Wisconsin Motor Vehicle Crash Report

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

[Document Number	Document Number Override Primary Crash Document								Investigating Officer/Deputy DEPUTY I. GALVAN				
7	Crash Date			Crash Time			ate Arriv			Time Arrived				
N	07/25/2018			05:57 PM		0	7/25/20	18		06:06 PM				
⋉	Date Notified			Time Notifie	:d		otal Units	3		Total Injured Total Killed				
	07/25/2018			05:59 PM		0	12			00 00				
ZXOX60	On Emergen	су	□Hit	and Run	Lane		1 -	Work Zo	ne	Trailer or Towed Reporting Threshold				
119	Governi Prope			Active	School Zone	1	ichoo! Bu IO	s Related		Tags	* NA.			
	☑ Reportable			Crash Type DT4000 (S	STANDARD CR	ASH)				Amended	Secondary Crash			
Ī	ocation						•			**************************************				
	ON MULBERRY	ST				Latitude		Longitude		VLongSource	Access Control			
	46 FT N OF LINN ST/ STI	H33 WI	В				192614	-89.7670		P S	0.0.1.11.10%			
ŀ	IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY					27620	dinate 2.8125	Y Coordina 4817276.		n Roadway Link ID# 558717	On Roadway Link Offset			
						27020		Tribal Land	100	,,,,,,,, .	Structure Type			
	Crash Scene						đe _				NO STRUCTURE			
Ċ														
[First Harmful Event					l		ent Location	_wi>					
ļ	MOTOR VEH IN TRANSPORT Manner of Collision 05SIDESWIPE/SAME DIRECTION Road Surface Condition(s) DRY Roadway Factor(s)						DADWA	Y		÷-	*** T.			
							ondition	1777 T						
}							DAYLIGHT Environment Factor(s)							
							4							
							NONE							
Ì							er Condill	on(s)						
	WORK ZONE (CONSTRUCTIO	N/MAI	NTENA	NCE/UTIL	ITY)	CLEAR								
	Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD								
ł	Crash Classification	n - Locai	tion			Crash Classification - Jurisdiction								
	PUBLIC PROPE	RTY						JURISDICT						
	Tribal Land			A. A		Access Control FULL CONTROL			Spec	ial Study				
ŀ	Within Interchange	Area		ction Locatio				ersection Typ	e		······································			
Ì	NO			ERSECTION	ON-RELATED			THER						
Ţ	Work Zone Crash L				7	1	one Cras							
ļ	TRANSITION AF	∢⊑A _	7			1	CLOSU	nt Present						
	UNKNOWN Work Zone Speed Limit Advisory/Regul 25 REGULATO Unit Summary Unit Status Vehicle Operat					NO	itoreemer	it i tesent						
ł					Advisory/Regulat	1	ed Limit		Normal P	osted Speed Limit	, , , , , , , , , , , , , , , , , , , 			
					REGULATOR	Υ			25					
i														
[Vehicle Operatin	g As Cla	ssificatio	1	Unit Type					
ļ	The state of the s			D CLASS				AUTOM		· · · · · · · · · · · · · · · · · · ·				
2	Vehicle Type PASSENGER CAR						Operating	As Endorsements						
<u> </u>	Total Occs Train/Bus # Injured Total # Citation:			Issued		Total Traile	rs	Total HazMat Types	<u> </u>					
	2 Transbus # injured 1					0	0							
UNIT	Insurance? Direction Of Travel Pre Cra			Pre Cras				imit Total Lanes 2						
ā	Most Harmful Event: Collision With Special Function NO SPECIA NO SPECIA			Special Function NO SPECIAL	1			Emergency Motor Vehicle Use NOT APPLICABLE						

