6TL09CGFBC 18-13469

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913** (608) 356-4805

						(000) 330-4093		
Document Number Overrid	de Primary Crash		ncy Crash Number 3469		Investigating Officer/Deputy DEPUTY K. MUELLER			
Crash Date 12/03/2018	Crash Time 03:04 PM		Arrived 03/2018	Time Arrived 03:18 PM				
Date Notified 12/03/2018	Time Notified 03:04 PM	Tota 01	I Units	Total Injured 00	Total Kille	Penarting		
Date Notified 12/03/2018 12/03/2018 On Emergency Government Property	Hit and Run	Lane Closure	☐ Work Zone	Trailer o	Towed			
Government Property	Active S	chool Zone Scho	ool Bus Related	Tags				
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRASH)		Amende	t	Secondary Crash		
Description =								
Diagram				F	teconstruction	n By		
NOT TO SCA	LE							
		*		F.	hotos By	,		
The Date of	The last made	AND THE PROPERTY OF THE PARTY O		and the first	MIULLLER	•		
分主,这人	1 m 2 m				ططالع مما المؤم	ven ation		
常江岛严肃 。	野。四四种		学通常的	F	dditional Info	rmation		
2/11		Bunker Rd		THE COLUMN				
			Bunker Road					
			Dulikei Moad					
			年 清洁温					
			101					
				1 . 1				
	Dri Bu	veway to E1145 nker Rd	作品的智					
4			Al Line					
The state of		1000						
9.00				1				

UNIT 1 WAS DRIVING EAST ON BUNKER RD. THE ROADS WERE COVERED IN ICE AND UNIT 1 WAS GOING TOO FAST TO MAINTAIN CONTROL OF THE VEHICLE. THE VEHICLE EXITED THE SOUTH SIDE OF THE ROAD AND OVERTURNED, CAUSING THE VEHICLE TO CHANGE DIRECTIONS AND NOW BE FACING WEST. THERE WAS DAMAGE TO THE DRVER'S SIDE OF THE VEHICLE ALONG WITH THE REAR. THERE WAS ALSO SOME MINIMAL FLUID LEAKING FROM THE VEHICLE.

