



6TL0F2KRC0

24-00523

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

## Location

|   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| ON CTHP NB<br>7 FT E<br>OF HERWIG RD<br>IN THE TOWN OF DELTON<br>IN SAUK COUNTY | Latitude<br><b>43.590542468</b>       | Longitude<br><b>-89.837349029</b> |
|   | X Coordinate<br><b>270954.75</b>      | Y Coordinate<br><b>4830309</b>    |
|   | Structure Type<br><b>NO STRUCTURE</b> |                                   |

## Crash Scene

|  |   |  |
|--|---|--|
| First Harmful Event<br><b>DITCH</b>                                    | First Harmful Event Location<br><b>ON ROADWAY</b>                               |  |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>  |  |
| Road Surface Condition(s)<br><b>SNOW</b>                               | Roadway Factor(s)<br><b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b> |  |
| Environment Factor(s)<br><b>NONE</b>                                   |   |  |
| Weather Condition(s)<br><b>CLOUDY</b>                                  |   |  |
| Animal Type  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                           |  |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>           |  |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>   | Special Study                              |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>INTERSECTION-RELATED</b>                                | Intersection Type<br><b>T-INTERSECTION</b> |

## Unit Summary

|            |  |   |  |  |                                |
|------------|--|---|--|--|--------------------------------|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>                   | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                     |  |                                |
|            | Vehicle Type<br><b>PASSENGER CAR</b>               | Operating As Endorsements                             |  |  |                                |
|            | Total Occs<br><b>2</b>                             | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>               | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|            | Insurance?<br><b>YES</b>                           | Direction Of Travel<br><b>NORTHBOUND</b>              | <input type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>45</b>                             | Total Lanes<br><b>2</b>        |
|            | Most Harmful Event: Collision With<br><b>DITCH</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        |  | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|            | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>         | Traffic Control<br><b>STOP SIGN</b>                   |  | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>       | Road Curvature<br><b>STRAIGHT</b>                     |  | Road Grade<br><b>DOWNHILL</b>                        |                                |
|            | Truck Bus or HazMat<br><b>NO</b>                   |   |  |  |                                |

| UNIT<br>VEHICLE<br>01                | Vehicle   |   |                     |   |
|--------------------------------------|---|---|---------------------|---|
|                                      | License Plate Number<br><b>AEH1821</b>                    | Plate Type<br><b>AUT - AUTOMOBILE</b>   | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                                      | Vehicle Identification Number<br><b>3KPF34AD2ME268202</b> | Make<br><b>KIA MOTORS CORPORAT</b>      | Year<br><b>2021</b> | Model<br><b>FORTE</b>                       |
|                                      | Color<br><b>BLU - BLUE</b>                                | Body Style<br><b>SD - SEDAN</b>         |                     | Bus Use                                     |
|                                      | Initial Contact Point<br><b>00 - NON-COLLISION</b>        | Vehicle Damage<br><b>00 - NO DAMAGE</b> |                     |   |
| Extent Of Damage<br><b>NO DAMAGE</b> |   |   |                     |   |



