

6TL09QKRC5
18-10277


WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL09QKRC5

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|---|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 18-10277 | | Investigating Officer/Deputy DEPUTY S. STACEY | |
| Crash Date 09/16/2018 | | Crash Time 04:00 AM | | Date Arrived 09/16/2018 | | Time Arrived 04:41 AM | |
| Date Notified 09/16/2018 | | Time Notified 04:19 AM | | 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 |
|  <p style="text-align: center;">NOT TO SCALE</p> | 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 EASTBOUND ON CTH P. DRIVER OF UNIT #1 STATES SHE SWERVED HER VEHICLE TO AVOID STRIKING A DEER. THE CRASH SCENE SHOWS THAT THERE WAS A GRADUAL TRAVEL OF THE VEHICLE ON THE NORTHBOUND SHOULDER AND DITCH UNTIL IT STRUCK A DRIVEWAY AT E9898 CTH P CAUSING THE VEHICLE TO GO AIRBORN. VEHICLE DEBRIS WAS LOCATED FROM THE DRIVEWAY TO FINAL RESTING PLACE. APPROX. LENGTH FROM LEAVING THE ROADWAY TO FINAL RESTING PLACE IS 352'. SEE NARRATIVE REPORT FOR MORE INFORMATION.

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Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON CTHP EB 0.49 MI E OF HERWIG RD IN THE TOWN OF DELTON IN SAUK COUNTY | Latitude 43.59035502 | Longitude -89.827599125 |
| | X Coordinate 271741.125 | Y Coordinate 4830261.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event DITCH | First Harmful Event Location ROADSIDE | |
| 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) ANIMAL (S) IN ROADWAY | | |
| Weather Condition(s) CLOUDY | | |
| 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 4 | Train/Bus # Injured | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 45 | 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 01 VEHICLE 01 | Vehicle | | | |
| | License Plate Number 991WZY | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 2C3CDXFG1EH269212 | Make DODGE | Year 2014 | Model CHARGER |
| | Color BLK - BLACK | Body Style 4D - 4DR | | Bus Use NOT A BUS |
| | Initial Contact Point 11--LEFT FRONT CORNER | Vehicle Damage | | |
| Extent Of Damage DISABLING DAMAGE | ALL AREAS | | | |

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| | | | | | | |
|---------------------------|------------|---|--------------------------------------|---|---------------------------------|--|
| UNIT | VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By BILLS TOWING | | |
| | | What Driver Was Doing OTHER | | Vehicle Factors | | |
| | | Driver Prior Action Other DEVIATED FROM LANE TO MISS A DEER | | NOT APPLICABLE | | |
| | | Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-STEERING | | | | |
| 01 | 01 | Driver Distractions DISTRACTED BY OUTSIDE PERSON, OBJECT, OR EVENT | | | | |
| | | Owner Name ALEXSANDRA MARTINEZ (608) 432-9278 | | Owner Address 190 FIELDSTONE DR # 1404 WISCONSIN DELLS, WI 53965 , US | | |
| Sequence Of Events | | | | | | |
| UNIT | INDIVIDUAL | 01 | Event CROSS CENTERLINE | | | |
| | | 02 | Event RUN OFF ROADWAY LEFT | | | |
| | | 03 | Event DITCH | | | |
| | | 04 | Event OVERTURN/ROLLOVER | | | |
| Policy Holder | | | | | | |
| UNIT | INDIVIDUAL | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | | Individual ALEXSANDRA MARTINEZ | | |
| | | Driver ALEXSANDRA MARTINEZ (608) 432-9278 | | Citations Issued 1 | Sex FEMALE | |
| | | Address 115 FIELDSTONE DR #1004 WISCONSIN DELLS, WI 53965 , US | | Date of Birth [REDACTED] | Race HISPANIC | |
| | | | | Driver License Number [REDACTED] | | STATE: WISCONSIN COUNTRY: UNITED STATES |
| 01 | 001 | Equipment | | On Duty Crash | | |
| | | Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | Safety Equipment SHOULDER & LAP BELT | | |
| | | Helmet Use | | Helmet Compliance | | |
| | | Eye Protection | | Tint Compliance | | |
| | | Injury | | Injury Severity NO APPARENT INJURY | Airbag DEPLOYED-FRONT | |
| | | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABL | | Trapped/Extricated NOT TRAPPED |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|---|------------|--|---------------|---|--|----------|----------------|
| 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 JHONATAN GARCIA (608) 844-3134 | | Citations Issued 0 | Sex MALE | | |
| | | | | Date of Birth [REDACTED] | Race HISPANIC | | |
| | | Address 115 FOREST DR #1004 WISCONSIN DELLS, WI 53965 , 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 DEPLOYED-FRONT | | |
| | | 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 | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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|-----------------------|------------|--|--|------------------------------|---|--|----------------|
| UNIT 01 | INDIVIDUAL | 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 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL | | | | | |
| | | Individual | | | | | |
| | | Passenger NATHALIA A GARCIA (608) 432-9278 | | Citations Issued 0 | Sex FEMALE | | |
| | | Address 115 FOREST DR #1004 WISCONSIN DELLS, WI 53965 , US | | Date of Birth [REDACTED] | Race HISPANIC | | |
| Driver License Number | | | | | | | |
| UNIT 01 | INDIVIDUAL | Equipment | On Duty Crash | | Safety Equipment | | |
| | | | Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI | | CHILD RESTRAINT SYSTEM - FORWARD FACING | | |
| | | 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 01 | INDIVIDUAL 003 | 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 | | | | |
| | | Individual | | | | |
| | | Passenger LEILANI A GARCIA (608) 432-9278 | Citations Issued 0 | Sex FEMALE | | |
| | | Address 115 FOREST DR #1004 WISCONSIN DELLS, WI 53965 , US | Date of Birth [REDACTED] | Race HISPANIC | | |
| Driver License Number | | | | | | |
| UNIT 01 | INDIVIDUAL 004 | Equipment | On Duty Crash | Safety Equipment | | |
| | | Seat Position 6--SECOND SEAT-RIGHT SIDE | 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 | | | | |
| | 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 | | | | |
| | Violations | | | | |
| | 01 | UTC Number AE754447 | Issue To? 001 | Statute Number 346.13(1) | Seq Num 001 |

Property Owner

| | | | |
|------------|----|--------------------------------------|--|
| PROP OWNER | 01 | Individual PENELOPE J BLUM | Address E9922 CTH P WISCONSIN DELLS, WI 53965 , US |
|------------|----|--------------------------------------|--|

Fixed Objects Struck

| | | | | |
|----|----------------------------|------------------------------------|------------------|-------------------|
| 01 | Striking Unit 01 | Struck Object EMBANKMENT | Structure Number | Damage Tag Number |
|----|----------------------------|------------------------------------|------------------|-------------------|