

6TL08F2KVV
19-13547

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL08F2KVV

Document Number Override		Primary Crash Document #		Agency Crash Number 19-13547		Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 10/31/2019		Crash Time 99:99		Date Arrived 10/31/2019		Time Arrived 09:39 AM	
Date Notified 10/31/2019		Time Notified 09:17 AM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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

Slide-Off No Damage

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

ON 10-31-19 IT APPEARS THE VEHICLE WAS TRAVELING WEST ON FERN DELL ROAD AND SLIDE INTO THE NORTH DITCH LINE JUST WEST OF THE INTERSECTION WITH ISHNALA ROAD. NO DAMAGE TO VEHICLE. I PLACED A 24 HOUR TOW TAG ON THE CAR AT 9:50 AM. I CHECKED ON THE CAR AT 3:05 PM AND THE CAR HAD BEEN REMOVED. I ATTEMPTED TO CONTACT THE REGISTERED OWNER OF THE VEHICLE AT THE ADDRESS LISTED ON HIS DL, THE CAR LICENSE PLATES AND IN-HOUSE RECORDS. NO LOCATE, THE IN-HOUSE PHONE NUMBER WAS ALSO OUT OF SERVICE.

Location

ON ISHNALA RD 95 FT N OF FERN DELL RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.56150043	Longitude -89.79879819
	X Coordinate 273958.1875	Y Coordinate 4826977.5
	Structure Type NO STRUCTURE	

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Crash Scene

First Harmful Event DITCH		First Harmful Event Location SHOULDER RIGHT	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition UNKNOWN	
Road Surface Condition(s) SNOW		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) 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 PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION	

Unit Summary

UNIT	Unit Status HIT AND RUN		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel WESTBOUND	<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					

Vehicle

UNIT	VEHICLE	License Plate Number 317TDF				Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1ND52J216267077				Make CHEVROLET	Year 2001	Model MALIBU
		Color BRO - BROWN				Body Style 4D - 4DR		Bus Use NOT A BUS
		Initial Contact Point 12--FRONT				Vehicle Damage		
		Extent Of Damage NO DAMAGE				NO DAMAGE		
		Towed Due To Damage NOT TOWED				Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT				Vehicle Factors		
		Driver Prior Action Other				NOT APPLICABLE		

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UNIT	VEHICLE	Driver Actions SPEED TOO FAST/COND, RAN OFF ROADWAY		
		Owner Name JOSE L HERNANDEZ HERRERA	Owner Address UNKNOWN	
01	01			
Sequence Of Events				
01	01	Event DITCH		
02	02	Event		
03	03	Event		
04	04	Event		
Individual				
UNIT	INDIVIDUAL	Driver UNKNOWN	Citations Issued 0	Sex
			Date of Birth	Race
		Address , ,	Driver License Number	
01	001	Safety Equipment	On Duty Crash	Safety Equipment
		Seat Position	RESTRAINT USE UNKNOWN	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE
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	001	Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
			TEST NOT GIVEN		
			Drug Test Given	Drug Test Type	Drug Test Results
			TEST NOT GIVEN		
			Drug Type		
			Individual Condition		
			NOT OBSERVED		