

6TL0B1714M
18-02345

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

INTERSECTION ON AT IN THE IN COUNTY	Latitude	Longitude
	X Coordinate	Y Coordinate
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Injured	Total # Citations Issued	Total Trailers 0	Total HazMat Types	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With DITCH		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	VEHICLE	01	Vehicle			
			License Plate Number 429ZHE	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1G4PP5SKXE4199656	Make BUICK	Year 2014	Model VERANO
			Color BLK - BLACK	Body Style SD - SEDAN		Bus Use NOT A BUS
			Initial Contact Point NON-COLLISION	Vehicle Damage		
			Extent Of Damage NO DAMAGE	NO DAMAGE		

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UNIT	VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By EJESCO	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions FAILURE TO CONTROL		
01	01	Driver Distractions NOT DISTRACTED		
		Owner Name JUAN CARLOS HERNANDEZ SANTOS	Owner Address 1197 BUNKER DR 207B BARABOO, WI 53913 , US	
Sequence Of Events				
UNIT	INDIVIDUAL	01	Event RUN OFF ROADWAY RIGHT	
		02	Event	
		03	Event	
		04	Event	
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company GEICO-ADVANTAGE-INSURANCE-CO	Individual JUAN CARLOS HERNANDEZ SANTOS	
		Driver MIRAYA M JIMINEZ VEGA	Citations Issued	Sex FEMALE
		Address 1197 BUNKER DR 207B BARABOO, WI 53913 , US	Date of Birth [REDACTED]	Race HISPANIC
			Driver License Number [REDACTED]	STATE: PUERTO RICO COUNTRY: UNITED STATES
01	001	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		Non Motorist		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		Passenger SANTOS JUAN HERNANDEZ		Citations Issued	Sex MALE		
				Date of Birth [REDACTED]	Race HISPANIC		
		Address 1197 BUNKER DR # 207B BARABOO, WI 53913 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER		SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
Non Motorist		Striking Unit #	Prior Action	Location	To/From School		

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UNIT	INDIVIDUAL	Action		
		Action Other		
01	002	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
		Drug Type		
		Individual Condition APPEARED NORMAL		