1C4BJWDG3JL853976 | Make JEEP | Year 2018 | Model WRANGLER U |
| | Color GRY - GRAY | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | Initial Contact Point 03 - RIGHT SIDE MIDDLE | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 14 - UNDERCARR | | |



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|--|---|--|---|--|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By PLATTS WRECKER | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-STEERING | | | |
| 01 01 | Owner Name AMPARO G GONZALEZ | | Owner Address 2111 RED ARROW TRL # 7 FITCHBURG, WI 53711 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event DITCH | | | |
| | Event CULVERT | | | |
| | Event OVERTURN/ROLLOVER | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | | Individual DILAN ANGELES | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver DILAN ANGELES (608) 717-8817 | | Citations Issued 0 | Sex MALE |
| | Address W11803 THRESHER RD MERRIMAC, WI 53561 , US | | Date of Birth | Race HISPANIC |
| | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 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 VEHICLE-INTEGRATED DEVICE | | |
| Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC) | | | | |

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| | | | | | | |
|------------------------|-----------------------|---------------------------|-----------------------|----------|----------------------|----------------|
| UNIT | Non Motorist | Striking Unit # | | Location | | |
| | | Prior Action | | | | |
| | INDIVIDUAL | Action | | | | |
| | | Action Other | | | | To/From School |
| | | Drug & Alcohol | Suspected Alcohol Use | | Suspected Drug Use | |
| | NO | | NO | | | |
| | Alcohol Test Given | | Alcohol Test Type | | Alcohol Test Results | |
| | TEST NOT GIVEN | | | | | |
| | 01 | 001 | Drug Test Given | | Drug Test Results | |
| | | | TEST NOT GIVEN | | | |
| Drug Type | | | | | | |
| Individual Condition | | | | | | |
| APPEARED NORMAL | | | | | | |