

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL0BC3B2S

Document Number Override		Primary Crash Document #	Agency Crash Number <b>19-01658</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>02/10/2019</b>		Crash Time <b>09:50 AM</b>	Date Arrived <b>02/10/2019</b>	Time Arrived <b>10:10 AM</b>	
Date Notified <b>02/10/2019</b>		Time Notified <b>09:59 AM</b>	Total Units <b>01</b>	Total Injured <b>01</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 checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>Not to scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING EASTBOUND. WHILE EASTBOUND, THE OPERATOR LOST CONTROL OF UNIT 1 DUE TO SPEED AND BEING UNFAMILIAR WITH OPERATING ON ICY ROADS. UNIT 1 ENTERED THE NORTHERNMOST DITCH LINE WHERE IT STRUCK A FEW SMALL TREES. THE OPERATOR OVER-CORRECTED CAUSING UNIT 1 TO RE-ENTER THE ROADWAY AND ENTER THE SOUTHERNMOST DITCH LINE WHERE IT STRUCK MORE TREES AND CAME TO REST. THE OPERATOR COMPLAINED OF MINOR BACK PAIN, BUT REFUSED TO GO WITH THE AMBULANCE TO THE HOSPITAL.

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Location

ON HILLMAN RD 0.41 MI W OF CHTH WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.582852011</b>	Longitude <b>-89.754654843</b>
	X Coordinate <b>277602.15625</b>	Y Coordinate <b>4829230</b>
	Structure Type	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</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

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>TREE</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>STRAIGHT</b>	Road Grade <b>UPHILL</b>		
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>ACC5330</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FMZU77E51UA66457</b>	Make <b>FORD</b>	Year <b>2001</b>	Model <b>EXPLORER S</b>
	<b>VEHICLE</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>11--LEFT FRONT CORNER</b>	Vehicle Damage		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>6--REAR, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>			

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

UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE</b>				
01 01	Owner Name <b>SAMARIA TORRES MARTINEZ</b>		Owner Address <b>241 N BURRITT AVE #2 WISCONSIN DELLS, WI 53965 , US</b>		
	<b>Sequence Of Events</b>				
01 01	01	Event <b>RUN OFF ROADWAY LEFT</b>			
	02	Event <b>REENTERING ROADWAY</b>			
	03	Event <b>RUN OFF ROADWAY RIGHT</b>			
	04	Event <b>TREE</b>			
UNIT INDIVIDUAL	<b>Individual</b>				
	01 01	Driver <b>LUIS C ALMEIDA NAVARRETE (608) 448-8456</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>135C GRAND CANYON DR APT 213 BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>HISPANIC</b>
			Driver License Number		
<b>Safety Equipment</b>		On Duty Crash			
01 001	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		
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>					
<b>Non Motorist</b>		Striking Unit #		Location	

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Prior Action				
		Action				
		Action Other		To/From School		
<b>01</b>	<b>001</b>	<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>Individual</b>				
		Passenger <b>VEDRANA MIRNIC (608) 448-8456</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Address <b>135C GRAND CANYON DR APT 213 BARABOO, WI 53913 , US</b>		Date of Birth Race <b>HISPANIC</b>		
		Driver License Number				
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>SHOULDER &amp; LAP BELT</b>					
Helmet Use	Helmet Compliance					
Eye Protection	Tint Compliance					
<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 APPLICABLE</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>Distracted By</b>					
Distracted By Source						
Distracted By Action						
<b>Non Motorist</b>	Striking Unit #	Location				

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<b>UNIT</b>	Prior Action		
	Action		
	Action Other		To/From School
	<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>		

### Property Owner

<b>PROP OWNER 01</b>	Government <b>TOWNSHIP OF DELTON</b> (608) 253-4621	Address <b>30 S WISCONSIN DELLS PKWY</b> <b>PO BOX 148</b> <b>LAKE DELTON, WI 53940 , US</b>
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### Fixed Objects Struck

	Striking Unit	Struck Object	Structure Number	Damage Tag Number
<b>01</b>	<b>01</b>	<b>DITCH</b>		<b>NA</b>
<b>02</b>	<b>01</b>	<b>TREE</b>		<b>NA</b>