## **6TL0BLHJPL**

18-14298

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|           | Document Number Override                                  | Primary Crash Document #   | Agency Crash Number<br>18-14298                           | Investigating Officer/Deput<br>DEPUTY J. BODDEN |                              |  |
|-----------|---|--|---|---|------------------------------|--|
| ЪГ        | Crash Date 12/26/2018                                     | Crash Time<br>04:30 AM   | Date Arrived<br>12/26/2018                                | Time Arrived<br>04:47 AM                        |                              |  |
| 2         | Date Notified   | Time Notified  | Total Units   | Total Injured Total Ki                          | lled                         |  |
|           | 12/26/2018  | 04:33 AM   | 01  | 00 00   | Reporting                    |  |
| <b>ö</b>  | On Emergency  | and Run  | ure Work Zone   | Trailer or Towed                                | Threshold                    |  |
| 6TL0BLHJP | Government<br>Property                                    | Active School Zone   | School Bus Related  | Tags  |                              |  |
| 3         | Reportable  | Crash Type<br>DT4000 (STANDARD CRASH   |   |   | Secondary<br>Crash           |  |
| Ī         | Description   |  |   |   |                              |  |
|           | Diagram   |  |   | Reconstructi                                    | on By                        |  |
|           |   |  |   |   |                              |  |
|           | 4   |  |   | Photos By                                       |                              |  |
|           |   |  |   | Photos By<br>J. BODDEI                          | N                            |  |
|           |   |  |   |   |                              |  |
|           |   | <u>u</u>   |   | Additional Int<br>PHOTOS,                       | formation SURVEILLANCE VIDEO |  |
|           | street  |  |   |   |                              |  |
|           | Silect  |  |   |   |                              |  |
|           |   |  |   |   |                              |  |
|           |   |  |   |   |                              |  |
|           | ¥ Ø   |  |   |   |                              |  |
|           | sidewalk  |  |   |   |                              |  |
|           |   |  |   |   |                              |  |
|           |   |  |   |   |                              |  |
|           | 10  |  |   |   |                              |  |
|           |   |  |   |   |                              |  |
|           |   |  |   |   |                              |  |
|           | (S)   |  |   |   |                              |  |
|           | 99  |  |   |   |                              |  |
|           |   |  |   |   |                              |  |
|           | Not to scale  |  |   |   |                              |  |
| -         |   |  |   |   |                              |  |
|           | ✔ I, a sworn law enforceme                                | nt officer, agree that I have no   | ot added any CJIS data in th                              | nis report.                                     |                              |  |
|           |   | D STALL. UNIT 1 DROVE THROUG<br>OVE ONTO THE SIDEWALK ON T                                   |   |   |                              |  |
|           | WORKER AT THE CASINO. WITH<br>DRIVE ON THE SIDEWALK. WITH | IESS 01 HEARD THE CRASHED F<br>IESS 01 INITIATED ITS AMBER AN<br>S 01 IN ANOTHER PARKING LOT | ROM UNIT 01 DRIVING THROUC<br>ND RED FLASHING LIGHTS IN A | GH THE PARKING SIGN. WITN                       | ESS 01 SAW UNIT 01           |  |