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Location

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ON E11453 BUNKER 0.53 MI W OF CTHA WB	DR		Latitude 43.568406908			Longitude -89.749057725		
(FIRE E11453)				X Coordinate 278000.96875		Y Coordinate 4827610.5		
IN THE TOWN OF DE	Structure FIRE	е Туре		•				
Crash Scene			-					
First Harmful Event				rmful Event I	Location			
OVERTURN/ROLLO	/ER			ADWAY				
Manner of Collision	EHICLE IN TRANSPORT		Light Co					
Road Surface Condition(Roadway Factor(s)				
ICE	-,							
Environment Factor(s)								
NONE			ROAD ETC)	ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH ETC)				
Weather Condition(s)								
CLOUDY								
Animal Type			Relation	To Trafficwa	ay			
			TRAFFICWAY - ON			•		
Crash Classification - Loc	cation				- Jurisdiction			
PUBLIC PROPERTY				NO SPECIAL JURISDICTION				
Tribal Land			Access Control NO CONTROL			Special Study		
Within Interchange Area				ECTION		1		
	NON-JONCTION		OT AN INTERS	ECTION				
Unit Summary Unit Status		Vehicle Operatir	ng As Classification	on	Unit Type			
IN TRANSIT	·			AUTOMOBILE				
Vehicle Type					Operating As Endorsements			
(SPORT) UTILITY VE	HICLE							
Total Occs	Train/Bus # Injured			Total Tra	ilers	Total HazMat Types		
1	Direction Of Travel	0		0 Chood Li	ina is	0 Total Lanes		
Insurance? YES	EASTBOUND	Pre Cra		Speed Lim		2		
Most Harmful Event: Coll		Special Function				Emergency Motor Vehicle Use		
OVERTURN/ROLLO	/ER	NO SPECIAL	NO SPECIAL FUNCTION			NOT APPLICABLE		
Traffic Way		Traffic Control				Traffic Control Inoperative/Missing NO Road Grade LEVEL		
TWO-WAY, NOT DIV	DED	NO CONTRO						
Surface Type BLACKTOP (BITUMI	NOUS)	Road Curvature STRAIGHT	1					
Truck Bus or HazMat	11003)	STRAIGHT	JIKAIGITI		LLVLL			
NO								
Vehicle								
License Plate Num	ber	Plate Type	Plate Type St		Country of Issuance			
420UPB		AUT - AUTO	AUT - AUTOMOBILE		UNITED STATES			
Vehicle Identification		Make			Model MDANCLER S			
10 11 7 100 00 11 1	/1123		JEEP 2		WRANGLER S			
Color BLK - BLACK		Body Style	Body Style UT - SPORT UTILITY VEHICLE		Bus Use NOT A BUS			
■ Initial Contact Point		Vehicle Damag	OT - STORT OTHERT VEHICLE					
, () INDIN-COLLISIO	N		6REAR, 7LEFT REAR CORNER, 8LEFT SIDE REAR, 9LEFT SIDE MIDDLE, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER					
Extent Of Damage	N							
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		-			Vehicle Removed By						
		TOWED BUT NOT DUE TO DISABLING DAMAG What Driver Was Doing			CRAIGS TOWING Vehicle Factors						
		GOING STRAIGH		ven	icie Factors						
		Driver Prior Action Other			NOT APPLICABLE						
		Driver Actions		<u>l</u>							
	Ш	SPEED TOO FAST/COND									
	IC										
5	VEHICL										
	>										
		Driver Distractions									
		UNKNOWN IF DISTRACTED									
2	01										
0	0										
		Owner Name			Owner Address						
		CARLEY A MERCADO (608) 393-0726			E11928 BENT TREE DR						
		(606) 393-0726		BARABOO, WI 53913 , US							
		Sequence Of E	equence Of Events								
	01	MOTOR VEH IN T	RANSPORT								
	02	Event RUN OFF ROADWAY RIGHT									
	3	Event									
	03	OVERTURN/ROLI	LOVER								
	04	Event									
⊢	ì	Policy Holder									
LIND	Insurance Company				ndividual						
		ERIE-INSURANCI	E-EXCHANGE	S	SALAZAR MERCADO						
	I	Individual									
		Driver SALAZAR JOSE MERCADO (608) 393-0726		0	itations Issued	Sex MALE					
	AL				Pate of Birth	Race					
_	INDIVIDUA				ato of Dirat	HISPANIC					
	Ξ	Address E11928 BENT TREE DR BARABOO, WI 53913 , US On Duty Crash			Priver License Number						
ا ر	R				STATE: WISCONSIN COUNTRY: UNITED STATES						
					Safety Equipment						
		Equipment	on bary orasin	Calety Equipment							
		Seat Position			SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
		Helmet Use			Helmet Compliance						
		Eve Protection			Tint Compliance						
		Eye Protection			Tint Compliance						
_	7	In its reserve	Injury Severity	А	irbag						
5	00	Injury	NO APPARENT INJURY	NON DEPLOYED							
		Ejected NOT E JECTED			Ejection Path Trapped/Extricated NOT EJECTED/NOT APPLICABL NOT TRAPPED						
		NOT EJECTED		ľ	IOI EJECTED/NOT APPLICABL	NOI IKAFFED					

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		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORT	TED							
	Hospital				Date of Death		Time of Death			
						li e		T /F 0 1 1		
	Non Motorist Striking Unit # Prior Action			Prior Action		Location		To/From School		
		Action	•							
	7									
⊨	INDIVIDUAL									
UNIT	₹									
	S									
		Action Other								
	E	Drug & Alcohol	NO	Use	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type Alcohol Test Re					
					Drug Test Type		Drug Test Results			
		Drug Test Given TEST NOT GIVEN								
01	001	Drug Type			•					
	0									
		Individual Condition								
		APPEARED NOR	MAL							