6TL0DRXHJX 23-12142

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		Agency Crash Number 23-12142			Investigating Officer/Deputy DEPUTY S. ELLICKSON					
ĭ	Crash Date 11/09/2023	Crash Time 05:16 PM		Date Arrived		Tim	Time Arrived					
6TL0DRXHJX	Date Notified 11/09/2023	Time Notified 05:16 PM		Total Units 01		Tota 00		I Injured Total Killed 00		i		
00.	On Emergency Hi	and Run Lane Clos		ure Work		rk Zone	Trailer		owed	Reporting Threshold		
ETL	Government Property	nool Zone	School Bus Related NO			Tag	Tags					
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Amended			Secondary Crash				
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
Ī	Location											
Ī	ON STH33 WB					Latitude Longitude						
	0.52 MI E					43.52192	27305	-89.8278				
	OF MIRROR LAKE RD											
	IN THE TOWN OF DELTON					X Coordinate 271460.8125				Y Coordinate 4822662		
	IN SAUK COUNTY					Structure			10000	· -		
						NO STR						
	Crash Scene											
ī	First Harmful Event					First Harmful Event Location						
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY						
ŀ	Manner of Collision	, ,				Light Condition						
	00 - NO COLLISION W/VEHIC	CLE IN TRANSP	ORT			Light Condition						
ŀ	Road Surface Condition(s)					Roadway	Factor(s)					
	Friday and Friday(s)											
	Environment Factor(s)											
	Weather Condition(s)											
ı	Animal Type				Relation To Trafficway							
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION Access Control Special Study							
							JIIIOI			Special Study		
į	Unit Summary -											
Ť	Unit Status Vehicle Operating As				ting As C	lassification Unit Type						
	IN TRANSIT D CLASS				· ·			AUTOMOBILE				
_	Vehicle Type					Operating As Endorsements						
0	(SPORT) UTILITY VEHICLE											
ı	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trail		ilers Total Haz		Mat Types		
	1	0		1		0		0				
		Direction Of Travel		Pre CrashTire		e Speed		Limit Total La		es		
LIND	YES WESTBOUND			Mark				 	L Emergency Motor Vehicle Use			
5	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			Special Function NO SPECIAL FUNCTION			TION		Emergency Motor Vehicle Use NOT APPLICABLE			
ŀ	Traffic Way			Traffic Control			·		Traffic Control Inoperative/Missing			
										Ŭ		
	Surface Type			Road Curvature				Road Grade				
							1					

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	Truc	k Bus or HazMat							
	,	Vehicle							
01		License Plate Number ALH1798	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number JTLZE4FE4A1100363	Make TOYOTA	Year 2010	Model SCION				
		Color BLU - BLUE	Body Style UT - SPORT UTILITY	Body Style UT - SPORT UTILITY VEHICLE Bus Use					
LINI		Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE	Vehicle Damage 01 - RIGHT FRONT C	Vehicle Damage 01 - RIGHT FRONT CORNER 7 8 9 10 11 6 7 8 9 10 11 5 4 3 2 1					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing Driver Prior Action Other	Vehicle Factors	Vehicle Factors					
		Driver Actions							
LIND	VEHICLE	NO CONTRIBUTING ACTION							
		Owner Name	Owner Address						
0	6								
LIND		Policy Holder Insurance Company Individual							
5		PROGRESSIVE-CLASSIC-INS-CO	Individual GABRIEL BETANO	OURT FLORES					
		Individual Driver	Citations Issued	Sex					
	INDIVIDUAL	GABRIEL BETANCOURT FLORES	0	MALE					
_		(608) 473-8519	Date of Birth	Race HISPANIC					
LIND		Address 1110 14TH ST REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
	100	Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance					
		Eye Protection	Tint Compliance						
2		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 11/09/2023

Crash Time 05:16 PM

Distracted By Source								
		Distracted By Action						
		Non Motorist Str	riking Unit#	Location				
		Prior Action						
		Action						
_	UAL							
LNN	INDIVIDUAL							
	I							
		Action Other						To/From School
		LSu	spected Alcohol Us	Se	Suspected Drug Use			
	Drug & Alcohol NO				NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
10	001	Drug Type						
		Individual Condition APPEARED NORMAI	L					