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|                     | _  |  |                                |   |                        |  |  |                                     |                     | (608) 356-   | 4895 |  |
|---------------------|--|--|--------------------------------|---|------------------------|--|--|-------------------------------------|---------------------|--------------|------|--|
| PA<br>C             | AR<br>TH   | KING LOT<br>BD LOT S3214                   |                                |   |                        | Latitude 43.5289                                     | 5033                                       |                                     | Longitud<br>-89.773 | le<br>714723 |      |  |
| IN                  | Tŀ   | E S3214)<br>HE TOWN OF DELT(<br>AUK COUNTY |                                | X Coordinate<br>275863.4375<br>Structure Type |                        | Y Coordinate<br>4823294.5                            |  |                                     |                     |              |      |  |
|                     |  |  |                                |   |                        | FIRE   | .)   |                                     |                     |              |      |  |
| Cra                 | as   | sh Scene                                   |                                |   |                        |  |  |                                     |                     |              |      |  |
| от                  | TH   | Harmful Event<br>ER POST, POLE OR          |                                |   |                        | First Harmful Event Location IN PARKING LANE OR ZONE |  |                                     |                     |              |      |  |
| Manner of Collision |  |  |                                |   |                        |  | Light Condition                            |                                     |                     |              |      |  |
|                     |  | Surface Condition(s)                       | CLE IN TRANSPORT               |   |                        |  | DARK/LIGHTED<br>Roadway Factor(s)          |                                     |                     |              |      |  |
| DF                  | ۲Y   |  |                                |   |                        |  |  |                                     |                     |              |      |  |
| En                  | viro   | onment Factor(s)                           |                                |   |                        | 4  |  |                                     |                     |              |      |  |
| NC                  | ЛC   | E  |                                |   |                        |  | NONE                                       |                                     |                     |              |      |  |
| We                  | eath   | ner Condition(s)                           |                                |   |                        |  |  |                                     |                     |              |      |  |
| CL                  | _E/  | AR   |                                |   |                        |  |  |                                     |                     |              |      |  |
| Ani                 | ima  | al Type                                    |                                | Relation To Tra<br>NON TRAFF                  |                        |  | rafficway<br>FICWAY - PARKING LOT          |                                     |                     |              |      |  |
|                     | Crash Classification - Location PRIVATE PROPERTY Tribal Land |  |                                | PRIVATI<br>Access Co                          |                        | Crash Classification - Jurisdiction PRIVATE PROPERTY |  |                                     |                     |              |      |  |
|                     |  |  |                                |   |                        | cess Control Special Study                           |  |                                     |                     |              |      |  |
|                     |  |  |                                |   |                        |  | ITROL                                      |                                     |                     |              |      |  |
| NC                  |  | n Interchange Area                         | Junction Location NON-JUNCTION |   | Intersection<br>NOT AN | INTERSE  | CTION                                      |                                     |                     |              |      |  |
| Un                  | hit  | Summary                                    |                                |   | 1                      |  |  |                                     |                     |              |      |  |
|                     |  | Status                                     |                                |   | erating As C           | lassificatior  | )  | Unit Type                           |                     |              |      |  |
|                     |  |  |                                | D CLASS                                       |                        |  |  | AUTOMOBILE                          |                     |              |      |  |
| · .                 | Vehicle Type PASSENGER CAR                                   |  |                                |   | Operating As Endors    |  |  | s Endorsei                          | nents               |              |      |  |
|                     | tal  | Occs                                       | Train/Bus # Recorded           |   |                        |  |  | ······                              |                     | Mat Types    |      |  |
| <b>1</b>            |  |  | Direction Of Travel            | 1   |                        |  | 0<br>Speed Limit                           |                                     | 0<br>Total Lanes    |              |      |  |
| NC<br>Mo            |  |  | SOUTHBOUND                     | Pre Grashi                                    |                        | e N/A  |  | 0                                   |                     |              |      |  |
|                     | Most Harmful Event: Collision With Special Fu                |  |                                |   |                        |  | Emergency Motor Vehicle Use NOT APPLICABLE |                                     |                     |              |      |  |
|                     | OTHER POST, POLE OR SUPPORT<br>Traffic Way                   |  |                                |   | Traffic Control        |  |  | Traffic Control Inoperative/Missing |                     |              |      |  |
|                     | PARKING LOT OR PRIVATE PROPERTY                              |  |                                |   | NO CONTROL             |  |  | NO                                  |                     |              |      |  |
|                     |  | се Туре                                    |                                | Road Curvature Road Grade                     |                        |  |  |                                     |                     |              |      |  |
|                     | BLACKTOP (BITUMINOUS) Truck Bus or HazMat                    |  | STRAIGH                        | STRAIGHT                                      |                        |  | LEVEL                                      |                                     |                     |              |      |  |
| NC                  |  | Bus of Haziviat                            |                                |   |                        |  |  |                                     |                     |              |      |  |
|                     | ۷  | /ehicle                                    |                                |   |                        |  |  |                                     |                     |              |      |  |
|                     | License Plate Number AEM1492                                 |  |                                | Plate Type<br>AUT - AUTOMOBILE                |                        | St<br>WI   | Country of Issuance<br>UNITED STATES       |                                     |                     |              |      |  |
|                     | Vehicle Identification Number                                |  | Make                           | Make  |                        | Year   | Model                                      | IAIES                               |                     |              |      |  |
| 6                   | 5 4S4BRBDC3E3211600  |  |                                |   |                        |  | 2014                                       | OUTBACK                             | 2.                  |              |      |  |
|                     | Color<br>GRN - GREEN   |  |                                |   |                        | LE   | Bus Use<br>NOT A BU                        | s                                   |                     |              |      |  |
|                     |  | Initial Contact Point                      |                                | Vehicle D                                     | amage                  |  |  | +                                   |                     |              |      |  |

