WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	ocument #	Agency 24-008	Crash Number	Investigatir DEPUTY				
လ	Crash Date 01/24/2024	Crash Time 04:42 PM		Date Arrived 01/24/2024			Time Arrived 04:48 PM			
g	Date Notified 01/24/2024	Time Notified 04:44 PM		Total U	nits	Total Injure	Total Injured Total Killed 00 00		d	
eTL0CX0QCV	On Emergency Hit	and Run	Lane Closu	ıre	Work Zone	Traile	r or T	owed	Reporting Threshold	
3TL	Government Property	Active Sch	nool Zone	School NO	Bus Related	Tags				
•	✓ Reportable	Crash Type DT4000 (STAN	NDARD CRASH	1)		Amen	ded		Secondary Crash	
	Description						•			
	Diagram	coon bluff rd					Pho	onstruction otos By CARTY 9		
				≈ <i>≥</i> y			Add PH	litional Infor	rmation	
	not to scale									
	✓ I, a sworn law enforceme	nt officer, agree	e that I have no	ot added	I any CJIS data in t	his report.				
	UNIT 1 WAS TRAVELING NB ON CO SUSTAINED MINOR DAMAGE TO F	OON BLUFF RD FR	ROM HY 23. OPER	ATOR RE	CALLED DRIVING OVE	R SLICK PATCH I				

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Location			
ON COON BLUFF RD 344 FT S	Latitude 43.55359132	Longitude -89.867224263	
OF BRIAR BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	X Coordinate 268401.28125	Y Coordinate 4826287.5	
	Structure Type NO STRUCTURE		
	<u> </u>	<u> </u>	

Crash Scene						
First Harmful Event		First Harmful Event Location				
DITCH			ON ROADWAY			
Manner of Collision			Light Condition			
00 - NO COLLISION W	VEHICLE IN TRANSPORT	DUSK				
Road Surface Condition(s)			Roadway Factor(s)			
SNOW, SLUSH, ICE						
Environment Factor(s)			-			
WEATHER CONDITION	NS	NONE				
Weather Condition(s)			1			
CLEAR						
Animal Type			Relation To Trafficway			
			TRAFFICWAY - ON ROAD			
Crash Classification - Locat	tion		Crash Classification - Jurisdiction			
PUBLIC PROPERTY		NO SPECIAL JURISDICTION				
Tribal Land		Access Control	Special Study			
			NO CONTROL			
Within Interchange Area	Junction Location	Intersecti	on Type	•		
NO	NON-JUNCTION	NOT AN	INTERSECTION			

	Unit Summary Unit Status		Vehicle Operating As Classific	cation	Linit Toma		
	IN TRANSIT		D CLASS	cation	Unit Type AUTOMOBILE		
_	Vehicle Type				Operating As Endorsements		
0	(SPORT) UTILITY VEHICLE						
İ	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trail	ers	Total HazMat Types	
	3		0	0		0	
İ	Insurance?	Direction Of Travel	Pre CrashTire	Speed Lim	nit	Total Lanes	
Ę	YES	NORTHBOUND	✓ Mark	45		2	
	Most Harmful Event: Collision W	ith	Special Function	•	Emergency Motor Vehicle Use		
_ ا	DITCH		NO SPECIAL FUNCTION	l	NOT APPLICABLE		
İ	Traffic Way		Traffic Control		Traffic Con	trol Inoperative/Missing	
	TWO-WAY, NOT DIVIDED		NO CONTROL		NO		
İ	Surface Type		Road Curvature		Road Grad	е	
	BLACKTOP (BITUMINOUS))	STRAIGHT		LEVEL		
İ	Truck Bus or HazMat		•		ı		
	NO						

		Vehicle				
		License Plate Number	Plate Type	St	Country of Issuance	
		AGD2489	AUT - AUTOMOBILE	WI	UNITED STATES	
۱_		Vehicle Identification Number	Make	Year	Model	
5	2	2CTALSEC4B6365595	GENERAL MOTORS COR	2011	TERRAIN	
1		Color	Body Style		Bus Use	
		WHI - WHITE	UT - SPORT UTILITY VEHICLE			
İ	щ	Initial Contact Point	Vehicle Damage			7 0 0 10 11
∣⊨	겅	12 - FRONT				7 8 9 10 11

Wisconsin Motor Vehicle Crash Form DT4000

Extent Of Damage

MINOR DAMAGE

This report does not include any CJIS data.

12 - FRONT

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Crash Date 01/24/2024
Crash Time 04:42 PM

