# 6TL0B1716H

19-05883

# 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>19-05883      |                              |   |  | DEPUTY I. HANSON                    |           |                        |  |
|-------|---|-----------------------|-----------|--------------------------------------|------------------------------|---|--|-------------------------------------|-----------|------------------------|--|
| 6H    | Crash Date Crash Time<br>05/21/2019 11:55 AM  |                       |           | Date Arrived                         |                              | Time  | Time Arrived                               |                                     |           |                        |  |
| 0B171 | Date Notified         Time Notified           05/21/2019         12:00 PM                       |                       |           | Total Units 01                       |                              |   | Tota<br><b>00</b>                          | ,                                   |           | Total Killed<br>00     |  |
|       | On Emergency  | t and Run             | Lane Clos | ure                                  | Work Zone                    |   |  | Trailer or Towed                    |           | Reporting<br>Threshold |  |
| 6TL   | Government<br>Property  | Active School Zone NO |           |                                      | Bus Related                  |   | Tag  | Tags                                |           |                        |  |
|       | Crash Type NON-DOMESTICATED ANIMA   |                       |           |                                      | MAL W/ NO INJURY             |   |  |                                     |           | Secondary<br>Crash     |  |
|       | ✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |                       |           |                                      |                              |   |  |                                     |           |                        |  |
|       | Location  |                       |           |                                      |                              |   |  |                                     |           |                        |  |
|       | ON USH12 EB<br>0.77 MI N  |                       |           |                                      | Latitude<br>43.325963075     |   |  | Longitude<br>-89.759084052          |           |                        |  |
|       | OF PRAIRIE RD<br>IN THE TOWN OF SUMPTER   |                       |           |                                      | X Coordinate<br>276298.875   |   | Y Coordinate 4800710.5                     |                                     |           |                        |  |
|       | IN SAUK COUNTY  |                       |           |                                      |                              | Structure Type                              |  |                                     |           |                        |  |
| (     | Crash Scene   |                       |           |                                      |                              |   |  |                                     |           |                        |  |
| ]     | First Harmful Event   |                       |           |                                      |                              | First Harm                                  | ful Event L                                | ocation                             |           |                        |  |
|       | NON DOMESTICATED ANIMAL (ALIVE)   |                       |           |                                      |                              | ON ROADWAY                                  |  |                                     |           |                        |  |
|       | Manner of Collision   |                       |           |                                      |                              | Light Cond                                  | lition                                     |                                     |           |                        |  |
|       | NO COLLISION W/VEHICLE  | IN TRANSPOR           | т         |                                      |                              |   |  |                                     |           |                        |  |
|       | Road Surface Condition(s)   |                       |           |                                      |                              | Roadway Factor(s)                           |  |                                     |           |                        |  |
|       | Environment Factor(s)   |                       |           |                                      |                              |   |  |                                     |           |                        |  |
|       | Weather Condition(s)  |                       |           |                                      |                              |   |  |                                     |           |                        |  |
|       | Animal Type DEER  |                       |           |                                      |                              | Relation To Trafficway TRAFFICWAY - ON ROAD |  |                                     |           |                        |  |
|       | Crash Classification - Location   |                       |           |                                      |                              | Crash Classification - Jurisdiction         |  |                                     |           |                        |  |
