

6TL097RB2B
18-10568

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 18-10568	Investigating Officer/Deputy DEPUTY J. EYALIS	
Crash Date 09/22/2018		Crash Time 10:15 PM	Date Arrived 09/22/2018	Time Arrived 10:38 PM	
Date Notified 09/22/2018		Time Notified 10:16 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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

<p>Diagram</p> <p>NORTH REEDSBURG RD</p> <p>CTH BD</p> <p>NOT TO SCALE</p>	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 TRAVELING S/B AT THE INTERSECTION OF CTH BD AND NORTH REEDSBURG RD. UNIT 2 DROVE THROUGH THE INTERSECTION AND SIDE SWIPED UNIT 1, ON UNIT 1'S DRIVER'S SIDE. UNIT 1 TURNED E/B ONTO NORTH REEDSBURG RD AND PARKED IN AN ADJACENT PARKING LOT. UNIT 2 DID NOT STOP AND CONTINUED N/B ON CTH BD.

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Location

ON CTHBD SB 11 FT S OF N REEDSBURG RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.53243449	Longitude -89.777871054
	X Coordinate 275540.5	Y Coordinate 4823693
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06--SIDESWIPE/OPPOSITE DIRECTION		Light Condition DARK/LIGHTED	
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 YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	License Plate Number 568MYU	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1C4GP45R45B327845	Make CHRYSLER	Year 2005	Model TOWN & AMP	
	Color BLU - BLUE	Body Style VN - VAN		Bus Use NOT A BUS	
	Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER			
Extent Of Damage MINOR DAMAGE					

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION, UNKNOWN			
01	01	Driver Distractions NOT DISTRACTED		
		Owner Name AUGUSTO R MAGSAYSAY (414) 801-3527	Owner Address 2511 W HALSEY AVE MILWAUKEE, WI 53221 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	04	Policy Holder		
		Insurance Company ALLSTATE-INS-CO	Individual AUGUSTO MAGSAYSAY	
UNIT	001	Individual		
		Driver AUGUSTO R MAGSAYSAY (414) 801-3527	Citations Issued 0	Sex MALE
		Address 2511 W HALSEY AVE MILWAUKEE, WI 53221 , US	Date of Birth [REDACTED]	Race ASIAN
			Driver License Number [REDACTED] STATE: WISCONSIN 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	Trapped/Extricated NOT TRAPPED	

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UNIT 01 001	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 Summary

UNIT 02	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
	Vehicle Type PASSENGER VAN	Operating As Endorsements				
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					

UNIT 02	Vehicle			
	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number	Make	Year	Model
	Color	Body Style		Bus Use NOT A BUS
	Initial Contact Point UNKNOWN	Vehicle Damage		
	Extent Of Damage UNKNOWN	UNKNOWN		

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UNIT	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing UNKNOWN		Vehicle Factors		
	Driver Prior Action Other		UNKNOWN		
	Driver Actions UNKNOWN				
	Driver Distractions UNKNOWN IF DISTRACTED				
02	02	Owner Name		Owner Address	
				, ,	
Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	02	Individual			
		Driver		Citations Issued 0	Sex
		Address , ,		Date of Birth	Race
		Driver License Number			
		Equipment		On Duty Crash	Safety Equipment
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		RESTRAINT USE UNKNOWN	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
		Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT APPLICABLE
		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		Suspected Drug Use	
	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					
	NOT OBSERVED					