6TL0F1BQ7J 24-01111

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

[Document Number Override	Primary Crash D	Document #		/ Crash Number		Officer/Deputy			
					24-01111 Date Arrived		DEPUTY D. KROLIKOWSKI Time Arrived			
2	Crash Date 01/31/2024	Crash Time 01:22 PM		01/31/2024		01:28 PM				
3	Date Notified	Time Notified			Total Units 01		Total Injured Total Killed			
מ	01/31/2024	01:22 PM					00			
61 LUF1BQ/J	On Emergency	t and Run	Lane Clos		Work Zone		or Towed	Reporting Threshold		
9	Government Property		hool Zone	School NO	Bus Related	Tags				
	Reportable	Crash Type DT4000 (STA	NDARD CRAS	SH)		Amend	ed	Secondary Crash		
	Description Diagram									
								Photos By Additional Information NONE		
						is report				
	✔ I, a sworn law enforceme VEHICLE WAS DRIVING SOUTH ON	N HWY BD WHEN	IT'S RIGHT MIRR				IITE LINE, DAN	AGING ONLY THE MIRROR		
	OF THE CAR. THE GARBAGE CAN	WAS UNDAMAGE	ED.							

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Location						
ON CTHBD SB 0.35 MI S	Latitude 43.505609968	Longitude -89.778188035				
OF PIT RD IN THE TOWN OF BARABOO IN SAUK COUNTY	X Coordinate 275415.34375	Y Coordinate 4820714.5				
	Structure Type NO STRUCTURE					
Crash Scene						
First Harmful Event	First Harmful Event Locatio	n				
OTHER OBJECT - NOT FIXED	ON ROADWAY	ON ROADWAY				
Manner of Collision	Light Condition	Light Condition				
00 - NO COLLISION W/VEHICLE IN TRANSPORT	DAYLIGHT	DAYLIGHT				
Road Surface Condition(s)	Roadway Factor(s)					
DRY						
Environment Factor(s)						
NONE	NONE					

NONE		NONE			
Weather Condition(s)					
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	Intersection	on Type	·	
NO	NON-JUNCTION	INTERSECTION			

	Uni	t Summary						
	Unit Status			Vehicle Operating As Classifi	ication	Unit Type		
	IN TRANSIT			D CLASS		AUTOMOBILE		
1	Vehi	cle Type				Operating As Endor	sements	
6	PASSENGER CAR							
	Tota	Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trail	ers Total H	lazMat Types	
	2			0	0	0		
	Insu	Insurance? Direction Of Travel		Pre CrashTire Speed Lin		mit Total Lanes		
н	NO		SOUTHBOUND	Mark	55	2	2	
UNIT	Most Harmful Event: Collision With			Special Function	ł	Emergency Motor Vehicle Use		
	OTHER OBJECT - NOT FIXED			NO SPECIAL FUNCTION	N	NOT APPLICABLE		
	Traffic Way			Traffic Control		Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDED			NO CONTROL		NO		
	Surface Type			Road Curvature		Road Grade		
	BLA	CKTOP (BITUMINOUS))	STRAIGHT		LEVEL		
	Truc	k Bus or HazMat		·				
	NO							
	١	Vehicle						
		License Plate Number		Plate Type	St	Country of Issuance		
		Vehicle Identification Number JM1BL1W57B1389113		AUT - AUTOMOBILE	wi	UNITED STATES		
	_			Make	Year Model			
	01			MAZDA	2011	3		
		Color		Body Style		Bus Use		
		SIL - SILVER (ALUMINUM)		SD - SEDAN				
	щ			Vehicle Damage			7 8 9 10 11	
Ē	02 - RIGHT SIDE FRONT		NT				6	
UNIT	Ξ	Extent Of Damage		02 - RIGHT SIDE FRON	IT		4	
_	02 - RIGHT SIDE FRONT Extent Of Damage MINOR DAMAGE					5 4 3 2 1		