|       | PUBLIC PROPERTY   |                       |           |                                      | NO SPECIAL JURISDICTION      |   |  |                                     |           |                        |  |
|       | Tribal Land   |                       |           |                                      | Access Control Special Study |   |  |                                     |           |                        |  |
| Ī     | Unit Summary  |                       |           |                                      |                              |   |  |                                     |           |                        |  |
|       | Unit Status Vehicle Operating As C  |                       |           |                                      |                              | assification                                |  | Unit Type                           |           |                        |  |
|       | IN TRANSIT  |                       | DO        | CLASS                                |                              | AUTOMOBILE                                  |  |                                     |           |                        |  |
|       | Vehicle Type  |                       |           |                                      |                              | Operating As Endorsements                   |  |                                     |           |                        |  |
| 0     | (SPORT) UTILITY VEHICLE   |                       |           |                                      |                              |   |  |                                     |           |                        |  |
|       |   |                       |           |                                      | tal # Citations Issued       |   | Total Trai                                 | ers                                 | Total Haz | Mat Types              |  |
|       | 3   | 0                     |           |                                      |                              |   | 0  |                                     | 0         |                        |  |
| н     |   | Direction Of Trave    |           | Pre CrashTire Spe                    |                              | Speed Lin                                   | eed Limit Total Lan                        |                                     | es        |                        |  |
| UNIT  | Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)                              |                       |           | Special Function NO SPECIAL FUNCTION |                              |   | Emergency Motor Vehicle Use NOT APPLICABLE |                                     |           |                        |  |
|       | Traffic Way   |                       |           | Traffic Control                      |                              |   |  | Traffic Control Inoperative/Missing |           |                        |  |
|       | Surface Type  |                       |           | Road Curvature                       |                              |   |  | Road Grade                          |           |                        |  |
|       |   |                       |           |                                      |                              |   |  |                                     |           |                        |  |

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|      |            | Truck Bus or HazMat   |   |                    |   |  |  |  |  |  |
|------|------------|---|---|--------------------|---|--|--|--|--|--|
|      | NO         |   |   |                    |   |  |  |  |  |  |
|      |            | Vehicle   |   |                    |   |  |  |  |  |  |
|      |            | License Plate Number  |   | St                 | Country of Issuance   |  |  |  |  |  |
|      |            | 719PKD<br>Vehicle Identification Number   | AUT - AUTOMOBILE<br>Make  | WI<br>Year         | UNITED STATES<br>Model  |  |  |  |  |  |
| 2    | 2          | JN8AS5MV7BW255539   | NISSAN  | 2011               | ROGUE S/SV  |  |  |  |  |  |
|      | -          | Color   | Body Style  |                    | Bus Use   |  |  |  |  |  |
|      |            | WHI - WHITE   | UT - SPORT UTILITY VE   | HICLE              | NOT A BUS   |  |  |  |  |  |
|      | щ          | Initial Contact Point   | Vehicle Damage  |                    |   |  |  |  |  |  |
| Ŀ    | С          | 12FRONT   | 1RIGHT FRONT CORNER, 11LEFT FRONT CORNER, 12FRONT   |                    |   |  |  |  |  |  |
| UNIT | VEHICLE    | Extent Of Damage  |   |                    |   |  |  |  |  |  |
|      | ×          | FUNCTIONAL DAMAGE   |   |                    |   |  |  |  |  |  |
|      |            | Towed Due To Damage   |   | Vehicle Removed By |   |  |  |  |  |  |
|      |            |   |   | EVERETTS TOWING    |   |  |  |  |  |  |
|      |            | What Driver Was Doing   | Vehicle Factors   |                    |   |  |  |  |  |  |
|      |            | Driver Prior Action Other   |   |                    |   |  |  |  |  |  |
|      |            |   |   |                    |   |  |  |  |  |  |
|      |            | Driver Actions  |   |                    |   |  |  |  |  |  |
|      | щ          | NO CONTRIBUTING ACTION  |   |                    |   |  |  |  |  |  |
| UNIT | VEHICLE    |   |   |                    |   |  |  |  |  |  |
| 5    | H          |   |   |                    |   |  |  |  |  |  |
|      | 2          |   |   |                    |   |  |  |  |  |  |
