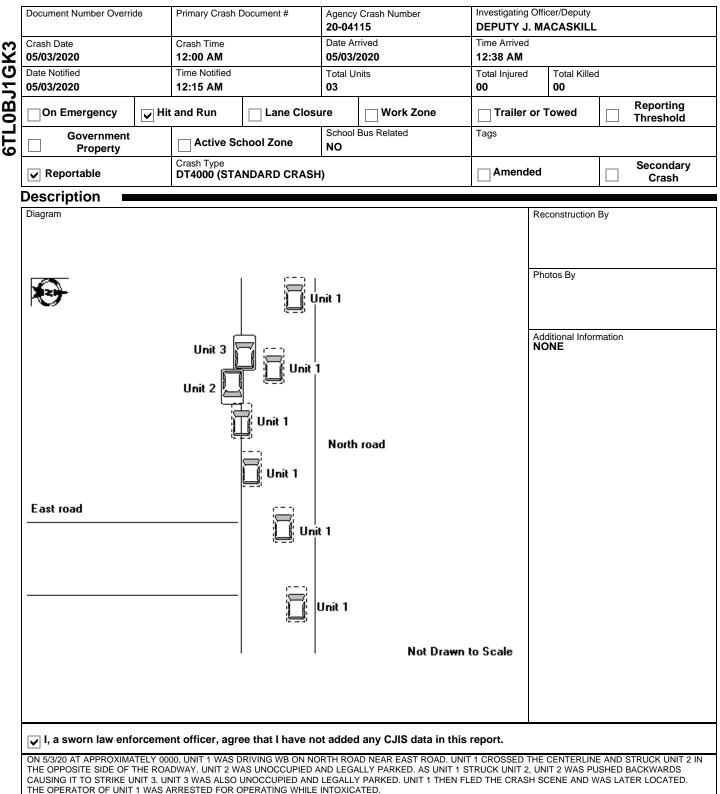
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WISCONSIN MOTOR VEHICLE CRASH REPORT

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



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## WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

