19-08367

# 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 Nun 19-08367		mber Investigating Officer/Deputy DEPUTY W. NEUBAUER					
2	Crash Date 07/08/2019			e Arrived (08/2019		Time Arrived 06:53 PM			
5	Date Notified 07/08/2019	Time Notified 06:53 PM		Total Units		Total Injured Total Kille			
			ne Closure	Wor	k Zone	00			Reporting
Ì	Government	Active School Zo	Schoo	School Bus Related			Tags Threshold		
2	Property     Active School Zone     NO       Crash Type     DT4000 (STANDARD CRASH)					Amend	ed		Secondary
	Description						Crash		
	Diagram	1					Reconst	ruction I	Зу
	$\mathbf{\Phi}$			2			Photos E DEP. S	<sup>By</sup> S. MESS	SNER
	WHITE MOUND COUNTY PARK ENTRANCE						Additiona NONE,	al Inform PHOT	nation OS
						_			
	CTH GG		NOT TO	) scal	E				
	I, a sworn law enforceme UNIT 1 WAS TRAVELING E/B ON MAINTAIN IT'S LANE OF TRAVEL Location	CTH GG AND THEN MAD	DE A SHARP LEF				JNTY PA	.RK. UN	IT 1 WAS UNABLE TO
	ON WHITE MOUND DR 30 FT N				Latitude			ongitud	
	OF CTHGG WB IN THE TOWN OF BEAR CRE	EK			43.345677599 X Coordinate 248371.65625	-	Y	90.104 / Coordi 180388	
	IN SAUK COUNTY				Structure Type		I .		

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#### **Crash Scene**

	First	Harmful Event				First Harmful Event Location					
	DIT	ІТСН					ON ROADWAY				
	Man	anner of Collision					Light Condition				
	NO	IO COLLISION W/VEHICLE IN TRANSPORT					DAYLIGHT				
	Road	Road Surface Condition(s)					Roadway Factor(s)				
	DRY										
	Envi	ronment Factor(s)									
	NO	NE				NONE					
	Wea	ther Condition(s)									
	CLE										
	Anim	nal Type					o Trafficwa	ay ON ROAD			
		h Classification - Location						Jurisdiction			
								RISDICTION			
	Iriba	al Land				Access Co				Special Study	
					1	NO CON	TROL				
	YVIT	in Interchange Area	Junction Location		Intersection	SECTION					
		t Summary									
		Status		Vehicle Ope	erating As C	lassification		Unit Type			
	IN T	RANSIT		D CLASS				AUTOMO	BILE		
1	Vehi	cle Type						Operating A	s Endorser	s Endorsements	
01	PAS	SENGER CAR									
	Tota	Occs	Train/Bus # Recorded	Total # Cita	tions Issued		Total Trailers To		Total Haz	Total HazMat Types	
	2			3	3		0		0		
	Insurance? Direction Of Travel		Pre	Pre CrashTire		'			Total Lanes		
Ш	NO NORTHBOUND				Mark		25		2		
UNIT	Most	: Harmful Event: Collision <sup>\</sup> C <b>H</b>	Special Fun NO SPEC	IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE				
		ic Way	Traffic Cont	Traffic Control			Traffic Control Inoperative/Missing				
	TWO-WAY, NOT DIVIDED				NO CONTROL			NO			
	Surface Type				Road Curvature		Road Grade				
	BLACKTOP (BITUMINOUS) Truck Bus or HazMat				STRAIGHT			LEVEL			
	NO	K BUS OF HAZIMAL									
		Vehicle									
		License Plate Number	Plate Type	;		St Country of Issue		suance	uance		
		P5748T			AUT - AUTOMOBILE				UNITED STATES		
6	-	Vehicle Identification Number		Make			Year	Model			
0	6	2HGFG21597H70271	1		HONDA		2007	CIVIC			
		Color MAR - MAROON (BURGUNDY)			Body Style CP - COUPE			Bus Use NOT A BUS			
	ш	Initial Contact Point			Vehicle Damage						
F	С				1RIGHT FRONT CORNER, 12FRONT, UNDERCARRIAGE						
UNIT	VEHICL	Extent Of Damage		1RIGHT							
	2	FUNCTIONAL DAMAGE									
		Towed Due To Damage			Vehicle Removed By						
		NOT TOWED		-	OPERATOR						
		What Driver Was Doing		vehicle Fa	Vehicle Factors						
		LEFT TURN Driver Prior Action Other			NOT APPLICABLE						