|      |            | Ourser Neme   | Owner Address   |                    |   |  |  |  |  |  |
|      |            | Owner Name  | Owner Address   |                    |   |  |  |  |  |  |
| 2    | 0          |   |   |                    |   |  |  |  |  |  |
|      |            |   |   |                    |   |  |  |  |  |  |
| ۱.   |            | Policy Holder   |   |                    |   |  |  |  |  |  |
| UNIT |            | Insurance Company   | Individual  |                    |   |  |  |  |  |  |
| 5    |            |   | YESLY JIMINEZ   |                    |   |  |  |  |  |  |
|      |            | GEICO-ADVANTAGE-INSURANCE-CO  | YESLY JIMINEZ   |                    |   |  |  |  |  |  |
|      |            |   | YESLY JIMINEZ   |                    |   |  |  |  |  |  |
|      | 1          | GEICO-ADVANTAGE-INSURANCE-CO Individual Driver  | Citations Issued  |                    | Sex   |  |  |  |  |  |
|      |            | Individual Driver SIMENTAL ANA BURCIAGA   |   |                    | Sex<br>FEMALE   |  |  |  |  |  |
|      |            | Individual<br>Driver  | Citations Issued  |                    | FEMALE<br>Race  |  |  |  |  |  |
| L.   |            | Individual<br>Driver<br>SIMENTAL ANA BURCIAGA<br>(608) 520-9343   | Citations Issued<br>0<br>Date of Birth  |                    | FEMALE  |  |  |  |  |  |
| UNIT |            | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address  | Citations Issued  |                    | FEMALE<br>Race  |  |  |  |  |  |
| UNIT | INDIVIDUAL | Individual<br>Driver<br>SIMENTAL ANA BURCIAGA<br>(608) 520-9343   | Citations Issued<br>0<br>Date of Birth  | OUNTRY: (          | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
| UNIT |            | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE   | Citations Issued<br>0<br>Date of Birth<br>Driver License Number   | OUNTRY: U          | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
| UNIT | INDIVIDUAL | Individual<br>Driver<br>SIMENTAL ANA BURCIAGA<br>(608) 520-9343<br>Address<br>1117 OKEEFFE AVE<br>SUN PRAIRIE, WI 53590, US   | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C   | OUNTRY: L          | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
| UNIT | INDIVIDUAL | Individual<br>Driver<br>SIMENTAL ANA BURCIAGA<br>(608) 520-9343<br>Address<br>1117 OKEEFFE AVE<br>SUN PRAIRIE, WI 53590 , US  | Citations Issued<br>0<br>Date of Birth<br>Driver License Number   | OUNTRY: L          | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
| UNIT | INDIVIDUAL | Individual<br>Driver<br>SIMENTAL ANA BURCIAGA<br>(608) 520-9343<br>Address<br>1117 OKEEFFE AVE<br>SUN PRAIRIE, WI 53590, US   | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C   |                    | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
| UNIT | INDIVIDUAL | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment Seat Position   | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C<br>Safety Equipment<br>SHOULDER & LAP BE  |                    | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
| UNIT | INDIVIDUAL | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment On Duty Crash   | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C<br>Safety Equipment   |                    | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
| UNIT | INDIVIDUAL | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment Seat Position Helmet Use  | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN C Safety Equipment SHOULDER & LAP BE Helmet Compliance  |                    | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
| UNIT | INDIVIDUAL | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment Seat Position   | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C<br>Safety Equipment<br>SHOULDER & LAP BE  |                    | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
|      |            | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment Seat Position Helmet Use Eye Protection Injury Severity   | Citations Issued 0 Date of Birth Driver License Number STATE: WISCONSIN C Safety Equipment SHOULDER & LAP BE Helmet Compliance  |                    | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
|      | INDIVIDUAL | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment Seat Position Helmet Use Eye Protection   | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C<br>Safety Equipment<br>SHOULDER & LAP BE<br>Helmet Compliance<br>Tint Compliance                                    |                    | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
|      |            | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment Seat Position Helmet Use Eye Protection Injury Severity   | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C<br>Safety Equipment<br>SHOULDER & LAP BE<br>Helmet Compliance<br>Tint Compliance                                    |                    | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
|      |            | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment On Duty Crash fety Equipment Seat Position Helmet Use Eye Protection Injury Injury Injury Severity NO APPARENT INJURY Ejected Ejection Path             | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C<br>Safety Equipment<br>SHOULDER & LAP BE<br>Helmet Compliance<br>Tint Compliance<br>Airbag                          |                    | FEMALE         Race         HISPANIC         JNITED STATES  |  |  |  |  |  |