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											174 <u>.</u>	
		ic Way D-WAY, NOT DIVIDI	FD	Traffic Control				Traffi NO	c Control Inoper	ative/Missi	ng	<u> </u>
	Surfa	ace Type ACKTOP (BITUMING		Road Curvature STRAIGHT				Road LEV	Grade EL	in the second		
٦	Truc NO	k Bus or HazMat							Marie Care			
		Role DRIVER			Citations Issued 1			Us J	se Driver Address	Individual INDIVID		
2	9	Last Name AVILES ORTIZ			First Name MIGUEL		·			Middle Ini A	tial	Suffix
		Street Address E8758 TERRYTOV	WN RD	£ 1,1-1,	Street Address 2	Street Address 2				PO Box		
	Z	City BARABOO	State WI					Country of Residenc				
LIND	INDIVIDUAL	DOB	Sex Ra	ace	Hair BROWN	Eyes BROV	ΝN		Height 509	Weight 165		Number 477-7407 EXT.
	2	Driver's License Numb	per		State WI		Licer STA		rsidiction	Country o		
		License Type NON-CDL DRIVER	License Status VALID LICEN	SE				DL Expire 2023	Year			
		Equipment	Safety Equipmen	nt					**			
		Seat Position 1FRONT SEAT-L	EFT SIDE (DR	VER/MOTORC	SHOULDER 8	& LAP I	BEL	T				
	5	Helmet Use			Helmet Compliance							
		Eye Protection		i i	Tint Compliance	1			- "			
		Injury	Injury Severity NO APPAREN	IT INJURY	Airbag NON DEPLO	/ED					. 11.1	
UNIT	INDIVIDUAL	Ejected NOT EJECTED		% 	Ejection Path NOT EJECTE		AP	PLIC		PPED		
Ś	5	MedicalTransport NOT TRANSPORT		100	EMS Agency Ide	entifier			EMS Run #			
٠		Hospital			Date of Death				Time of De			
		Non Motorist	Striking Unit#		Location				To/FromSo	hool		- Market Park - 1
	٥٦	Prior Action			Action							,
			Action Other									
	[20120A	Drug & Alcoh	Individual Condit	ion ORMAL								

Suspected Alcohol Use

Suspected Drug Use

Wisconsin Motor Vehicle Crash Report

	A	NO	18.77.57	****	NO							
LINO		Alcohol Test Given TEST NOT GIVEN	· · ·	Alcohol Test Type	1	Alcohol Te	st Results	-4116		vá Vä		
⊃	NDIVIDUAL	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test	Results		- Friedrick Control of the Control o			
		Drug Type	*-									
								ė.	i.			
		Role			Citations Is	sued	Use	Driver	Individual Type			
2		PASSENGER Last Name			0 First Name		Add	iress	Middle Init	******		
	2	SANTIAGO		6-44-V	CARMEL	0			0			
		Street Address 1341 CARPENTER	RST		Street Add	ress 2			PO Box			
	7	City BARABOO		·	State WI		Zip Code 53913	Parties :	Country of UNITED	Residence STATES		
LIND	INDIVIDUAL	DOB		Race H	Hair	Eyes BLA	11.127	ight 5	Weight 125	Phone Number (608) 477-7407 EXT.		
	O N	Driver's License Num	ber		State WI	n-hóu		License Jursidiction		Country of Issuance UNITED STATES		
		License Type NON-CDL DRIVER	DIE LICENSE		License Sta REVOKE	1115			DL Expire Year 2010			
		Equipment =	On Duty Accide	ent	Safety Equ	A contraction			<u> </u>			
		Seat Position		s. pt.	SHOULD	ER & LAF	BELT					
	2	3FRONT SEAT-F	RIGHT SIDE (RAIN ENGINEE	Helmet Co	moliance						
					,							
		Eye Protection			Tint Compl	latice						
		Injury	Injury Severity NO APPARE	NŢINJURY	Airbag NON DEF	PLOYED						
⊨	SUA B	Ejected NOT EJECTED	,		Ejection Pa		T APPLICA	Trapped/Ex				
UNIT	IDIVIDUAI	MedicalTransport NOT TRANSPORT	red 🍦		EMS Agen	cy Identifier	A.A.	EMS Run #	ın#			
	Z	Hospital			Date of De	ath		Time of De	ath			
		Non Motorist	Striking Unit#	***************************************	Location			To/FromSc	omSchool			
		Prior Action			Action							
	02											
					Action Other							
		ne e e vicas	Individual Cond							· 		
		Drug & Alcoh Suspected Alcohol Us	APPEARED se	NORMAL	Suspected	Drug Use						
⊨		NO Alcohol Test Given		Alcohol Test Type	NO Alcohol Test Results							
LNO		TEST NOT GIVEN				Drug Test				190.50		
		Drug Test Given TEST NOT GIVEN	İ	Drug Test Type		Drug Fest	11000115					