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		Towed Due To Damage NOT TOWED			Vehicle Removed By						
		What Driver Was Doing		,	Vehicle Factors						
		GOING STRAIGHT	IG STRAIGHT								
		Driver Prior Action Other			NOT APPLICABLE						
		-									
		Driver Actions									
	щ	OPERATED MOTOR VEH	ICLE IN A	GGRESSIVE/RE	CKLESS MANNER						
E	CL										
UNIT	VEHICLE										
	K										
		Owner Name			Owner Address	DD # 5244					
	01	OGULCAN DAG (608) 339-1277			200 W HIAWATHA WISCONSIN DEL		S				
	0	()				, , .	-				
		Sequence Of Events									
	01	OTHER OBJECT - NOT FI	XED								
	~	Event									
	02										
	03	Event									
	0										
	04	Event									
		ndividual				F					
		Driver OGULCAN DAG (608) 339-1277			Citations Issued Sex						
	٩L				0	MALE Race					
	INDIVIDUAL				Date of Birth	Race .					
UNIT	M	Address				Driver License Number					
	D	200 W HIAWATHA DR # 5211 WISCONSIN DELLS, WI 53965 , US									
	4				STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty			Safety Equipment						
	Gui			PONDER							
		Row 01 - FRONT ROW	Seat P 07 - L		SHOULDER & LAP BELT						
		Helmet Use	07-1		Helmet Compliance						
		Eye Protection		Tint Compliance							
5	001	Injury Se	-		Airbag						
	0		PARENT		NON DEPLOYED						
			Ejection Pa				Trapped/Extricated NOT TRAPPED				
		NOT EJECTED Medical Transport	NULEJE	CTED/NOT APPI			EMS Run #				
		NOT TRANSPORTED			EMS Agency Identifier						
		Hospital			Date of Death		Time of Death				
		Distracted Put	ed By Sourc								
		Distracted By NOT A	PPLICABI	LE (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED									
		Striking	I Init #	Location							
		Non Motorist		Location							

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1											
		Prior Action	ior Action								
İ		Action									
	Ļ										
┝┍	INDIVIDUAL										
UNIT											
	Ĩ										
	=										
		Action Other To/From School									
		Action Other						10/From School			
		Suspe	ected Alcohol	Use	Suspected Drug Use						
	-	Drug & Alcohol No			NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	e		Alcohol Test Results				
		Drug Test Given	Drug Test Given			Drug Test Result	5				
		TEŠT NOT GIVEN									
6	001	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
		Individual									
		Passenger			Citations Issued Sex						
	AL	MEHMET BAYLASSIN (608) 408-4047		0 Date of Birth	MALE Race						
┝┍╴	DU				Date of Birth	Tace					
UNIT	INDIVIDUAL	Address			Driver License Numbe	er					
-	Ľ	200 W HIAWATHA DR # 5211 WISCONSIN DELLS, WI 53965,US									
	Sat	On Duty Crash			Safety Equipment						
	ou	Row	Seat F	Position	SHOULDER & LAP BELT						
		01 - FRONT ROW		RIGHT							
		Helmet Use	•		Helmet Compliance						
		Eye Protection			Tint Compliance						
2	002		Severity		Airbag NON DEPLOYED						
	U	Ejected	Ejection P		NON DEPLOTED		Trapped/Extricated				
		NOT EJECTED	NOT EJE	ECTED/NOT APP							
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	r	EMS Run #				
		Hospital			Date of Death Time of Death		Time of Death				
		Distracted By Source									
		Distracted By Action									
		Non Motorist	ig Unit #	Location							
		Prior Action									

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
	_						
	NΑ						
UNIT	/ID						
	INDIVIDUAL						
	Z						
		Action Other					To/From School
	L	Drug & Alcohol NO	lse	Suspected Drug Use			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	;	
6	002	Drug Type					
		Individual Condition					
		APPEARED NORMAL					