6TL09426S8 19-00945

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash Document # Crash Time 05:20 PM Time Notified 05:30 PM | | Agency Crash Number 19-00945 Date Arrived 01/23/2019 Total Units 01 | | Investigating Officer/Deputy DEPUTY A. KULAS | | |
|-------------|---------------------------------|---|-------------------|---|-----------------------|---|--------------------------------|---------------------|
| 0 | Crash Date 01/23/2019 | | | | | Time Arrived 06:45 PM Total Injured Total Killed | | |
| 01 LU342030 | Date Notified 01/23/2019 | | | | | | | ∍d |
| | On Emergency Hi | t and Run | | | | Trailer or Towed | | Reporting Threshold |
| 0 | Government Property | Active Sc | hool Zone | School NO | Bus Related | Tags | | |
| | Reportable | Crash Type DT4000 (STANDARD CRASH) | | | Amende | ed | Secondary Crash | |
| | Description | • | | | | | | |
| | Diagram | | | | | | Reconstruction Photos By | пву |
| | | | | | | | Additional Info NONE | rmation |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | ent officer, agre | ee that I have no | ot added | d any CJIS data in th | nis report. | | |
| | VEHICLE SLIDE OFF. | | mar i mavo m | | | | | _ |
| | | | | | | | | |

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| Loc | ation ==== | | _ | | | | | | | | | |
|------------------------------------|---|--|------|-------------------------------------|-----------------------|---|------------------------|-------------------------------------|------------|--------------|--|--|
| ON CHRISTMAS MOUNTAIN RD | | | | | | | Latitude Longitude | | | | | |
| | FT E | | | | | 43.612249991 | | | -89.865 | 65942 | | |
| | OF COON BLUFF RD IN THE TOWN OF DELLONA | | | | | | X Coordinate | | | inate | | |
| | AUK COUNTY | IVA | | | | 268752.53125 4832798.5 | | | 8.5 | | | |
| | | | | | | Structure | Туре | | • | | | |
| | | | | | | NO STRUCTURE | | | | | | |
| Cras | sh Scene | | | | | | | | | | | |
| First | Harmful Event | | | | | First Harn | nful Event | Location | | | | |
| DITO | СН | | | | | ON ROA | | | | | | |
| 1 | Manner of Collision | | | | | | | Light Condition | | | | |
| NO | COLLISION W/VEHIC | LE IN TRANSPORT | | | | DARK/UNLIT | | | | | | |
| | d Surface Condition(s) | | | | | Roadway Factor(s) | | | | | | |
| SNC | ` , | | | | | , | (-, | | | | | |
| Envir | ronment Factor(s) | | | | | | | | | | | |
| NON | 1E | | | | | NONE | | | | | | |
| Weat | ther Condition(s) | | | | | | | | | | | |
| CLC | OUDY | | | | | | | | | | | |
| Anim | nal Type | | | | | Relation To Trafficway | | | | | | |
| | | | | | | TRAFFICWAY - ON ROAD | | | | | | |
| | h Classification - Location | | | | | Crash Classification - Jurisdiction | | | | | | |
| 1 | BLIC PROPERTY al Land | | | | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | | |
| THE | ii Land | | | | | NO CONTROL | | | | | | |
| | in Interchange Area | Junction Location | | | Intersectio | •• | | | | | | |
| NO | | NON-JUNCTION | | | _ | NINTERSECTION | | | | | | |
| | ure Type | | | Reaso | ons for Closu | ıre | | | | | | |
| | IE CLOSURE | | | | | | | | | | | |
| | Initial Lane/Rd Closed | Time Initial Lane/Rd Close 05:30 PM | ed | TOW | TRUCK | | | | | | | |
| Date | All Lanes Open | Time All Lanes Open | | Date S | Scene Clear | Cleared Time Scene Cleared | | | | | | |
| 01/2 | 3/2019 | 06:45 PM | | 01/23/2019 07:00 PM | | | | | | | | |
| | t Summary 💳 | | | | | | | | | | | |
| Unit : | Status | | Vehi | cle Ope | erating As C | assification |) | Unit Type | | | | |
| IN T | RANSIT | | DC | CLASS | | | AUTOMOBILE | | | | | |
| | cle Type | | - | | | | | Operating As | s Endorser | ments | | |
| PAS | SENGER CAR | | | | | | | | | | | |
| Total | Occs | Train/Bus # Recorded | Tota | Fotal # Citations Issued | | Total Trailers 0 | | Total HazMat Types | | | | |
| Insur | ance? | Direction Of Travel | | Pre | Pre CrashTire Speed L | | imit | Total Lan | es | | | |
| UNK | KNOWN | EASTBOUND | | | Mark | | 15 | | 2 | | | |
| Most Harmful Event: Collision With | | | | pecial Function IO SPECIAL FUNCTION | | | NOT APPLICAB | | | | | |
| Traffic Way Traffic | | | | | fic Control | | | Traffic Control Inoperative/Missing | | tive/Missing | | |
| TWO-WAY, NOT DIVIDED NO | | | | CONTROL | | | NO | | | | | |
| | | | | ad Curvature | | Road Grade | | | | | | |
| | | | | RVE RIGHT LEVEL | | | | | | | | |
| Truck NO | k Bus or HazMat | | | | | | | | | | | |
| | Vehicle | | | | | | | | | | | |
| | License Plate Number | | Plat | te Type | | | St Country of Issuance | | | | | |
| AAR7564 AUT - AUTC | | | | .E | wı | UNITED STATES | | | | | | |
| | Vehicle Identification Nur | mber | Mal | ке | | | Year | Model | | | | |
| SN1CN7AP1DL858169 NISSAN | | | | | | 2013 | VERSA S/S | | | | | |