Extent Of Damage

NO DAMAGE

UNIT

VEHICI

NO DAMAGE



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|      |  | Towed Due To Damage                       |             | hicle Removed By   |                        |          |  |  |
|------|--|---|-------------|--|------------------------|----------|--|--|
|      |  | NOT TOWED<br>What Driver Was Doing        |             | OPERATOR   |                        |          |  |  |
|      |  | LEAVING A PARKED POSITION                 | ver         | Vehicle Factors NOT APPLICABLE                           |                        |          |  |  |
|      |  | Driver Prior Action Other                 | NC          |  |                        |          |  |  |
|      |  |   |             |  |                        |          |  |  |
|      |  | Driver Actions                            |             |  |                        |          |  |  |
|      | щ  | OPERATED MOTOR VEHICLE IN INATTER         | NTIVE, CARE | ELESS OR ERRATIC MAN                                     | NER, OTHER CONTRIBUTIN | G ACTION |  |  |
| UNIT | ICI  |   |             |  |                        |          |  |  |
| 5    | VEHICLE  |   |             |  |                        |          |  |  |
|      | >  |   |             |  |                        |          |  |  |
|      |  | Owner Name                                |             | Owner Address  |                        |          |  |  |
|      |  | VERNIE ESTELLA DE MARCO<br>(808) 781-6191 |             | W8980 HILLTOP RD<br>PORTAGE, WI 53901, US                |                        |          |  |  |
| 2    | 01   |   |             |  |                        |          |  |  |
|      |  |   |             |  |                        |          |  |  |
|      | ę  | Sequence Of Events                        |             |  |                        |          |  |  |
|      | 01   | Event<br>OTHER POST, POLE OR SUPPORT      |             |  |                        |          |  |  |
|      | 0  |   |             |  |                        |          |  |  |
|      | 02   | Event                                     |             |  |                        |          |  |  |
|      | 03   | Event                                     |             |  |                        |          |  |  |
|      | 0  |   |             |  |                        |          |  |  |
|      | 04   | Event                                     |             |  |                        |          |  |  |
|      |  |   |             |  |                        |          |  |  |
|      |  | ndividual                                 |             | Ditational Jacuard                                       |                        |          |  |  |
|      | INDIVIDUAL   | Driver<br>VERNIE ESTELLA DE MARCO         |             | Citations Issued   | Sex<br>FEMALE          |          |  |  |
|      |  | (808) 781-6191                            |             | Date of Birth  | Race                   |          |  |  |
| F    |  |   |             |  | INDIAN                 |          |  |  |
|      | N  | Address                                   | [           | Driver License Number                                    |                        |          |  |  |
|      | Q  | W8980 HILLTOP RD<br>PORTAGE, WI 53901 ,US |             | STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment |                        |          |  |  |
|      | -  | 1 OKTAGE, WI 33301 , 03                   |             |  |                        |          |  |  |
|      | Sat  | On Duty Crash                             |             |  |                        |          |  |  |
|      |  | fety Equipment                            |             |  |                        |          |  |  |
|      |  | Seat Position                             |             | SHOULDER & LAP BELT                                      |                        |          |  |  |
|      |  | 1FRONT SEAT-LEFT SIDE (DRIVER/MOT         | TORCY       |  |                        |          |  |  |
|      |  | Helmet Use                                | ŀ           | Helmet Compliance  |                        |          |  |  |
|      |  | Eye Protection                            |             | Tint Compliance  |                        |          |  |  |
|      |  | Lyeriolecilon                             |             | Tint Compliance  |                        |          |  |  |
| -    | Σ  | Injury Severity                           | , A         | Airbag   |                        |          |  |  |
| 5    | 001  | Injury NO APPARENT INJUR                  | ۲ I         | NON DEPLOYED   |                        |          |  |  |
|      |  | Ejected Ejection Path                     |             | Trapped/Extricated                                       |                        |          |  |  |
|      |  | NOT EJECTED NOT EJECTED/NOT APPLI         |             |  | NOT TRAPPED            |          |  |  |
|      |  | Medical Transport NOT TRANSPORTED         | E           | EMS Agency Identifier                                    | EMS Run #              |          |  |  |
|      |  | Hospital                                  |             | Date of Death  | Time of Death          |          |  |  |
|      |  |   |             |  |                        |          |  |  |
|      | Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED) |   |             |  |                        |          |  |  |
|      | Distracted By Action   |   |             |  |                        |          |  |  |
|      | NOT DISTRACTED   |   |             |  |                        |          |  |  |
|      |  | Striking Unit # Locati                    | on          |  |                        |          |  |  |
|      |  | Non Motorist                              |             |  |                        |          |  |  |