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37														
	4													
		Drug Type	1		•									
		License Plate Number AAE5783	:	· · · · · · ·			Plate Type AUT - AU		OBILE	St W!		ry of Issuance ED STATES		
	navis Maria	Vehicle Identification N					Year 1990	Make						
	20-23¢	1C3XJ5538LG4894 Model		Body Style			1990	Color	· · · · · · · · · · · · · · · · · · ·					
2	es m	LEBARON							RTIBLE			RED		
		Initial Contact Point		Vehicle Da	mage)			•••					
		10LEFT SIDE FRONT Extent Of Damage						VТ		ÿ.				
6	5	MINOR DAMAGE					12FRONT							
		Towed Due To Damag		Vehicle Fa										
		NOT TOWED Vehicle Removed By		NOT APP	או וכ	ARIF								
		OPERATOR					NOTALL							
		What Driver Was Doin	Driver Prior	r Acti	on Other	1	Bus U							
		STOP IN TRAFFIC	Driver Diele	raclia			NOI	A BUS						
	ш	Driver Actions FAILED TO YIELD	RIGHT-OF-W	ΆΥ			Driver Distr NOT DIS	TRA	CTED					
╘	ਹ					•								
LNO	VEHICLE				.785									
	>						j (p							
		Vehicle Owner	Same As Op	erato			 Use Operator Address					400 to 100		
		Organization Type INDIVIDUAL		ă.	Compa	ny Name	9							
, and a late of		Last Name	4.	- Q	First Na					Middle	Suffix	Date of Birth		
		AVILES ORTIZ Street Address		100	MIGUE Street A		<u> </u>			A PO Box				
A CONTRACTOR OF THE PARTY OF TH		E8758 TERRYTOW	/N RD		7		-							
e in		City	St	Zip Cox				Country of Res						
The second second		BARABOO Telephone Number	Wi	53913				UNITED STA	1150	NAME OF THE PROPERTY OF THE PR				
فعدقت مادي		(608) 477-7407 EX	:o: T,											
	8	Event MOTOR VEH IN TR	RANSPORT						· · · ·					
ŀ	2	Event												
ŀ	3	Event												
	2	Event												
01		UTC Number	Issue To?	Stat	ute Numi	ber	Seq Nur 001	m	Description	MOTOR VE	אורי ב זי	N/O INSURANCE		
9	Σ	AE757475	001	344	.62(1)		001		OPERAIL	MOTOR VE	MULE Y	T/O IROUNANUE		

Unit Summary

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r							A . Olassification		г	Unit Type					1
		Status				Vehicle Operating A CLASS	As Classification			TRUCK					
		RANSIT			ŀ	A ULAGO			_		An Codo	omonio			
07		de Type	20 /2 5	AII ATTAOUS	-D)					Operating	As Endors	ements			
0				MI ATTACHE		T-1-1800 00 0					1 =				-
		Occs	Train/B	us # Injured	1	Total # Citations Is	ssued	Total Tra	illet	S		zMat Types	i		
ļ	1					0		1		0				(2)	_
ь		ance?	1	on Of Travel		Pre Crasi		Speed Li	mit		Total La	nes		- A	
LIN S	YES			HBOUND		☐ Mark		05	1	2				\dashv	
- I		Harmful Even			i	Special Function NO SPECIAL F	UNCTION	Emergency Motor Vehicle Use NOT APPLICABLE						The state of the s	
		OR VEH IN	IRAN	SPURI		Traffic Control									
		c Way D-WAY, NOT	ב טועוט	en		STOP SIGN				Traffic Control Inoperative/Missing NO					
		ce Type	DIVID			Road Curvature		Road Grade						*	\dashv
		CKTOP (BI	TUMINO	วบรา	1	STRAIGHT				LEVEL	1.44		114 		
		Bus or HazM			!							The state of the s			
02				MBINATION	l > 10	,000LBS GVWF	R/GCWR			d					
		Role					Citations Issued		_	Use D	river	Individual			
~		DRIVER							L	Addı		INDIVIDU	JAL]
02	ន	Last Name					First Name				Harrie (18	Middle Init	ial	Suffix	
		TARBELL					BRUCE		á			K			_
		Street Addres			ND.		Street Address 2	4 (1977) - 1737		ithy Art		PO Box		,	
			1865 N HAWTHORNE PARK DR					17	0.0	`ode	· ·	Country of	Pocido	200	-
		City JANESVILLE					WI				Code 45		Country of Residence UNITED STATES		
	2	DOB		Sex	Race	 1	Hair	Eyes		Heig	ht	Weight	Phone	Number	
LIND	5	505		M	W		RED	GREE	N	602		200	(608)	449-2313 EXT.	
	INDIVIDUAI	Driver's Licen	ee Num	ber			State	A S S A market by A S A S		nse Jursidio	ction	Country of			
							WI	s	TA	TE		UNITED		S	
		License Type				on.	License Status	7.5				DL Expire 2018	Үеаг		
		COMMERC	JAL DI	On Duty Acci		CDL)	VALID LICENSE 2018 Safety Equipment								
		Equipm	ient :	On Duty Acce	uent		oneth Edgibulant								
		Seat Position		<u> </u>		and	SHOULDER & LAP BELT								
		1FRONT	SEAT-L	EFT SIDE (ORIV	ER/MOTORC									
	ន	Helmet Use		1.00			Helmet Compliance								
					<u></u>	7 174-45 18 19 19 19 19 19 19 19 19 19 19 19 19 19								_	
		Eye Protectio	n		723	-	Tint Compliance	}							
		4		Injury Severit	Hist V	-, 248 - (390	Airbag								\dashv
		Injur	y	NO APPAR	7.77	INJURY	NON DEPLO	YED							-
	K	Ejected	To a service and the service a	<u> </u>			Ejection Path			1	Trapped/Ex	dricated		****	
Ħ	3	NOT EJEC	TED			<u> </u>	NOT EJECTE	D/NOT	AP		NOT TRA				
UNIT	INDIVIDUAL	MedicalTrans					EMS Agency Ide	entifier			EMS Run #	‡			
	9	NOT TRAN	SPORT	red.								-11-			
		Hospital					Date of Death			1	Time of De	ath			
				Capitale - Liette	4		Location				Te/FromSc	hool			
		Non Mot	orist	Striking Unit	17		Location				TOT TOTAL	41001			
	Prior Action				Action										
				Action Other											
	Individual Condition					<u> </u>								_	
		Drug & A	Alcoh	APPEAREI	ON C	RMAL									
		marcanador XIST	N-5-73-F-74241	1											