|      |            | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment On Duty Crash Seat Position Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected Ejection Path Medical Transport                 | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C<br>Safety Equipment<br>SHOULDER & LAP BE<br>Helmet Compliance<br>Tint Compliance                                    |                    | FEMALE<br>Race<br>HISPANIC  |  |  |  |  |  |
|      |            | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment On Duty Crash Seat Position Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected Ejection Path Medical Transport NOT TRANSPORTED | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C<br>Safety Equipment<br>SHOULDER & LAP BE<br>Helmet Compliance<br>Tint Compliance<br>Airbag<br>EMS Agency Identifier |                    | FEMALE         Race         HISPANIC         JNITED STATES         Trapped/Extricated         EMS Run # |  |  |  |  |  |
|      |            | Individual Driver SIMENTAL ANA BURCIAGA (608) 520-9343 Address 1117 OKEEFFE AVE SUN PRAIRIE, WI 53590 , US fety Equipment On Duty Crash Seat Position Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected Ejection Path Medical Transport                 | Citations Issued<br>0<br>Date of Birth<br>Driver License Number<br>STATE: WISCONSIN C<br>Safety Equipment<br>SHOULDER & LAP BE<br>Helmet Compliance<br>Tint Compliance<br>Airbag                          |                    | FEMALE         Race         HISPANIC         JNITED STATES  |  |  |  |  |  |

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |            | Distracted D.                                     | Distracted By Source | )                 |                    |  |                      |                |  |  |
|------|------------|---|----------------------|-------------------|--------------------|--|----------------------|----------------|--|--|
|      |            | Distracted By                                     |                      |                   |                    |  |                      |                |  |  |
|      |            | Distracted By Action                              |                      |                   |                    |  |                      |                |  |  |
|      |            | Non Motorist                                      | Striking Unit #      | Location          |                    |  |                      |                |  |  |
|      |            | Prior Action                                      |                      | I                 |                    |  |                      |                |  |  |
|      |            | Action  |                      |                   |                    |  |                      |                |  |  |
|      |            |   |                      |                   |                    |  |                      |                |  |  |
|      | INDIVIDUAL |   |                      |                   |                    |  |                      |                |  |  |
| UNIT | Ē          |   |                      |                   |                    |  |                      |                |  |  |
| 5    | N          |   |                      |                   |                    |  |                      |                |  |  |
|      | Z          |   |                      |                   |                    |  |                      |                |  |  |
|      |            |   |                      |                   |                    |  |                      |                |  |  |
|      |            | Action Other                                      |                      |                   |                    |  |                      | To/From School |  |  |
|      |            |   |                      |                   |                    |  |                      |                |  |  |
|      |            | Drug & Alcohol No                                 |                      |                   | Suspected Drug Use |  | <u></u>              |                |  |  |
|      | 1          |   |                      |                   | NO                 |  |                      |                |  |  |
|      |            | Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN |                      | Alcohol Test Type |                    |  | Alcohol Test Results |                |  |  |
|      |            |   |                      | Drug Test Type    | Drug Test Results  |  |                      |                |  |  |
|      |            | Drug Test Given<br>TEST NOT GIVEN                 |                      | 0 71              |                    |  |                      |                |  |  |
| 2    | 001        | Drug Type   |                      |                   |                    |  |                      |                |  |  |
| •    | 0          |   |                      |                   |                    |  |                      |                |  |  |
|      |            | Individual Condition                              |                      |                   |                    |  |                      |                |  |  |
|      |            | APPEARED NORMAL                                   |                      |                   |                    |  |                      |                |  |  |
|      |            |   |                      |                   |                    |  |                      |                |  |  |