

6TL09H5JNW  
18-13435

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 <b>18-13435</b>		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>12/02/2018</b>		Crash Time <b>07:55 PM</b>		Date Arrived <b>12/02/2018</b>		Time Arrived <b>08:05 PM</b>	
Date Notified <b>12/02/2018</b>		Time Notified <b>07:58 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>DEPUTY MESSNER</b>
	Additional Information <b>PHOTOS</b>

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

SLIDE OFF WITH NO OBSERVABLE DAMAGE.

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Location

ON CTHH EB 474 FT W OF BIRCHWOOD SPUR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.616124552</b>	Longitude <b>-89.832010243</b>
	X Coordinate <b>271482.65625</b>	Y Coordinate <b>4833135.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

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

Unit Summary

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

UNIT 01	<b>Vehicle</b>				
	License Plate Number <b>218XBC</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>JN8AZ08W04W339304</b>	Make <b>NISSAN</b>	Year <b>2004</b>	Model <b>MURANO SL/</b>	
	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage			
	Extent Of Damage <b>NO DAMAGE</b>	<b>NO DAMAGE</b>			

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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>UNKNOWN</b>			
		What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors			
		Driver Prior Action Other				
		Driver Actions <b>SPEED TOO FAST/COND</b>				
01	01	Driver Distractions <b>NOT DISTRACTED</b>				
		Owner Name <b>JAUREZ M BAUTISTA</b>	Owner Address <b>E8795 COUNTY ROAD H WISCONSIN DELLS, WI 53965 , US</b>			
<b>Sequence Of Events</b>						
UNIT	INDIVIDUAL	01	Event <b>RUN OFF ROADWAY LEFT</b>			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	<b>Individual</b>				
		Driver <b>BRANDON BAUTISTA DE GANTE (608) 393-4445</b>	Citations Issued <b>2</b>	Sex <b>MALE</b>		
			Date of Birth [REDACTED]	Race <b>HISPANIC</b>		
		Address <b>E8795 COUNTY ROAD H WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		01	001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
				Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		

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UNIT	INDIVIDUAL	Hospital	Date of Death	Time of Death		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		UNIT	INDIVIDUAL	<b>Individual</b>		
Passenger <b>ALLISON BAUTISTA DE GANTE</b>	Citations Issued <b>0</b>			Sex <b>FEMALE</b>		
	Date of Birth [REDACTED]			Race <b>HISPANIC</b>		
Address <b>E8795 COUNTY ROAD H WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number					
<b>Equipment</b>	On Duty Crash			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Seat Position <b>2--FRONT SEAT-MIDDLE</b>	Helmet Compliance					
Helmet Use	Tint Compliance					
Eye Protection						
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>			Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #				
Hospital	Date of Death	Time of Death				
<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School		

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UNIT	INDIVIDUAL	Action						
		Action Other						
	01	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
			Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>							
	<b>Violations</b>							
	03	02	01	UTC Number <b>AI389009</b>	Issue To? <b>001</b>	Statute Number <b>343.05(3)(a)</b>	Seq Num <b>002</b>	Description <b>OPERATE W/O VALID LICENSE</b>
				UTC Number <b>AI389010</b>	Issue To? <b>001</b>	Statute Number <b>344.62(2)</b>	Seq Num <b>001</b>	Description <b>OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE</b>
UTC Number				Issue To? <b>000</b>	Statute Number	Seq Num	Description	