

6TL09PBQBZ
19-05845

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 19-05845	Investigating Officer/Deputy DEPUTY B. STODDARD	
Crash Date 05/20/2019		Crash Time 01:22 PM	Date Arrived 05/20/2019	Time Arrived 01:32 PM	
Date Notified 05/20/2019		Time Notified 01:22 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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	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.

UNIT 1 WAS EASTBOUND ON HILLMAN RD. UNIT 1 ENTERED THE SOUTH SHOULDER. UNIT 1 OPERATOR LOST CONTROL ON THE EDGE OF THE ROAD/SHOULDER. UNIT 1 CAME TO REST ON THE DRIVER'S SIDE ON THE SOUTH SHOULDER FACING EAST.

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Location

ON HILLMAN RD 1291 FT W OF CHTT EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.582803529	Longitude -89.75142421
	X Coordinate 277862.8125	Y Coordinate 4829216
	Structure Type	

Crash Scene

First Harmful Event OVERTURN/ROLLOVER	First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 3	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 35	Total Lanes 2	
	Most Harmful Event: Collision With OVERTURN/ROLLOVER		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 427ZUW		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1N4BA41E25C846021		Make NISSAN	Year 2005	Model MAXIMA
		Color RED - RED		Body Style SD - SEDAN		Bus Use NOT A BUS
	VEHICLE	Initial Contact Point 11--LEFT FRONT CORNER		Vehicle Damage		
		Extent Of Damage MINOR DAMAGE		9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER		

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions RAN OFF ROADWAY			
01 01	Owner Name ALEJANDRA A DIAZ SANCHEZ (608) 434-1901		Owner Address 1340 WALNUT ST UNIT 15 BARABOO, WI 53913 , US	
	Sequence Of Events			
01 02 03 04	Event OVERTURN/ROLLOVER			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver GEOVANA L QUEZADA (608) 434-1901		Citations Issued 0	Sex FEMALE
	Address 511 ADAMS WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race HISPANIC
	On Duty Crash		Driver License Number	
01 001	Safety Equipment		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 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 UNKNOWN				
Non Motorist		Striking Unit #	Location	

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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 LUIS HERNANDEZ HUERTA (608) 434-1901		Citations Issued 0	Sex MALE
		Address 215 8TH AVE BARABOO, WI 53913 , US		Date of Birth	Race HISPANIC
		Driver License Number			
		01	002	Safety Equipment	On Duty Crash
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	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 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					
01	002	Non Motorist	Striking Unit #	Location	

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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 ANAPaula N PALOMINO (608) 434-1901		Citations Issued 0	Sex FEMALE
				Date of Birth	Race HISPANIC
		Address 510 VINE ST WISCONSIN DELLS, WI 53965 , US		Driver License Number	
01	003	Safety 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 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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		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					
		01	003				