|   | ~~   | ation                                |                      |   |   |              |                                     |                  |                    |                    |
|---|--|--------------------------------------|----------------------|---|---|--------------|-------------------------------------|------------------|--------------------|--------------------|
|   |  | NORTH RD                             |                      |   | Latitude  |              |                                     | Longitud         | 40                 |                    |
|   | 84 FT W  |                                      |                      |   |   | 43.372409139 |                                     |                  | -                  | 268375             |
|   | OF EAST RD   |                                      |                      |   |   | X Coordinate |                                     |                  | Y Coord            |                    |
|   |  | HE TOWN OF SUMPT                     |                      |   | 275563.375  |              |                                     | 480589           |                    |                    |
|   | IN 3   | AUK COUNTY                           |                      |   |   | Structure 1  | vpe                                 |                  |                    |                    |
|   |  |                                      |                      |   |   |              | ,                                   |                  |                    |                    |
| C | ra   | sh Scene                             |                      |   |   |              |                                     |                  |                    |                    |
| Π | First  | Harmful Event                        |                      |   |   | First Harm   | ful Event                           | Location         |                    |                    |
|   | PAR  | KED MOTOR VEHICL                     | E                    |   |   |              | DWAY                                |                  |                    |                    |
|   | Manı   | ner of Collision                     |                      |   |   |              | ition                               |                  |                    |                    |
| ( | 02 -   | FRONT TO FRONT                       |                      |   |   | DARK/U       | ILIT                                |                  |                    |                    |
|   | Road   | Surface Condition(s)                 |                      |   |   | Roadway F    | actor(s)                            |                  |                    |                    |
|   | DRY  | ,                                    |                      |   |   |              |                                     |                  |                    |                    |
| I | Envii  | onment Factor(s)                     |                      |   |   |              |                                     |                  |                    |                    |
|   | NON  | IE                                   |                      |   |   | NONE         |                                     |                  |                    |                    |
|   | Wea  | ther Condition(s)                    |                      |   |   |              |                                     |                  |                    |                    |
| 1 | CLE  | AR                                   |                      |   |   |              |                                     |                  |                    |                    |
|   | Anim   | al Type                              |                      |   |   | Relation To  |                                     |                  |                    |                    |
|   | Cras   | h Classification - Location          |                      |   | Crash Classification - Jurisdiction                               |              |                                     |                  |                    |                    |
|   |  |                                      |                      | NO SPECIAL JURI   |   |              |                                     |                  |                    |                    |
| - | Tribal Land  |                                      |                      |   | Access Co   |              |                                     |                  |                    |                    |
|   |  |                                      |                      |   | NO CONTROL  |              |                                     |                  |                    |                    |
|   | Within Interchange Area Junction Location NO NO                      |                                      |                      |   | Intersection Type<br>NOT AN INTERSECTION                          |              |                                     |                  |                    |                    |
|   |  |                                      | NON-JUNCTION         |   | NOTAN   | INTERSE      | TION                                |                  |                    |                    |
|   |  | Status                               |                      | Vehicle Ope   | erating As C  | assification |                                     | Unit Type        |                    |                    |
|   | HIT AND RUN  |                                      |                      |   | D CLASS   |              |                                     | AUTOMO           | BILE               |                    |
|   |  | cle Type                             |                      |   |   |              | Operating As Endorsements           |                  | ments              |                    |
|   | -  | SENGER CAR                           |                      |   |   |              |                                     |                  |                    |                    |
|   |  | Occs                                 | Train/Bus # Recorded |   | tions Issued  |              | Total Tra                           | ilers            |                    | Mat Types          |
|   | 1  |                                      |                      | 0   |   |              | 0                                   |                  | 0                  |                    |
|   | Insurance? Direction Of Travel                                       |                                      |                      | Pre   | Pre CrashTire   |              |                                     |                  | Total Lan          | es                 |
|   | -  | Harmful Event: Collision V           | WESTBOUND            | Mark  | 15  |              | 2<br>Emergency Motor Vehicle Use    |                  | icle Llse          |                    |
|   |  | KED MOTOR VEHICL                     |                      |   | Special Function<br>NO SPECIAL FUNCTION                           |              | TION                                |                  | NOT APPLICABLE     |                    |
| - | Traff  | c Way                                |                      | Traffic Cont  |   |              | Traffic Control Inoperative/Missing |                  |                    |                    |
|   | TWO-WAY, NOT DIVIDED<br>Surface Type<br>BLACKTOP (BITUMINOUS)        |                                      |                      | NO CONT   |   |              | NO                                  |                  |                    |                    |
|   |  |                                      |                      | Road Curvature<br>STRAIGHT  |   |              |                                     | Road Grade       |                    |                    |
|   |  | Bus or HazMat                        | <i>)</i>             | STRAIGH   |   |              |                                     | LEVEL            |                    |                    |
|   | NO   |                                      |                      |   |   |              |                                     |                  |                    |                    |
|   | ١  | /ehicle                              |                      |   |   |              |                                     |                  |                    |                    |
|   | License Plate Number   |                                      |                      |   | Plate Type  |              |                                     |                  | ountry of Issuance |                    |
|   |  | 189UKL                               |                      | AUT - AUTOMOBILI  |   |              |                                     | ITED STATES      |                    |                    |
|   | 01   | Vehicle Identification Number        |                      |   | Make Year   |              |                                     | Model            |                    |                    |
| ¢ | 0  | Color                                |                      |   | KIA MOTORS CORPORA         2010           Body Style         2010 |              |                                     | RIO 5<br>Bus Use |                    |                    |
|   |  | RED - RED                            | 4D - 4DR             |   |   |              |                                     |                  |                    |                    |
|   | Linitial Contact Point   |                                      |                      | Vehicle Damage  |   |              |                                     |                  |                    |                    |
|   |  |                                      |                      | 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, |   |              |                                     |                  |                    |                    |
|   | 11 - LEFT FRONT CORNER       Extent Of Damage       DISARLING DAMAGE |                                      |                      | U1 - RIGI   |   |              | 112 - 21                            | GRUDE EF         | 101 101            |                    |
|   | 표  | Extent Of Damage<br>DISABLING DAMAGE |                      |   | T FRONT (   |              |                                     |                  |                    | - LEFT SIDE FROMI, |

