

6TL0B7D6WZ  
23-06899

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0B7D6WZ

Document Number Override		Primary Crash Document #	Agency Crash Number <b>23-06899</b>	Investigating Officer/Deputy <b>DEPUTY S. ELLICKSON</b>	
Crash Date <b>07/01/2023</b>		Crash Time <b>01:05 PM</b>	Date Arrived <b>07/01/2023</b>	Time Arrived <b>01:09 PM</b>	
Date Notified <b>07/01/2023</b>		Time Notified <b>01:09 PM</b>	Total Units <b>03</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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  Not to Scale  	Reconstruction By
	Photos By
	Additional Information <b>PHOTOS</b>

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

ALL UNITS WERE DRIVING WESTBOUND ON USH 12 JUST SOUTH OF CTH PF. UNIT 3 STOPPED DUE TO BACKED UP TRAFFIC. UNIT 2 STOPPED HOWEVER UNIT 1 WAS NOT ABLE TO BREAK FAST ENOUGH. UNIT 1 REAR ENDED UNIT 2. WHEN UNIT 2 WAS REAR ENDED IT PUSHED INTO UNIT 3. UNIT 1 AND 3 HAD MINOR DAMAGE. UNIT 2 WAS DAMAGED IN THE FRONT AND BACK.

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Location

ON USH12 WB 0.30 MI S OF USH12 WB IN THE VILLAGE OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.288749903</b>	Longitude <b>-89.758987358</b>
	X Coordinate <b>276170.09375</b>	Y Coordinate <b>4796577.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</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 - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</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

<b>UNIT</b>	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>7</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</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>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>ASC8704</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2HKYF18735H570335</b>	Make <b>HONDA</b>	Year <b>2005</b>	Model <b>PILOT</b>
		Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>12 - FRONT</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>			
01	01	Owner Name <b>JUAN RIOS DURAN (608) 341-0172</b>		Owner Address <b>1919 CTH J #2 LINDEN, WI 53553 , US</b>
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event		
03	03	Event		
04	04	Event		
<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>JUAN RIOS DURAN (608) 341-0172</b>		Citations Issued <b>3</b>	Sex <b>MALE</b>
	Address <b>1919 CTH J #2 LINDEN, WI 53553 , US</b>		Date of Birth	Race <b>HISPANIC</b>
			Driver License Number	
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
01	001	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>				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	001	<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>			
		<b>Individual</b>			
		Passenger <b>ULDA ESTEBAN SANCHEZ (608) 341-0431</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
				Date of Birth	Race <b>HISPANIC</b>
		Address <b>1919 CTH J #2 LINDEN, WI 53553 , US</b>		Driver License Number	
		01	002	<b>Safety Equipment</b>	On Duty Crash
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			
Prior Action					

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UNIT INDIVIDUAL	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>		
	<b>Individual</b>		
	Passenger <b>JACOBO ESTEBAN SANCHEZ (608) 341-6617</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>HISPANIC</b>
Address <b>1919 COUNTY ROAD J # 2 LINDEN, WI 53553 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</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	
Prior Action			

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UNIT INDIVIDUAL	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>		
	<b>Individual</b>		
	Passenger <b>ARIANNA ESTEBAN RUBIO</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth		Race <b>HISPANIC</b>
Address <b>1919 CTH J #2 LINDEN, WI 53553 , US</b>		Driver License Number	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>
	Row <b>02 - SECOND ROW</b>	Seat Position <b>08 - MIDDLE</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
	Hospital		EMS Run #
	Date of Death		Time of Death
	<b>Distracted By</b>	Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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	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>		
	<b>Individual</b>		
	Passenger <b>ROSA MORENO SANCHEZ</b> <b>(608) 330-1196</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>1919 CTH J #2</b> <b>LINDEN, WI 53553 , US</b>		Date of Birth Race <b>HISPANIC</b>
Driver License Number			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</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
	Hospital		EMS Run #
	Date of Death		Time of Death
	<b>Distracted By</b>	Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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UNIT INDIVIDUAL	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>		
	<b>Individual</b>		
	Passenger <b>BLANCA RUBIO RIVERA</b> <b>(608) 341-8620</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>1919 CTH J #2</b> <b>LINDEN, WI 53553 , US</b>		Date of Birth Race <b>HISPANIC</b>
Driver License Number			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>06 -UNKNOWN ROW</b>	Seat Position <b>07 - LEFT</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
	Hospital		EMS Run #
	Date of Death		Time of Death
	<b>Distracted By</b>	Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			



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UNIT INDIVIDUAL	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>		
	<b>Individual</b>		
	Passenger <b>DIYANNA ESTEBAN RUBIO</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth		Race <b>HISPANIC</b>
Address <b>1919 CTH J #2 LINDEN, WI 53553 , US</b>		Driver License Number	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>06 -UNKNOWN ROW</b>	Seat Position <b>08 - MIDDLE</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
	Hospital		EMS Run #
	Date of Death		Time of Death
	<b>Distracted By</b>	Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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UNIT INDIVIDUAL	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>				
	<b>Violations</b>				
	01	UTC Number <b>BC938705</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(a)</b>	Description <b>OPERATE W/O VALID LICENSE (1ST VIOLATION)</b>
	02	UTC Number <b>BC938706</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
03	UTC Number <b>BC938707</b>	Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>	

