

6TL0CX0QD1

24-02346

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>24-02346</b>	Investigating Officer/Deputy <b>DEPUTY K. MCCARTY</b>	
Crash Date <b>03/07/2024</b>		Crash Time <b>09:28 PM</b>	Date Arrived <b>03/07/2024</b>	Time Arrived <b>09:36 PM</b>	
Date Notified <b>03/07/2024</b>		Time Notified <b>09:30 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

<p>Diagram</p> <p>Swerved to miss small animal in rdwy per driver</p> <p>s4792 cth ch</p> <p>01</p> <p>01</p> <p>01</p> <p>culvert</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By <b>HUNTER 9196</b>
	Additional Information <b>PHOTOS</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING EB ON CTH CH FROM HY 23. DRIVER STATED HE WAS GOING APPROXIMATELY 50 MPH AS HE WAS APPROACHING THE APPROXIMATE 90 DEGREE LEFT HAND CURVATURE IN THE ROADWAY. DRIVER STATED THERE WAS A SMALL ANIMAL IN THE RDWY THAT HE ATTEMPTED TO MISS AND IN LATER LOST CONTROL OF THE VEHICLE. UNIT 1 FAILED TO NEGOTIATE CURVE AND ENTERED DITCH AND STRUCK A CULVERT NEAR S4792 CTH CH. DRIVER AND THE TWO ADDITIONAL OCCUPANTS WERE UNINJURED AND WERE WEARING THEIR SEAT-BELTS. DRIVER CITED FOR OWL 1ST AND FAIL TO KEEP VEHICLE UNDER CONTROL. CRAIGS TOWING REMOVED VEHICLE. ALL JUVENILE OCCUPANTS WERE RELEASED TO AN ADULT FROM THE SCENE.

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## Location

ON CTHCH EB 23 FT W OF PINE BLUFF RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.471193313</b>	Longitude <b>-90.004089966</b>
	X Coordinate <b>257014.828125</b>	Y Coordinate <b>4817527</b>
	Structure Type <b>NO STRUCTURE</b>	

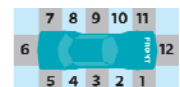
## Crash Scene

First Harmful Event <b>CULVERT</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type <b>OTHER NON DOMESTICATED</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>CULVERT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>WARNING SIGN WITH FLASH</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>VEHICLE</b>	License Plate Number <b>AVW7895</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FM5K8GT7DGB29201</b>	Make <b>FORD</b>	Year <b>2013</b>	Model <b>EXPLORER S</b>
		Color <b>BLK - BLACK</b>	Body Style <b>LL - CARRYALL</b>		Bus Use
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 14 - UNDERCARRIAGE</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>			
01 01	Owner Name <b>ADRIAN MARTINEZ ALCANTARA</b>		Owner Address <b>610 COMMERCIAL AVE #635 WISCONSIN DELLS, WI 53965 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>RUN OFF ROADWAY RIGHT</b>			
	Event <b>DITCH</b>			
	Event <b>CULVERT</b>			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>FOUNDERS-INS-CO</b>		Individual <b>ADRIAN MARTINEZ ALCANTARA</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ANDRES MARTINEZ</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
	Address <b>610 COMMERCIAL AVE #635 WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race
	Driver License Number			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>CARLIE GOODRICH</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
					Date of Birth	Race <b>WHITE</b>	
		Address <b>E9384 HWY H WISCONSIN DELLS, WI 53965 , US</b>			Driver License Number		
		01	002	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>				Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <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>Non Motorist</b>		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action		
		Action		
01	002	Action Other		To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
01	002	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
01	002	Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Passenger <b>MARIAH GRANT (608) 963-9926</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
01	003	Date of Birth <b>03/15/2008</b>	Race <b>WHITE</b>	
		Address <b>916 WASHINGTON AVE WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	003	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
01	003	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	003	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
01	003	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
01	003	<b>Distracted By</b>	Distracted By Source	
		Distracted By Action		
01	003	<b>Non Motorist</b>	Striking Unit #	Location
		Prior Action		

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CRASH REPORT

UNIT	<b>INDIVIDUAL</b>			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			
	<b>Violations</b>			
	01	UTC Number <b>BJ675889</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(a)</b>
UTC Number <b>BJ675890</b>		Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>