

6TL0F1BQ7R  
24-03220

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

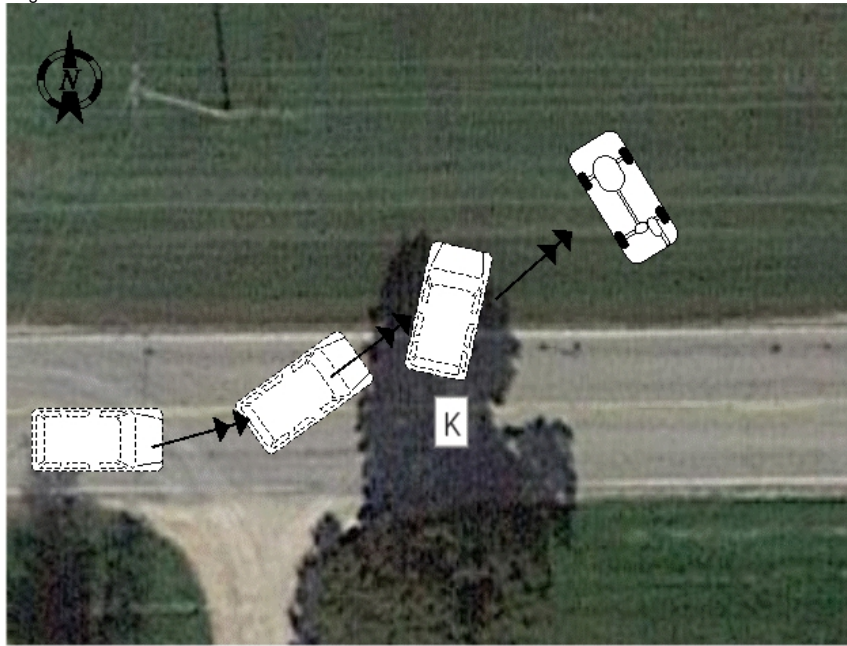
SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>24-03220</b>		Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>04/02/2024</b>		Crash Time <b>10:06 AM</b>		Date Arrived <b>04/02/2024</b>		Time Arrived <b>10:26 AM</b>	
Date Notified <b>04/02/2024</b>		Time Notified <b>10:06 AM</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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

Description

Diagram



Reconstruction By

Photos By  
**DEPUTY KROLIKOWSKI**

Additional Information  
**NONE, PHOTOS**

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

DRIVER WAS DRIVING EAST ON CO RD K WHEN HE LOST CONTROL DUE TO DRIVING TOO FAST FOR THE CURRENT CONDITIONS OF RAIN AND SLUSH ON THE ROAD. THE VEHICLE BEGAN DRIFTING TO ITS LEFT AND CROSSED THE CENTERLINE. IT THEN ENTERED THE DITCH SIDEWAYS AND ROLLED 3/4 OF A ROTATION ENDING UP ON IT'S DRIVER'S SIDE.



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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SHIELDS TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>SPEED TOO FAST/COND</b>				
01	01	Owner Name <b>MARTHA SARMIENTO (608) 415-9724</b>		Owner Address <b>111 CRIMSON DR REEDSBURG, WI 53959 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>DITCH</b>			
		Event <b>OVERTURN/ROLLOVER</b>			
		Event			
		Event			
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>SANTIAGO OROZCO PENA (608) 415-9724</b>		Citations Issued <b>2</b>	Sex <b>MALE</b>
		Date of Birth		Race <b>HISPANIC</b>	
		Address <b>111 CRIMSON DR REEDSBURG, WI 53959 , US</b>		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		Injury <b>Injury Severity NO APPARENT INJURY</b>			
Airbag <b>DEPLOYED-SIDE</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>		
<b>Non Motorist</b>		Striking Unit #		Location	

UNIT	Prior Action			
	Action			
	Action Other		To/From School	
01	INDIVIDUAL	<b>Drug &amp; Alcohol</b>		
		Suspected Alcohol Use	Suspected Drug Use	
		NO	NO	
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
		Drug Type		
		Individual Condition	APPEARED NORMAL	
		01	INDIVIDUAL	<b>Individual</b>
Passenger	Citations Issued			
JUAN OROZCO-SARMIENTO (608) 495-3477	0			
Date of Birth	Sex			
	MALE			
Address	Driver License Number			
111 CRIMSON DR REEDSBURG, WI 53959 , US				
<b>Safety Equipment</b>				
On Duty Crash	Safety Equipment			
Row	Seat Position			
01 - FRONT ROW	09 - RIGHT			
SHOULDER & LAP BELT				
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			
01	002	<b>Injury</b>		
		Injury Severity	Airbag	
		NO APPARENT INJURY	DEPLOYED-SIDE	
		Ejected	Ejection Path	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
		Medical Transport	EMS Agency Identifier	EMS Run #
		NOT TRANSPORTED		
		Hospital	Date of Death	Time of Death
		<b>Distracted By</b>		
		Distracted By Source		
Distracted By Action				
01	002	<b>Non Motorist</b>		
		Striking Unit #	Location	
Prior Action				

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	002	<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>			
	02	01	UTC Number <b>BK260726</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
			UTC Number <b>BK260725</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(a)</b>	Description <b>OPERATE W/O VALID LICENSE (1ST VIOLATION)</b>