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

		Towed Due To Damage			Vel	nicle Removed By					
		TOWED BUT NOT DU	JE TO	DISABLING DAMAG	1						
		What Driver Was Doing			Vel	nicle Factors					
		GOING STRAIGHT			1						
		Driver Prior Action Other			NC	NOT APPLICABLE					
		Driver Actions									
		Driver Actions SPEED TOO FAST/CO	OND								
_	VEHICLE	0. 225 100 170 170	0.10								
UNIT	읟										
\supset	亩										
	>										
		Owner Name				Owner Address					
		DAYANA NIEVES	OQUE	ENDO		E9430 DELLWOO					
5	REEDSBURG, WI 53959, US										
		Sequence Of Ever	nts								
		Event		_							
	6	RUN OFF ROADWAY	RIGH	Т							
	05	DITCH									
	03	Event									
		Front Control									
	8	Event									
_		Policy Holder									
NN		Insurance Company				ndividual					
_		PROGRESSIVE-CLAS	SSIC-II	NS-CO	DAYANA NIEVES OQUENDO						
		Individual									
		Driver		DELL	Citations Issued Sex						
	7	LUIS MENA ABREU				0 MALE					
	INDIVIDUAL					Date of Birth Race					
L N	₹	Address			Driver License Number						
\neg	ቯ	920 RACE ST # 406									
	=	WISCONSIN DELLS, WI 53965, US									
	0-4	On	Duty C	rash	,	Safety Equipment					
	Sai	fety Equipment									
		Row		Seat Position	RESTRAINT USE UNKNOWN						
		01 - FRONT ROW		07 - LEFT							
		Helmet Use			Helmet Compliance						
		Eye Protection			+	Tint Compliance					
7	90	Injury No.	ury Seve	erity	- 1	Airbag					
•	0			ARENT INJURY		NON DEPLOYED		I Transad/Eutricotad			
	Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP				PLIC	CABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport				EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED)								
		Hospital			1	Date of Death		Time of Death			
		Distracted By UN	stracted NKNOV	By Source VN							
		Distracted By Action									
		UNKNOWN									

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This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 6 \end{tabular}$

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

		Non Motorist Striking	Unit #	Location						
		Prior Action								
		Action								
	۱AL									
FIN	J I									
-	INDIVIDUAL									
		Action Other						To/From School		
	L	Drug & Alcohol NO	ted Alcohol U	Jse	Suspected Drug Use					
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results			
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results				
	_	TEŠT NOT GIVEN Drug Type								
2	001	Brug Type								
		Individual Condition								
		APPEARED NORMAL								
		Individual			Tan i					
	Ļ	Passenger DAVID RIVERA FIGUE	ROA		Citations Issued Sex MALE					
	DO				Date of Birth	Race HISPANIC				
TNO TNO	INDIVIDUAL	Address 126 1ST ST APT 3			Driver License Number					
	=	BARABOO, WI 53913 , U	3							
	Sat	fety Equipment On Duty	/ Crash		Safety Equipment					
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance					
		Eye Protection			Tint Compliance					
2	002	Injury S	everity PARENT II	NJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Pa		1		Trapped/Extricated NOT TRAPPED			
		Medical Transport	NOT EJE	CTED/NOT APPL	EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital			Date of Death		Time of Death			
		Distract	ed By Source							
		Distracted By	ed by Source	-						
		Distracted By Action								
		Non Motorist Striking	Unit #	Location						

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

I		Prior Action											
		Prior Action											
İ		Action											
	INDIVIDUAL												
⊨	2												
FIN	≥												
_	9												
	=												
		Action Other						To/From School					
		Suspec	ed Alcohol I	lea	Suspected Drug Use								
	L	Drug & Alcohol NO Suspected Drug Use NO NO											
		Alcohol Test Given		Alcohol Test Type	<u> </u>		Alcohol Test Results						
		TEST NOT GIVEN											
		Drug Test Given		Drug Test Type		Drug Test Results	5						
		TEŠT NOT GIVEN											
2	002	Drug Type											
	_												
		Individual Condition											
		APPEARED NORMAL											
	- 1	Individual											
		Passenger YADIEL RIVERA Address			Citations Issued	Sex							
	4				0	MALE							
L	INDIVIDUAL				Date of Birth	Race HISPANIC							
FIN	₹				Driver License Number								
>	Ē	E9430 DELLWOOD RD #											
	=	REEDSBURG, WI 53959	, 03										
		On Duty	Crash		Safety Equipment								
	Saf	fety Equipment	Orasii		Salety Equipment								
		Row	Seat Po	osition	SHOULDER & LAP	ULDER & LAP BELT							
		02 - SECOND ROW	09 - R	IGHT									
		Helmet Use			Helmet Compliance								
		Eye Protection			Tint Compliance								
		Lye Protection			Tint Compliance								
2	33	Injury S	everity		Airbag								
•	ŏ	Injury NO AF	PARENT I	NJURY	NON DEPLOYED								
		Ejected NOT EJECTED	Ejection Pa	ath :CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED						
		Medical Transport	NOT EJE	CTED/NOT APP	EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTED			Line / igoney identinor		Zivio rtair ii						
		Hospital			Date of Death		Time of Death						
		Distracted By Distract	ed By Sourc	е									
		Distracted By Action											
		Non Motorist Striking	Unit #	Location									
		Prior Action		1									

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		Action					
	بِ						
 	Ď						
FIND	1						
_	INDIVIDUAL						
	=						
							T
		Action Other					To/From School
		Suspected Ald	ohol Use	Suspected Drug Use			
		Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
l		TEST NOT GIVEN	Drug Test Type		I David Tool Doorly		
		Drug Test Given TEST NOT GIVEN	Diug rest type		Drug Test Results	S	
2	003	Drug Type					
•	0						
		Individual Condition					
		APPEARED NORMAL					
		ALL LANCE HORMAL					