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|   |  |  |  |                                       |  |
|---|--|--|--|---------------------------------------|--|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>NOT TOWED</b>                                |  | Vehicle Removed By<br><b>OPERATOR</b>  |                                       |  |
|   | What Driver Was Doing<br><b>SLOW/STOPPING</b>                          |  | Vehicle Factors  |                                       |  |
|   | Driver Prior Action Other  |  | <b>NOT APPLICABLE</b>  |                                       |  |
|   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                        |  |  |                                       |  |
| 01  | Owner Name<br><b>JOSE TIRADO CRUZ<br/>(608) 432-9818</b>               |  | Owner Address<br><b>S1751 HERWIG ROAD<br/>WISCONSIN DELLS, WI 53965 , US</b> |                                       |  |
|   | <b>Sequence Of Events</b>  |  |  |                                       |  |
| 01<br>02<br>03<br>04                          | Event<br><b>DITCH</b>  |  |  |                                       |  |
|   | Event  |  |  |                                       |  |
|   | Event  |  |  |                                       |  |
|   | Event  |  |  |                                       |  |
| UNIT  | <b>Policy Holder</b>   |  |  |                                       |  |
|   | Insurance Company<br><b>NOVA-CASUALTY-COMPANY</b>                      |  | Individual<br><b>JOSE TIRADO CRUZ</b>  |                                       |  |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>  |  |  |                                       |  |
|   | Driver<br><b>DEVARD IRVING<br/>(608) 432-9818</b>                      |  | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>                    |  |
|   | Address<br><b>S1751 HERWIG ROAD<br/>WISCONSIN DELLS, WI 53965 , US</b> |  | Date of Birth  | Race<br><b>BLACK/AFRICAN AMERICAN</b> |  |
|   |  |  | Driver License Number<br><b>STATE: OTHER JURISDICTION COUNTRY: JAMAICA</b>   |                                       |  |
| 01<br>001                                     | <b>Safety Equipment</b>  |  | On Duty Crash  |                                       |  |
|   |  |  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                           |                                       |  |
|   | Row<br><b>01 - FRONT ROW</b>   | Seat Position<br><b>07 - LEFT</b>                              |  |                                       |  |
|   | Helmet Use   |  | Helmet Compliance  |                                       |  |
|   | Eye Protection   |  | Tint Compliance  |                                       |  |
|   | <b>Injury</b>  |  | Injury Severity<br><b>NO APPARENT INJURY</b>                                 | Airbag<br><b>NON DEPLOYED</b>         |  |
|   | Ejected<br><b>NOT EJECTED</b>  |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                           |                                       | Trapped/Extricated<br><b>NOT TRAPPED</b> |
| Medical Transport<br><b>NOT TRANSPORTED</b>   |  | EMS Agency Identifier  |  | EMS Run #                             |  |
| Hospital                                      |  | Date of Death  |  | Time of Death                         |  |
| <b>Distracted By</b>                          |  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |  |                                       |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |  |  |  |                                       |  |

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|   |                                    |  |            |  |  |                                       |                  |
|---|------------------------------------|--|------------|--|--|---------------------------------------|------------------|
| <b>UNIT</b>                                 | <b>INDIVIDUAL</b>                  | <b>Non Motorist</b>  |            | Striking Unit #                                    | Location                                 |                                       |                  |
|   |                                    | Prior Action   |            |  |  |                                       |                  |
|   |                                    | Action   |            |  |  |                                       |                  |
|   |                                    | Action Other   |            |  |  | To/From School                        |                  |
| <b>01</b>                                   | <b>001</b>                         | <b>Drug &amp; Alcohol</b>  |            | Suspected Alcohol Use<br><b>NO</b>                 | Suspected Drug Use<br><b>NO</b>          |                                       |                  |
|   |                                    | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                                  |            | Alcohol Test Type                                  | Alcohol Test Results                     |                                       |                  |
|   |                                    | Drug Test Given<br><b>TEST NOT GIVEN</b>                                     |            | Drug Test Type                                     | Drug Test Results                        |                                       |                  |
|   |                                    | Drug Type  |            |  |  |                                       |                  |
|   |                                    | Individual Condition<br><b>APPEARED NORMAL</b>                               |            |  |  |                                       |                  |
|   |                                    | <b>Individual</b>  |            |  |  |                                       |                  |
|   |                                    | Passenger<br><b>DANIEL CHAMBERS</b><br><b>(608) 432-9818</b>                 |            |  | Citations Issued<br><b>0</b>             | Sex<br><b>MALE</b>                    |                  |
|   |                                    | Address<br><b>S1751 HERWIG ROAD</b><br><b>WISCONSIN DELLS, WI 53965 , US</b> |            |  | Date of Birth                            | Race<br><b>BLACK/AFRICAN AMERICAN</b> |                  |
|   |                                    | Driver License Number<br><b>STATE: OTHER JURISDICTION COUNTRY: JAMAICA</b>   |            |  |  |                                       |                  |
|   |                                    | <b>01</b>  | <b>002</b> | <b>Safety Equipment</b>                            |  | On Duty Crash                         | Safety Equipment |
| Row<br><b>01 - FRONT ROW</b>                | Seat Position<br><b>09 - RIGHT</b> |  |            | <b>SHOULDER &amp; LAP BELT</b>                     |  |                                       |                  |
| Helmet Use                                  |                                    |  |            | Helmet Compliance                                  |  |                                       |                  |
| Eye Protection                              |                                    |  |            | Tint Compliance                                    |  |                                       |                  |
| <b>Injury</b>                               |                                    |  |            | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NON DEPLOYED</b>            |                                       |                  |
| Ejected<br><b>NOT EJECTED</b>               |                                    |  |            | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT TRAPPED</b> |                                       |                  |
| Medical Transport<br><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>UNIT</b>                                 | <b>INDIVIDUAL</b>                  | <b>Non Motorist</b>  |            | Striking Unit #                                    | Location                                 |                                       |                  |

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