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

- 1		Driver Actions								
- 1	щ	SPEED TOO FAST/COND								
Εl	VEHICL									
LNU	Ĭ									
_	N N									
- 1	-									
- 1		Owner Name RICHARD SARANTES-RAYO (608) 379-1550		Owner Address						
- I	_			E3104 MCCARVILLE RD	)					
5	01			PLAIN, WI 53577 ,US						
- 1										
		Sequence Of Event	S							
	01	Event LEFT TURN								
	02	Event RUN OFF ROADWAY RIGHT								
- 1	•									
	03	Event DITCH								
	04	Event								
- 1										
- 1		ndividual								
- 1					Citations Issued	Sex				
- 1	L	RICHARD SARANTES-RAYO (608) 379-1550		3	MALE					
.	INDIVIDUAL			Date of Birth	Race HISPANIC					
		Address E3104 MCCARVILLE RD PLAIN, WI 53577 , US		Driver License Number						
5	D									
- 1	Z			Safety Equipment						
- 1										
- 1										
- 1	Saf	ety Equipment	Equipment							
- 1		Seat Position			RESTRAINT USE UNKNO	WN				
- 1		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY								
- 1		Helmet Use		Helmet Compliance						
- 1										
- 1		Eye Protection			Tint Compliance					
- 1										
2	001	Injury NO	Severity							
- I	0				DEPLOYED-FRONT	Trapped/Extricated				
- 1			Ejection Path			NOT TRAPPED				
- 1		NOT EJECTED NOT EJECTED/NOT APP			EMS Agency Identifier	EMS Run #				
		Medical Transport NOT TRANSPORTED								
- 1		Hospital			Date of Death	Time of Death				
- 1										
	Distracted By Source UNKNOWN									
- 1		Distracted By Action								
		UNKNOWN								
		Non Motorist	ng Unit #	Location						
. 1		Prior Action		I						

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action							
		Action Other					To/From School		
	l	Suspect	ted Alcohol Use	Suspected Drug Use					
	Ľ	Drug & Alcohol NO		NO					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Typ	0e		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	5			
6	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
	i	ndividual							
		Passenger ALEXIS SEVILLA-PALMA		Citations Issued 0					
	JAL	(608) 573-2203		Date of Birth	Date of Birth Race				
UNIT	VIDI	Address		Driver License Number		HISPANIC			
5	INDIVIDUAL	E3104 MCCARVILLE RD PLAIN, WI 53577, US							
	Saf	On Duty	/ Crash	Safety Equipment					
		Seat Position		RESTRAINT USE U	NKNOWN				
		3FRONT SEAT-RIGHT S Helmet Use	SIDE (TRAIN ENGINEER	Helmet Compliance					
		Eye Protection		Tint On malian se					
				Tint Compliance					
2	002	Injury S Injury NO AP	everity PARENT INJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APF			Trapped/Extricated			
		Medical Transport	NOT EJECTED/NOT AFF	EMS Agency Identifier         EMS Run #					
		NOT TRANSPORTED Hospital		Date of Death		Time of Death			
		Distracted By Source							
		Distracted By Action							
		Non Motorist	Unit # Location						
		Prior Action							

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UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	L		Suspected Alcol	hol Use	Suspected Drug Use			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
2	002	Drug Type						
	•							
		Individual Condition						
		APPEARED NORM	IAL					
	,	Violations						
	01	UTC Number <b>AD980055</b>	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR V	EHICLE W/O IN	SURANCE	
	02	UTC Number AD980056	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALI	DLICENSE		
	03	UTC Number AD980057	Issue To? 001	Statute Number 341.62	Description DISPLAY FALSE VE	HICLE REGISTR	ATION PLATE	