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

| | | Color | Body Style | Bus Use | | | | |
|------|------------------------------------|---|---|------------------------|--|--|--|--|
| | | | 4D - 4DR | NOT A BUS | | | | |
| | щ | Initial Contact Point | Vehicle Damage | | | | | |
| ╘ | <u></u> | 12FRONT | NO DAMAGE | | | | | |
| UNIT | VEHICL | Extent Of Damage | | | | | | |
| | VE | NO DAMAGE | | | | | | |
| | | Towed Due To Damage | Vehicle Removed By | | | | | |
| | | TOWED BUT NOT DUE TO DISABLING DAMAG | HOVELANDS | | | | | |
| | | What Driver Was Doing NEGOTIATING CURVE | Vehicle Factors | | | | | |
| | | Driver Prior Action Other | NOT APPLICABLE | | | | | |
| | | Biver Filor Action Cities | | | | | | |
| | | Driver Actions | | | | | | |
| | щ | NO CONTRIBUTING ACTION | | | | | | |
| ╘ | VEHICL | | | | | | | |
| UNIT | Ξ | | | | | | | |
| | VE | | | | | | | |
| | | | | | | | | |
| | | Owner Name | Owner Address | | | | | |
| 01 | 01 | YULIA PIPKO | 410 BROADWAY ST WISCONSIN DELLS, WI 53965 , US | | | | | |
| | 0 | | | | | | | |
| | | Samuence Of Frants | | | | | | |
| | | Sequence Of Events Event | | | | | | |
| | 01 | DITCH | | | | | | |
| | • | Event | | | | | | |
| | 02 | | | | | | | |
| | 03 | Event | | | | | | |
| | Event | | | | | | | |
| | 04 | Evon | | | | | | |
| | Ì | ndividual | | | | | | |
| | | Driver | Citations Issued | Sex | | | | |
| | ۲ | ARAMIS M TOMAS CALIXTRO | | MALE | | | | |
| | U | | Date of Birth | Race HISPANIC | | | | |
| UNIT | INDIVIDUAL | Address | Driver Lieuwe Number | THO AND | | | | |
| 5 | | Address 501 E ADAMS ST | Driver License Number COUNTRY: PERU | | | | | |
| | Z | WISCONSIN DELLS, WI 53965, US | | | | | | |
| | | | | | | | | |
| | _ | On Duty Crash | Safety Equipment | | | | | |
| | Sat | fety Equipment | | | | | | |
| | | Seat Position | SHOULDER & LAP BELT Helmet Compliance | | | | | |
| | | 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY | | | | | | |
| | | Helmet Use | | | | | | |
| | | Eye Protection | Tint Compliance | | | | | |
| | | 2,5 1 10.000.011 | The Compilation | | | | | |
| 5 | Injury Severity NO APPARENT INJURY | | Airbag | | | | | |
| 0 | ŏ | Injury NO APPARENT INJURY | NON DEPLOYED | | | | | |
| | | Ejected Ejection Path | DI ICADI E | Trapped/Extricated | | | | |
| | | NOT EJECTED NOT EJECTED/NOT API Medical Transport | EMS Agency Identifier | NOT TRAPPED EMS Run # | | | | |
| | | NOT TRANSPORTED | LIVIS Agency Identifier | LING RUII # | | | | |
| | | Hospital | Date of Death | Time of Death | | | | |
| | | | | | | | | |

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| | | Distracted By | Distracted By Source | • | | | | |
|------|------------|--------------------------------|----------------------|-------------------|--------------------|-------------------|----------------------|----------------|
| | | Distracted By Action | | | | | | |
| | | NOT DISTRACTE | D | | | | | |
| | | | Striking Unit # | Location | | | | |
| | | Non Motorist | Ŭ | | | | | |
| | | Prior Action | | | | | | |
| | | | | | | | | |
| | | Action | | | | | | |
| | | | | | | | | |
| | INDIVIDUAL | | | | | | | |
| _ | Ş | | | | | | | |
| UNIT | ₽ | | | | | | | |
| Э | ≥ | | | | | | | |
| | 7 | | | | | | | |
| | = | | | | | | | |
| | | | | | | | | |
| | | Action Other | | | | | | To/From School |
| | | 7.10.101.101 | | | | | | 1 6/1 10 0000. |
| | | | Suspected Alcohol U | SP | Suspected Drug Use | | | |
| | | Drug & Alcohol | NO | 00 | NO | | | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | |
| | | TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Nesults | |
| | | | | D T4 T | | In + . n . v | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | ; | |
| | | | | | | | | |
| 01 | 00 | Drug Type | | | | | | |
| ٥ | 0 | | | | | | | |
| | | Individual Candition | | | | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORI | MAL | | | | | |
| | | | - | | | | | |
| | | | | | | | | |