Suspected Alcohol Use

Suspected Drug Use

Wisconsin Motor Vehicle Crash Report

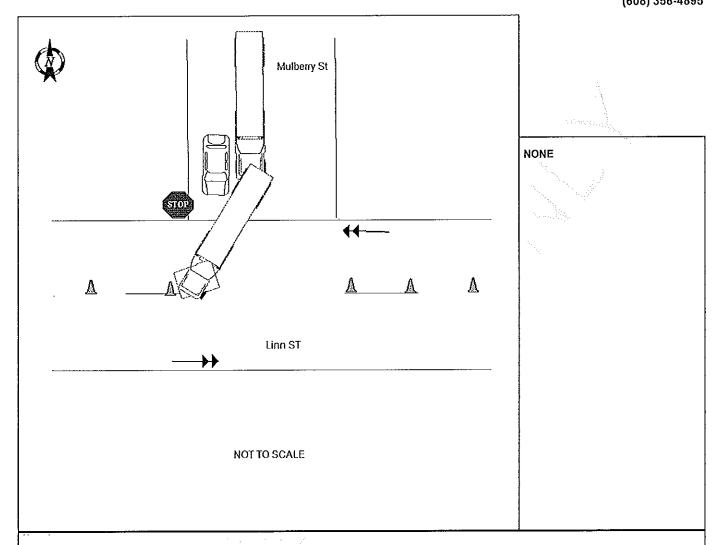
To distance of the delication											
(All particular)	AL	NO	***		ИО	• •					
LIND	NDIVIDUAL	Alcohol Test Given TEST NOT GIVEN	lcohol T	est Type		Alcohol Test Re	esults				
	2	Drug Test Given TEST NOT GIVEN	rug Tes	t Type	Drug Test Results						
		Drug Type		•		1				in the second se	
		License Plate Number 2576415			Plate Type APO - AF	PORTIONED		St N		of Issuance D STATES	
de dans terrain		Vehicle Identification Number			1		1	Year	Make	· ·	
-		1FUJGHDVXFLFM6442 Model			Body Style		12	2015	Color	HTLINER CORP	
		UNKNOWN Initial Contact Point	TK - TRU Vehicle Da			<u> </u>	BLU -	BLUE			
d in collection		4RIGHT SIDE REAR			1:.	1884 A.	rustv ^{iri}				
07	2	Extent Of Damage NO DAMAGE	NO DAMAGE								
		Towed Due To Damage NOT TOWED	Vehicle Factors								
		Vehicle Removed By	NOT APP	NOT APPLICABLE							
		OPERATOR What Driver Was Doing		Driver Prio	r Action Other	<u>.</u>		Bus Us			
		RIGHT TURN	Driver Dist	ractions			NOT A	ABUS			
	Щ	Driver Actions NO CONTRIBUTING ACTION		TRACTED							
LIND	VEHICL			tu fi							
٦	Z										
		Vehicle Owner Same As Ope	rator	. Hay		Use Op	erator <i>i</i>	Address	3		
		Organization Type ORGANIZATION/COMPANY		mpany Name TIONL FR		;					
hall wood to make the comment		Last Name	Firs	st Name			Middle		Suffix	Date of Birth	
		Street Address 510 S ENTERPRISE BLVD	Str	eet Address2	2		PO Box	(
in the state of th		City LEBANON	St IN	Zip Co 46052		1	Country of Residence UNITED STATES				
		Telephone Number (608) 449-2313 EXT.		•		•					
	0.1	Event MOTOR VEH IN TRANSPORT									
	2	Event									
	03	Event								****	
	8	Event									
i	2	Insurance Company NATIONAL-UNION-FIRE-INS-CO-	OF DIT	TSBIIDGL	la V	olicy Holder ame As Owne	<u>.</u> [[Police	/ Holder	· Same As Driver	
	-	Organization Type Last N		TOBURGE	First N		" –	<u> </u>	er Compa	4.17	

