

6TL09426S2

18-14339

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 18-14339	Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 12/27/2018		Crash Time 01:40 AM	Date Arrived 12/27/2018	Time Arrived 01:54 AM	
Date Notified 12/27/2018		Time Notified 01:45 AM	Total Units 01	Total Injured	Total Killed
<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 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.

VEHICLE SLIDE OFF/

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Location

ON CTHH WB 355 FT E OF OAK HILL RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.611098851	Longitude -89.881799076
	X Coordinate 267445.625	Y Coordinate 4832715.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, SLUSH	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) RAIN		
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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 5	Train/Bus # Injured	Total # Citations Issued	Total Trailers 0	Total HazMat Types
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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	VEHICLE	Vehicle			
		License Plate Number ADW6096	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2T1CG22PXYC374308	Make TOYOTA	Year 2000	Model CAMRY SOLA
		Color WHI - WHITE	Body Style CP - COUPE		Bus Use NOT A BUS
		Initial Contact Point 1--RIGHT FRONT CORNER	Vehicle Damage		
Extent Of Damage NO DAMAGE	NO DAMAGE				

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By PLATTS WRECKER	
		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 SUCHART RAMINTHO (414) 405-4843	Owner Address 3363 S STROTHMANN DR GREENFIELD, WI 53219 , US	
Sequence Of Events				
UNIT	INDIVIDUAL	01	Event DITCH	
		02	Event	
		03	Event	
		04	Event	
Policy Holder				
UNIT	INDIVIDUAL	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual SUCHART RAMINTHO	
		Driver REYNA LYNN RAMINTHO (414) 405-4843	Citations Issued	Sex FEMALE
UNIT	INDIVIDUAL	Date of Birth	Race ASIAN	
		Address 3363 S STROTHMANN DR GREENFIELD, WI 53219 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	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		

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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 ADRIANO LASICA (414) 766-8925		Citations Issued	Sex MALE		
		Address 4935 S 67TH ST MILWAUKEE, WI 53220 , US		Date of Birth	Race WHITE		
				Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment		On Duty Crash	Safety Equipment		
		Seat Position 2--FRONT SEAT-MIDDLE		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		

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Action				
		Action Other				
01	002	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				
UNIT	INDIVIDUAL	Passenger CARTER ANDREW NELSON (281) 206-3276	Citations Issued	Sex MALE		
			Date of Birth	Race		
		Address 3228 S 77TH ST MILWAUKEE, WI 53219 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
		Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
01	003	Seat Position 6--SECOND SEAT-RIGHT SIDE	Helmet Compliance			
		Helmet Use	Tint Compliance			
		Eye Protection	Airbag NON DEPLOYED			
		Injury	Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABL		
		Ejected NOT EJECTED	Trapped/Extricated NOT TRAPPED	EMS Agency Identifier		
		Medical Transport NOT TRANSPORTED	EMS Run #	Hospital		
Hospital	Date of Death	Time of Death				
Non Motorist	Striking Unit #	Prior Action	Location		To/From School	

WISCONSIN MOTOR VEHICLE
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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 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
		UNIT	INDIVIDUAL	Individual			
				Passenger JONATHAN NATHAN SARANDOS (414) 439-5508		Citations Issued	Sex MALE
				Address 5901 W COLD SPRING RD # 2 GREENFIELD, WI 53220 , US		Date of Birth	Race WHITE
Driver License Number				STATE: WISCONSIN COUNTRY: UNITED STATES			
Equipment	On Duty Crash			Safety Equipment			
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI			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 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
		UNIT	INDIVIDUAL	Individual			
				Passenger JESSE R PARLIAMENT (414) 238-8243		Citations Issued	Sex FEMALE
				Address 2350 S ROOT RIVER PKWY WEST ALLIS, WI 53216 4, US		Date of Birth	Race WHITE
Driver License Number							
Equipment	On Duty Crash			Safety Equipment			
	Seat Position 5--SECOND SEAT-MIDDLE			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			
	01	005	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		