6TL0D2XVR8

23-11552

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # | 5 , | Agency Crash Number 23-11552 | | | Investigating Officer/Deputy DEPUTY B. GOODREAU | | | |
|------------|---|--------------------------|-----------------------|---------------------------------|------------------------------|-------------------------------------|--|--------------------|-------------------------|--|
| R 8 | Crash Date 10/24/2023 | Crash Time 06:53 PM | Date An | Date Arrived | | Time | Time Arrived | | | |
| 0D2XVR8 | Date Notified 10/24/2023 | Time Notified 06:53 PM | Total Ur 01 | Total Units 01 | | Total | , | | otal Killed 0 | |
| <u>0</u> 0 | On Emergency | it and Run Lane | Closure | re Work Zone | | | Trailer or Towed | | Reporting Threshold | |
| 6TL | Government Property | School NO | School Bus Related NO | | | Tags | | | | |
| | ✓ Reportable | ANIMAL W/ N | O INJUF | RY | Amended | | | Secondary Crash | | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | |
| | Location | | | | | | | | | |
| ł | ON USH12 NB | | | | Latitude Longitude | | | | e | |
| | 358 FT N | | | | 43.53340 | | -89.786992955 | | | |
| | OF N REEDSBURG RD | | | X Coordina | | ate | | | Y Coordinate | |
| | IN THE TOWN OF DELTON | | | | 274807 | | | | 4823825.5 | |
| | IN SAUK COUNTY | | | | Structure | Type | | | | |
| | | | | | NO STRUCTURE | | | | | |
| | Out the Court | | | | | | | | | |
| , | Crash Scene | | | | | | | | | |
| | First Harmful Event | | | | First Harmful Event Location | | | | | |
| | NON DOMESTICATED ANIM | AL (ALIVE) | | | ON ROA | | | | | |
| | Manner of Collision | 01 E IN TO ANODODT | | | Light Condition | | | | | |
| | 00 - NO COLLISION W/VEHI | CLE IN TRANSPORT | | | | | | | | |
| | Road Surface Condition(s) | | | | Roadway I | Factor(s) | | | | |
| | | | | | | | | | | |
| | Environment Factor(s) | | | | | | | | | |
| | `, | | | | | | | | | |
| | | | | | | | | | | |
| | Weather Condition(s) | | | | | | | | | |
| | | | | | | | | | | |
| | Animal Type | | | | Relation To Trafficway | | | | | |
| | DEER | | | | | TRAFFICWAY - ON ROAD | | | | |
| | Crash Classification - Location | | | | | Crash Classification - Jurisdiction | | | | |
| | PUBLIC PROPERTY | | | | NO SPECIAL JURISDICTION | | | | | |
| | Tribal Land | | | Access Control | | | | Special Study | | |
| | | | | | | | | | | |
| | Unit Cummon. | | | | | | | | | |
| | Unit Summary Unit Status | | Vehicle Opera | oting As C | laccification | | Linit Tuna | | | |
| | IN TRANSIT D CLASS | | | rating As Classification | | Unit Type AUTOMOBILE | | | | |
| | Vehicle Type | | | | Operating As Endorsements | | | | | |
| 01 | PASSENGER CAR | | | | | | operating / | io Endoroon | nonto | |
| | | | | tal # Citations Issued Tot | | I Total Traile | al Trailers Tota | | Mat Types | |
| | 2 | | 0 | 100000 | | 0 | | 0 | | |
| | | Direction Of Travel | | vo o h Tivo | | Speed Lim | it | Total Lane | es | |
| ا ہے | | NORTHBOUND | Pre CrashTire Mark | | , | | | | | |
| UNIT | Most Harmful Event: Collision With | Special Funct | - | | | Emergency Motor Vehicle Use | | cle Use | | |
| \supset | NON DOMESTICATED ANIM | NO SPECIA | | TION | | NOT APPLICABLE | | | | |
| | Traffic Way | Traffic Contro | I | | | Traffic Control Inoperative/Missing | | | | |
| | • | | | | | , | | | | |
| | Surface Type | | Road Curvatu | Road Curvature | | | | Road Grade | | |
| | | | | | | | | | | |

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| | Truc | k Bus or HazMat | | | | | | | |
|-------|---------------------------------------|---|--|------------------|-----------------------------------|--|--|--|--|
| | , | Vehicle | | | | | | | |
| 10 | VEHICLE 01 | License Plate Number APK7523 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | | | | |
| | | Vehicle Identification Number NM0LS7S25N1523351 | Make FORD | Year 2022 | Model TRANSIT CO | | | | |
| | | Color WHI - WHITE | Body Style 2H - HATCHBACK 2 DOOR Bus Use | | | | | | |
| LINIT | | Initial Contact Point 12 - FRONT Extent Of Damage FUNCTIONAL DAMAGE | Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1 | | | | | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | | |
| | | Driver Prior Action Other | | | | | | | |
| LINI | Driver Actions NO CONTRIBUTING ACTION | | | | | | | | |
| | | Owner Name | Owner Address | | | | | | |
| 2 | 6 | | | | | | | | |
| ╘ | ı | Policy Holder | | | | | | | |
| LIND | | Insurance Company SOCIETY-INS-A-MUTUAL-CO | Organization/Company KLEENMARK SERV | ICES CORP. | | | | | |
| | INDIVIDUAL | ndividual | | | | | | | |
| | | Driver JUAN VALENCIA | Citations Issued 0 | Sex MALE | | | | | |
| _ | | (608) 609-6780 | Date of Birth | Race WHITE | | | | | |
| LIND | | Address 49 BEL AIRE DR MADISON, WI 53713 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | Sat | On Duty Crash fety Equipment | Safety Equipment | | | | | | |
| | | Row Seat Position | SHOULDER & LAP BELT | | | | | | |
| | 001 | Helmet Use | Helmet Compliance | | | | | | |
| | | Eye Protection | Tint Compliance | | | | | | |
| 10 | | Injury Severity NO APPARENT INJURY | Airbag | | | | | | |
| | | Ejection Path | | | Trapped/Extricated | | | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | | EMS Run # | | | | |
| | | Hospital | Date of Death | | Time of Death | | | | |

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Crash Date 10/24/2023

Crash Time 06:53 PM

| | | Distracted By | Distracted By Source | , | | | | |
|-----------------|------------|---|----------------------|----------------|-----------------------|--|--|----------------|
| | | Distracted By Action | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | |
| | | Prior Action | | | | | | |
| | | Action | | | | | | |
| _ | UAL | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | |
| | Ξ | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | Ĺ | Drug & Alcohol NO | | | Suspected Drug Use NO | | | |
| | | Alcohol Test Given TEST NOT GIVEN Alcohol Test Type | | | Alcohol Test Result | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Result | | | |
| 2 | 001 | Drug Type | | | | | | |
| | | Individual Condition | | | | | | |
| APPEARED NORMAL | | | | | | | | |