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E														
UNIT	DER	INDIVIDUAL		TARBEL	L		BF	RUCE						
		Trailer Plate # PT131B3	Plate Type TRL - TRA	State N PA		Country of Is							· ·	
02	5	Make GREAT DANE		Unit T		Vehicle Ider		tion Number 3714554						
	A	☐ Trailer Own	er Same As	s Vehicle		1								
ь	≅ 0	Organization Type ORGANIZATION		^		pany Name OEHMANN	LINE	E - HAUL L P	HAUL L P					
LIND	ER	Last Name		.,	First	Name		Midd	ile Initial	200 W 1000 AND 11 A 1000 AND 12 A 1000 AND	Suffix			
	TRAILER/TOWED	Street Address 225 BUSINESS	CENTER D	ıR	Stree	t Address2		PO Box						
	The state of the s	City HORSHAM	HORSHAM				St Zip Code PA 19044			Country of Residence UNITED STATES				
	Telephone Number (608) 477-2313 EXT.								, Silv					
•		☑ Use Vehicle	o Owner Sa	ıme as Ca	rrier			Source DRIVER	7 J	ja A				
		US DOT # 1486168						Carrier Name NATIONL FRE	1, 1, 2	1.7.25				
	5	Carrier Address 510 S ENTERP	RISE BLV)	C	Carrier Address			134 137	r PO Box				
02		City LEBANON			11	N	Zip Ć 4605	52	UNIT	ry of Resid	TES			
		GVWR MORE THAN 26,000 LBS				ehicle Configu RUCK TRA	R/SEMI-TRAI	UNK	Body Typ			<i></i>		
LIND	BUS	Carrier Type OTHER OPERA			Permitted Loa	NOT APPLICABLE								
_	TRUCK BU	OS/OW Loa	ıd	WiPe	rmit Ni	Permitted \			ed Vel	I Vehicle On Permitted Route				
	£	Escort Vehi	icle Requir	ed By Per				Escort \		e Preser		ured Weight		
ı		Measured Height		Measu	lied Le	arigut		Measured VVIC	701		Wieds	Sied Weight		
		cription 	J.	es.) Jo							Reconstruction By		
				77 7 8.,	W.									
				***************************************								Photos By		
			2015 2015 2016 2016 2016 2016 2016 2016 2016 2016									Additional Information		

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



UNIT 2 WAS WAITING TO TURN ONTO LINN ST. AND CONTINUE WESTBOUND. UNIT 2 HAD HIS TURN SIGNAL ACTIVATED. UNIT 1 APPROACHED AND STOP AT STOP SIGN ON UNIT 2 RIGHT SIDE. UNIT 1 WAS STRUCK BY UNIT 2. NO INJURIES REPORTED AND NO TOW WAS NEEDED. MINOR DAMAGE TO DRIVER SIDE POST AND FRONT WINDSHIELD. UNIT 1 WAS CITED FOR OPERATING A MOTOR VEHICLE WITHOUT INSURANCE.

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

Agency Space		14.							
Officer Rank DEP			Officer First	Officer First Name ISAAC			Suffix		
DOT Officer ID 9131			DNR Officer ID			Officer Badge Number			
Officer EMail	100	· · · · · · · · · · · · · · · · · · ·							
Local Agency Num	ber	Law Enfor	cement Agency Jurisdic	tion		Law Enforcement Ag			
Law Enforcement A	• •	EPARTME	N	TAS Agency Name SAUK COUNTY SHERIFF					
Law Enforcement /	• ,	ddress		Law Enforcement Agency Street Address2					

Law Enforcement Agency City

LEA State

Law Enforcement Agency Zip Code

Wisconsin Motor Vehicle Crash Report

BARABOO	WI	53913	
Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