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>			Unit Type <b>AUTOMOBILE</b>
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements
	Total Occs <b>3</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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</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>				

UNIT 02	<b>Vehicle</b>			
	License Plate Number <b>ANM5179</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5NPD74LF5LH498823</b>	Make <b>HYUNDAI</b>	Year <b>2020</b>	Model <b>ELANTRA</b>
	Color <b>WHI - WHITE</b>	Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>06 - REAR</b>			



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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>06 - REAR, 12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>KARLEE ESTEBAN SANCHEZ (608) 574-1597</b>	Owner Address <b>575 W CEDAR STREET PLATTEVILLE, WI 53818 , US</b>	
	<b>Sequence Of Events</b>		
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>GEICO-GENERAL-INS-CO</b>	Individual <b>KARLEE ESTEBAN SANCHEZ</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>KARLEE ESTEBAN SANCHEZ (608) 574-1597</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>575 W CEDAR STREET PLATTEVILLE, WI 53818 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<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>
UNIT INDIVIDUAL	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

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<b>UNIT</b>	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>	
	<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>		
<b>UNIT</b>	<b>Individual</b>	
	Passenger <b>JERSON ESTEBAN SANCHEZ</b> <b>(608) 574-1597</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
	Address <b>1920 COUNTY ROAD J</b> <b>LELAND, WI , US</b>	Date of Birth Race <b>HISPANIC</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>UNIT</b>	<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>	
<b>UNIT</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	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	Distracted By Action		
	<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	<b>Individual</b>		
	Passenger <b>ISABELLA ESTEBAN SANCHEZ</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>HISPANIC</b>
	Address <b>575 W CEDAR STREET PLATTEVILLE, WI 53818 , US</b>	Driver License Number	
	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>02 - SECOND ROW</b>	Seat Position <b>08 - MIDDLE</b>	Helmet Compliance
	Helmet Use	Tint Compliance	
	Eye Protection	Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</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			

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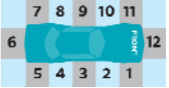
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

<b>UNIT</b>	<b>INDIVIDUAL</b>	<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>					
	<b>02</b>	<b>008</b>				

## Unit Summary

<b>UNIT</b>	<b>03</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements		
		Total Occs <b>5</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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
		Traffic Way <b>TWO-WAY, NOT DIVIDED</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>						

<b>UNIT</b>	<b>03</b>	<b>Vehicle</b>				
		License Plate Number <b>RE3255</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>3GTU2VEJ3EG438332</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2014</b>	Model <b>SIERRA</b>	
		Color <b>BLK - BLACK</b>	Body Style <b>PK - PICKUP</b>		Bus Use	
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>06 - REAR</b>			
		Extent Of Damage <b>MINOR DAMAGE</b>				
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>				

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
03 03	Owner Name <b>TIMOTHY BRANDT (608) 963-0907</b>		Owner Address <b>S4916 GOLF COURSE RD ROCK SPRINGS, WI 53961 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>TIMOTHY BRANDT</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TIMOTHY BRANDT (608) 963-0907</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S4916 GOLF COURSE RD ROCK SPRINGS, WI 53961 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
03 011	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
			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>				
<b>Non Motorist</b>		Striking Unit #	Location	

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	INDIVIDUAL	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>				
		<b>Individual</b>				
		UNIT	INDIVIDUAL	Passenger <b>HEATHER MAE OTT (920) 858-6104</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth			Race <b>WHITE</b>		
Address <b>2829 W GLENPARK DR APPLETON, WI 54914 , US</b>				Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<b>Safety Equipment</b>	On Duty Crash			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>					
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
UNIT	INDIVIDUAL			<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
		Hospital		Date of Death	Time of Death	
		<b>Distracted By</b>	Distracted By Source			
Distracted By Action						
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				



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# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
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UNIT INDIVIDUAL	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>		
	<b>Individual</b>		
	Passenger <b>AUTNUM BRANDT</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>WHITE</b>
Address <b>S4916 GOLF COURSE RD ROCK SPRINGS, WI 53961 , US</b>	Driver License Number		
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row <b>02 - SECOND 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	
	Distracted By Action		
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL	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>		
	<b>Individual</b>		
	Passenger <b>AVERY BRANDT</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth		Race <b>WHITE</b>
Address <b>S4916 GOLF COURSE RD ROCK SPRINGS, WI 53961 , US</b>		Driver License Number	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>02 - SECOND ROW</b>	Seat Position <b>08 - MIDDLE</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
Hospital		EMS Run #	
Date of Death		Time of Death	
UNIT INDIVIDUAL	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
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UNIT INDIVIDUAL	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>		
	<b>Individual</b>		
	Passenger <b>ASHLYN BRANDT</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>S4916 GOLF COURSE RD ROCK SPRINGS, WI 53961 , US</b>		Date of Birth Race <b>WHITE</b>
Driver License Number			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</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
	Hospital		EMS Run #
	Date of Death		Time of Death
	<b>Distracted By</b>	Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
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(608) 356-4895

<b>UNIT</b>	<b>INDIVIDUAL</b>	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>					
		<b>03</b>	<b>015</b>				