# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Government Property Reportable Description Diagram	Crash Time 09:30 AM Time Notified 09:32 AM and Run  Active Sch Crash Type DT4000 (STAN	NDARD CRASH	School NO	2024	Ph I C		Reporting Threshold  Secondary Crash
On Emergency Hit Government Property Reportable Description Diagram	and Run  Active Sch Crash Type DT4000 (STAN	hool Zone	ure School NO	Work Zone	Trailer or Tags  Amended  Ref	Towed  econstruction notos By GALVAN	Reporting Threshold  Secondary Crash
Government Property Reportable Description Diagram	Crash Type DT4000 (STAN	hool Zone	School NO		Tags  Amended  Re	econstruction notos By GALVAN	Secondary Crash
Property Reportable Description Diagram	Crash Type DT4000 (STAN	NDARD CRASH	NO I)	Bus Related	Amended	econstruction notos By GALVAN	By Crash
escription Diagram	DT4000 (STAN				Re Ph	econstruction notos By GALVAN	By Crash
Diagram	NO DAMAGE,	NON REPORT			Ph I C	notos By <b>GALVAN</b>	
	NO DAMAGE,	NON REPORT	-A.D		Ph I C	notos By <b>GALVAN</b>	
			ABLE			HOTOS	rmation

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Crash Date 01/14/2024

Crash Time 09:30 AM

Location											
ſ	ON	CTHP NB				Latitude			Longit	Longitude	
	7 F1			43.590542468 -8			-89.8	37349029			
		HERWIG RD HE TOWN OF DELTO	N			X Coordina	ate		Y Coc	ordinate	
		SAUK COUNTY	14			270954.75		4830	4830309		
						Structure Type					
L						NO STRUCTURE					
(	Cra	sh Scene									
T	First	Harmful Event				First Harm	ıful Event Lo	cation			
	DIT	СН				ON ROADWAY					
ŀ	Man	ner of Collision				Light Condition					
	00 -	NO COLLISION W/VE	HICLE IN TRANSPORT			DAYLIGHT					
ŀ	Road	d Surface Condition(s)				Roadway	Factor(s)				
	SNC	ow .									
ŀ	Envi	ronment Factor(s)									
	ION						URFACE (	CONDITION	(WET,	ICY, SNOW, SLUSH,	
						ETC)					
	Wea	ther Condition(s)									
	CLC	DUDY									
ŀ	Anin	nal Type				Relation T	o Trafficway	,			
						TRAFFICWAY - ON ROAD					
ı	Cras	h Classification - Location				Crash Classification - Jurisdiction					
	_	BLIC PROPERTY		NO SPECIAL JURISDICTION							
Ī	Tribal Land						Access Control Special Study NO CONTROL				
					TROL						
	Within Interchange Area Junction Location Intersection In										
L			INTERSECTION-RELATE	בט	T-INTERS	SECTION					
		t Summary 💻									
		Status		•	erating As Cl	assification		Unit Type			
		RANSIT		D CLASS				AUTOMOE			
		cle Type SSENGER CAR						Operating As Endorsements			
		Occs	Train/Bus # Recorded	Total # Cita	tions locued	d I Total Trail		lers I Total H		lazMat Types	
	10la <b>2</b>	TOCCS	Traili/Dus # Necolded	Total # Citations Issued  0		0		0		Taziviat Types	
L		rance?	Direction Of Travel							anes	
	YES		NORTHBOUND	Pre	CrashTire Mark	9 Speed Lift		nnit Total La		alles	
ŀ		t Harmful Event: Collision		Special Fur	Special Function		45		Emergency Motor Vehicle Use		
	DIT		*******	· ·	IAL FUNC	TION		NOT APPLICABLE			
		ic Way		Traffic Cont	trol	NO Road Grad		Traffic Control Inoperative/Missing  NO  Road Grade		rative/Missing	
		D-WAY, NOT DIVIDED		STOP SIG						3	
		ace Type		Road Curva							
	BLA	CKTOP (BITUMINOU	S)	STRAIGH	Т			DOWNHIL	.L		
f	Truc	k Bus or HazMat		1				I			
4	NO,	Vahiala									
		Vehicle		I DI-4 T			C+	Country of I	uonee		
		License Plate Number	, ,	Plate Type		St <b>WI</b>	Country of Issuance UNITED STATES				
Vehicle Identification Number  3KPF34AD2ME268202  Color					AUT - AUTOMOBILE  Make  KIA MOTORS CORPORAT  Body Style		Year	Model FORTE			
							7 ear 2021				
							FURAI 2021		Bus Use		
		BLU - BLUE		SD - SEDAN			Das 036				
	ш	Initial Contact Point		Vehicle Damage				I			
					veniole Danlage					7 8 9 10 11	
	VEHICL	Extent Of Damage	00 - NO	00 - NO DAMAGE							
•	Щ	NO DAMAGE					5 4 3 2 1				
	>										