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|      |            | Prior Action                                      |                         |                                |                                      |                   |                                 |                |  |  |
|------|------------|---|-------------------------|--------------------------------|--------------------------------------|-------------------|---------------------------------|----------------|--|--|
|      |            | Action  |                         |                                |                                      |                   |                                 |                |  |  |
|      | Ļ          |   |                         |                                |                                      |                   |                                 |                |  |  |
| ⊢    | N          |   |                         |                                |                                      |                   |                                 |                |  |  |
| UNIT | VID        |   |                         |                                |                                      |                   |                                 |                |  |  |
| -    | INDIVIDUAL |   |                         |                                |                                      |                   |                                 |                |  |  |
|      | =          |   |                         |                                |                                      |                   |                                 |                |  |  |
|      |            | Action Other                                      |                         |                                |                                      |                   |                                 | To/From School |  |  |
|      |            | Action Other                                      |                         |                                |                                      |                   |                                 |                |  |  |
|      |            | Drug & Alcohol                                    | Suspected Alco          | hol Use                        | Suspected Drug Use                   |                   |                                 |                |  |  |
|      | _          | _   | 163                     |                                |                                      |                   |                                 |                |  |  |
|      |            | Alcohol Test Given<br>TEST GIVEN                  |                         | Alcohol Test Type<br>BLOOD     | 9                                    |                   | Alcohol Test Results<br>PENDING |                |  |  |
|      |            | Drug Test Given                                   |                         | Drug Test Type                 |                                      | Drug Test Results | -                               |                |  |  |
|      |            | TEST NOT GIVEN                                    |                         | Diug rest type                 |                                      | Ding Test Results |                                 |                |  |  |
| 6    | 001        | Drug Type   |                         |                                |                                      |                   |                                 |                |  |  |
| U    | 0          |   |                         |                                |                                      |                   |                                 |                |  |  |
|      |            | Individual Condition                              |                         |                                |                                      |                   |                                 |                |  |  |
|      |            | UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL |                         |                                |                                      |                   |                                 |                |  |  |
|      |            |   |                         |                                |                                      |                   |                                 |                |  |  |
|      |            | Violations  |                         |                                |                                      |                   |                                 |                |  |  |
|      | 01         | UTC Number<br>AE756487                            | Issue To?<br><b>001</b> | Statute Number<br>346.63(1)(a) | Description<br>OPERATING WHILE       | UNDER THE IN      | FLUENCE(2ND)                    |                |  |  |
|      | Witi       | ness  |                         |                                |                                      |                   |                                 |                |  |  |
|      | Indiv      |   |                         |                                | Address                              |                   | [                               | Date of Birth  |  |  |
| 6    | (608       | D P CHRISTIANSE                                   |                         |                                | S3214 CTH BD<br>BARABOO, WI 53913,US |                   |                                 | )9/21/1972     |  |  |
| N SS | Ζ ω<br>Ξ ω |   |                         |                                |                                      |                   |                                 |                |  |  |
| ŚШ   |            |   |                         |                                |                                      |                   |                                 |                |  |  |