

6TL09B7DB2
19-02300

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 19-02300	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 02/24/2019		Crash Time 05:44 PM	Date Arrived 02/24/2019	Time Arrived 05:44 PM	
Date Notified 02/24/2019		Time Notified 05:44 PM	Total Units 01	Total Injured 00	Total Killed 00
<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.

NON REPORTABLE SLIDE OFF. VEHICLE PULLED OUT BY PLATT'S TOWING SERVICE AND VEHICLE REMOVED BY OWNER. NO DAMAGE TO VEHICLE.

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Location

ON CTHH EB 685 FT E OF ACORN LN IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.592371318	Longitude -89.944666784
	X Coordinate 262298.34375	Y Coordinate 4830813.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW, ICE	Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SEVERE WINDS, BLOWING SNOW		
Animal Type	Relation To Trafficway TRAFFICWAY - NOT 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 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	Total Occs 03	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel EASTBOUND	<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 DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle					
	01	License Plate Number ACX9331		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1D4GP45R07B106409		Make DODGE	Year 2007	Model CARAVAN
	VEHICLE	Color RED - RED		Body Style VN - VAN		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT		Vehicle Damage		
Extent Of Damage NO DAMAGE		NO DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name GABRIEL LOUIS ROSARIO (608) 844-7676		Owner Address 301 S WERNER ST ADAMS, WI 53910 , US
Sequence Of Events				
01	Event RUN OFF ROADWAY RIGHT			
02	Event DITCH			
03	Event			
04	Event			
Individual				
UNIT INDIVIDUAL	Driver GABRIEL LOUIS ROSARIO (608) 844-7676		Citations Issued 0	Sex MALE
	Address 301 S WERNER ST ADAMS, WI 53910 , US		Date of Birth	Race HISPANIC
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety 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	
01	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
	Non Motorist		Striking Unit #	Location

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other		To/From School			
01	001	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					
		Individual					
		Passenger UNKOWN	Citations Issued 0	Sex FEMALE			
			Date of Birth	Race HISPANIC			
		Address 301 S WERNER ST ADAMS, WI 53910 , US	Driver License Number				
		UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment	
Seat Position 6--SECOND SEAT-RIGHT SIDE	SHOULDER & LAP BELT						
Helmet Use	Helmet Compliance						
Eye Protection	Tint Compliance						
01	002			Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
				Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
				Hospital	Date of Death	Time of Death	
				Distracted By	Distracted By Source		
				Distracted By Action			
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location			

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CRASH REPORT

UNIT	INDIVIDUAL	Prior Action		
		Action		
01	002	Action Other		To/From School
		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		
		Individual		
		Passenger UNKOWN (608) 844-7676	Citations Issued 0	Sex MALE
		Date of Birth		Race HISPANIC
		Address 301 S WERNER ST ADAMS, WI 53910 , US		Driver License Number
01	003	Safety Equipment	On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI		
		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 APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
Hospital	Date of Death	Time of Death		
Distracted By		Distracted By Source		
Distracted By Action				
Non Motorist		Striking Unit #	Location	
Prior Action				

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	01	003	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			