

6TL09426RJ
18-09066

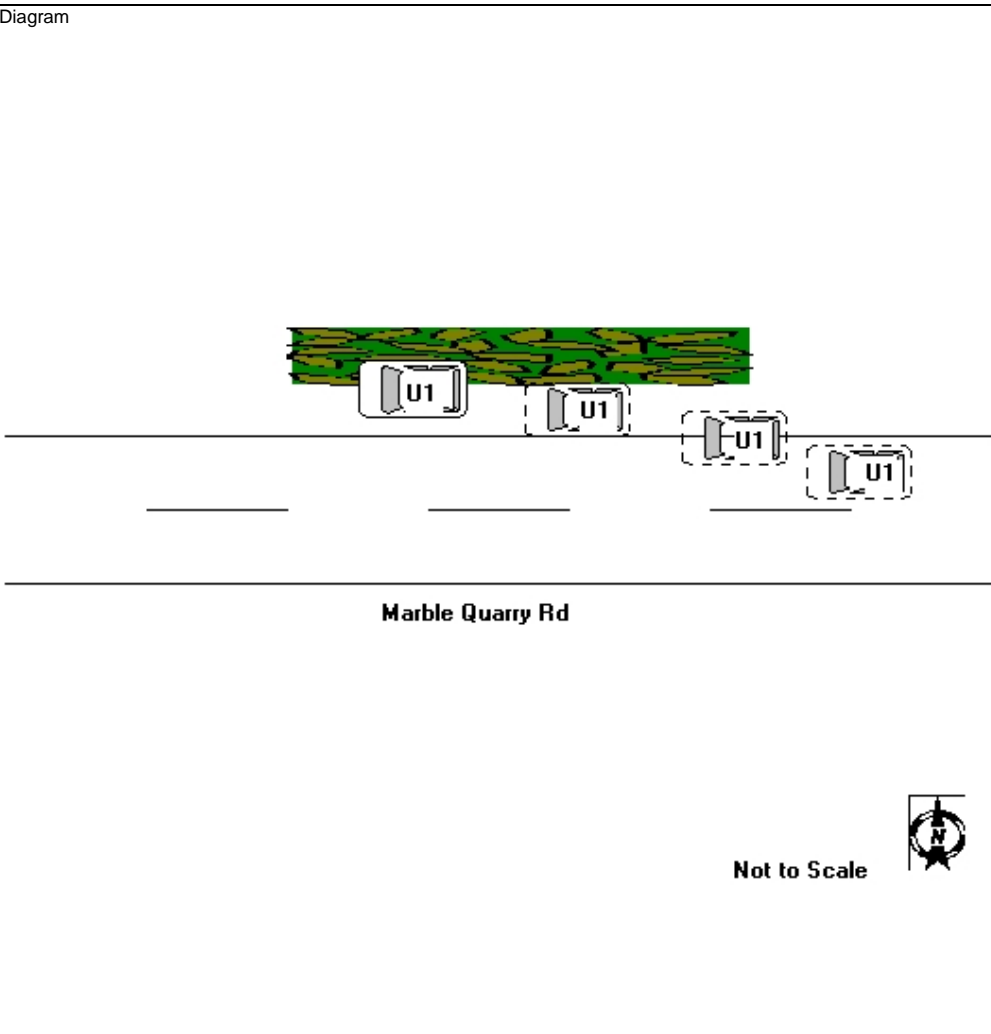
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 18-09066	Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 08/18/2018		Crash Time 10:00 PM	Date Arrived 08/18/2018	Time Arrived 10:35 PM	
Date Notified 08/18/2018		Time Notified 10:15 PM	Total Units 01	Total Injured 00	Total Killed 00
<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 NO	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS WEST BOUND ON MARBLE QUARRY RD. UNIT 1 ENTERED THE NORTH DITCH AND STRUCK SEVERAL SMALL TREES BEFORE GETTING STUCK ON AN EMBANKMENT.

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Location

ON MARBLE QUARRY RD 0.27 MI N OF WEITZEL RD IN THE TOWN OF BEAR CREEK IN SAUK COUNTY	Latitude 43.309791597	Longitude -90.184442163
	X Coordinate 241741.140625	Y Coordinate 4800143
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event TREE	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR			Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With TREE		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					

01 UNIT VEHICLE	Vehicle				
	License Plate Number 543XWU		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2FMDK48C68BA53440		Make FORD	Year 2008	Model EDGE SEL A
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS
	Initial Contact Point 1--RIGHT FRONT CORNER		Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 12--FRONT		
Extent Of Damage FUNCTIONAL DAMAGE					

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UNIT	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By GEORGES AUTO BODY			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
	Driver Actions FAILURE TO CONTROL					
01	01	Driver Distractions UNKNOWN IF DISTRACTED				
		Owner Name ROSA HERNANDEZ (608) 445-6447	Owner Address 26960 STATE RD 130 HILLPOINT, WI 53937 , US			
Sequence Of Events						
UNIT	INDIVIDUAL	01	Event TREE			
			Event			
			Event			
			Event			
Individual						
01	001	Driver DANIEL CHAVARRIA OLIVAS (608) 445-6447		Citations Issued 2	Sex MALE	
		Date of Birth		Race HISPANIC		
		Address 26960 STATE RD 130 HILLPOINT, WI 53937 , US		Driver License Number		
		Equipment	On Duty Crash	Safety Equipment		
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		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 #	

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UNIT	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 YES		Suspected Drug Use YES	
	Alcohol Test Given TEST GIVEN			Alcohol Test Type BLOOD	Alcohol Test Results PENDING	
	Drug Test Given TEST NOT GIVEN			Drug Test Type	Drug Test Results	
	Drug Type					
	Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
	Violations					
01	01	UTC Number AE142375	Issue To? 001	Statute Number 346.63(1)(a)	Seq Num 002	Description OPERATING WHILE UNDER THE INFLUENCE
	02	01	UTC Number AE142376	Issue To? 001	Statute Number 346.57(2)	Seq Num 007