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		Towed Due To Damage		Vehicle Removed By								
		NOT TOWED		OPERATOR								
		What Driver Was Doing		Vehicle Factors								
		SLOW/STOPPING										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions										
	щ	NO CONTRIBUTING ACT	ION									
╘	VEHICLE											
LNO	ᆵ											
	VE											
		Owner Name		Owner Address								
	01	JOSE TIRADO CRUZ		S1751 HERWIG		ıe						
	0	(608) 432-9818		WISCONSIN DELLS, WI 53965 , US								
	\$	Sequence Of Events										
	01	Event DITCH										
	0											
	02	Event										
	0											
	03	Event										
	_											
	04	Event										
		Dell's at Helder										
╘	I	Policy Holder										
LIND		Insurance Company		Individual								
_		NOVA-CASUALTY-COMF	PANY	JOSE TIRADO CE	RUZ							
	1	Individual										
		Driver		Citations Issued								
	ب	DEVARD IRVING		0	MALE							
	A	(608) 432-9818		Date of Birth	Race	AN AMERICAN						
╘	INDIVIDUAL					AN AMERICAN						
	$\leq$	Address S1751 HERWIG ROAD		Driver License Numb	Driver License Number							
	۲	WISCONSIN DELLS, WI	53965 . US	STATE: OTHER J	URISDICTION COL	UNTRY: JAMAICA						
		,	,									
		On Dut	v Crook	Cofety Favilians and								
	Saf	On Duty <b>fety Equipment</b>	y Crasn	Safety Equipment								
				SHOULDER & LAP BELT								
		Row 01 - FRONT ROW	Seat Position  07 - LEFT	SHOULDER & LA	r DELI							
		Helmet Use	VI LLI I	Helmet Compliance								
				To the complained								
		Eye Protection		Tint Compliance								
_	Ξ,	Injury S	Severity	Airbag								
2	90	Injury <sub>NO AF</sub>	PARENT INJURY	NON DEPLOYED								
		Ejected	Ejection Path	•								
		NOT EJECTED	NOT EJECTED/NOT A	PPLICABLE		NOT TRAPPED						
		Medical Transport		EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTED										
		Hospital		Date of Death		Time of Death						
			1.0									
		Distracted By NOT A	ted By Source	'RACTED)								
		Distracted By Action	a i LIOADEE (NOT DIGI	icas i Ebj								
		NOT DISTRACTED										
		1.01 2.01.11.10.122										

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		<u>_</u>									
		Non Motorist	Striking Ur	nit#	Location						
		Prior Action									
UNIT	INDIVIDUAL	Action									
		A-ti Oth							L Ta/Farm Cabarl		
		Action Other							To/From School		
	L	Drug & Alcohol	Suspected <b>NO</b>	Alcohol U	lse	Suspected Drug Use	е				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	9		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	5			
2	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	I	Individual				Louis I					
		Passenger DANIEL CHAMBERS (608) 432-9818				Citations Issued  0	Sex MALE				
_	DUA					Date of Birth	Race BLACK/AFRIC	AN AMERICAN			
TINO	INDIVIDUAL	Address S1751 HERWIG ROAD WISCONSIN DELLS, WI 53965, US				Driver License Num STATE: OTHER	ber JURISDICTION COL	JNTRY: JAMAICA			
	Sat	On Duty Crash  Safety Equipment				Safety Equipment					
		Row 01 - FRONT ROW	Seat Position  O9 - RIGHT			SHOULDER & LAP BELT					
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
2	005					Airbag NON DEPLOYED					
	Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AF					LICABLE		Trapped/Extricated NOT TRAPPED			
	Medical Transport  NOT TRANSPORTED					EMS Agency Identif	ier	EMS Run #			
		Hospital				Date of Death		Time of Death			
		Distracted By	Distracted	By Source	9						
		Distracted By Action									
		Non Motorist	Striking Ur	nit#	Location						

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		Prior Action					
İ		Action					
	₹						
LNO	ੂ						
5	INDIVIDUAL						
		A 1: OII					T- /- 0 - 1
		Action Other					To/From School
		Suspect	ed Alcohol Use	Suspected Drug Use			
		Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	•	
	~	Drug Type					
9	002	Drug Type					
		Individual Condition					
		APPEARED NORMAL					