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|      |            | Towed Due To Damage   |                            | Vehicle Removed By   |                              |  |  |  |  |
|------|------------|---|----------------------------|--|------------------------------|--|--|--|--|
|      |            | NOT TOWED   |                            | OPERATOR   |                              |  |  |  |  |
|      |            | What Driver Was Doing<br>GOING STRAIGHT                       |                            | Vehicle Factors  |                              |  |  |  |  |
|      |            | Driver Prior Action Other                                     |                            | NOT APPLICABLE   |                              |  |  |  |  |
|      |            |   |                            |  |                              |  |  |  |  |
| UNIT | VEHICLE    | Driver Actions<br>EXCEED SPEED LIMIT, FAIL                    | URE TO CONTROL, V          | WRONG SIDE OR WRONG WAY, FAILE   | D TO KEEP IN DESIGNATED LANE |  |  |  |  |
| 01   | 01         | Owner Name<br>MARCELINO M DOMINGUE                            | Z                          | Owner Address<br>S7559 US HIGHWAY 12 # Q-9<br>NORTH FREEDOM, WI 53951 , US |                              |  |  |  |  |
|      | ļ          | Sequence Of Events  |                            |  |                              |  |  |  |  |
|      | 01         | Event<br>CROSS CENTERLINE                                     |                            |  |                              |  |  |  |  |
|      | 02         | Event<br>PARKED MOTOR VEHICLE                                 |                            |  |                              |  |  |  |  |
|      | 03         | Event   |                            |  |                              |  |  |  |  |
|      | 04         | Event   |                            |  |                              |  |  |  |  |
|      | l          | Individual  |                            |  |                              |  |  |  |  |
|      |            |   |                            | Citations Issued   | Sex                          |  |  |  |  |
|      | ۹L         | ALEJANDRO MARCELINO   | DOMINGUEZ                  | 0<br>Date of Birth   | MALE<br>Race                 |  |  |  |  |
| ⊢    | DO         |   |                            | Date of Birth  | HISPANIC                     |  |  |  |  |
| UNIT | INDIVIDUAL | Address<br>S7559 US HIGHWAY 12 # D-<br>NORTH FREEDOM, WI 5395 |                            | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES              |                              |  |  |  |  |
|      | Sat        | On Duty Cr<br>fety Equipment                                  | ash                        | Safety Equipment   |                              |  |  |  |  |
|      |            | Row<br>01 - FRONT ROW   | Seat Position<br>07 - LEFT | RESTRAINT USE UNKNOWN  |                              |  |  |  |  |
|      |            | Helmet Use  |                            | Helmet Compliance  |                              |  |  |  |  |
|      |            | Eye Protection  |                            | Tint Compliance  |                              |  |  |  |  |
| 5    | 001        | Injury Seve<br>Injury NO APPA                                 | •                          | Airbag   |                              |  |  |  |  |
|      | •          |   | RENT INJURY                | NOT APPLICABLE           Trapped/Extricated                                |                              |  |  |  |  |
|      |            |   | OT EJECTED/NOT AP          | PLICABLE   | NOT APPLICABLE               |  |  |  |  |
|      |            | Medical Transport   |                            | EMS Agency Identifier  | EMS Run #                    |  |  |  |  |
|      |            | NOT TRANSPORTED   |                            |  |                              |  |  |  |  |
|      |            | Hospital  |                            | Date of Death Time of Death  |                              |  |  |  |  |
|      |            | Distracted By Source<br>NOT APPLICABLE (NOT DISTRACTED)       |                            |  |                              |  |  |  |  |
|      |            | Distracted By Action NOT DISTRACTED                           |                            |  |                              |  |  |  |  |
|      |            | Non Motorist  | t # Location               |  |                              |  |  |  |  |

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

|      |   | Prior Action                                       |                  |                          |                                     |               |              |                                     |  |  |
|------|---|--|------------------|--------------------------|-------------------------------------|---------------|--------------|-------------------------------------|--|--|
|      |   | Action   |                  |                          |                                     |               |              |                                     |  |  |
|      | _   |  |                  |                          |                                     |               |              |                                     |  |  |
| ⊢    | INDIVIDUAL                                    |  |                  |                          |                                     |               |              |                                     |  |  |
| UNIT | I   |  |                  |                          |                                     |               |              |                                     |  |  |
|      | ND  |  |                  |                          |                                     |               |              |                                     |  |  |
|      |   |  |                  |                          |                                     |               |              |                                     |  |  |
|      |   | Action Other                                       |                  |                          |                                     |               |              | To/From School                      |  |  |
|      |   | Sust   | pected Alcohol U | lse                      | Suspected Drug Use                  |               |              |                                     |  |  |
|      | 4   | Drug & Alcohol                                     |                  |                          |                                     |               |              |                                     |  |  |
|      |   |  |                  | Alcohol Test Ty<br>BLOOD | ре                                  |               | Alcohol Te   |                                     |  |  |
|      |   | Drug Test Given                                    |                  | Drug Test Type           |                                     | Drug Test Res |              |                                     |  |  |
|      |   | TEST NOT GIVEN                                     |                  |                          |                                     |               |              |                                     |  |  |
| 9    | 001   | Drug Type  |                  |                          |                                     |               |              |                                     |  |  |
|      |   | Individual Condition                               |                  |                          |                                     |               |              |                                     |  |  |
|      |   | NOT OBSERVED                                       |                  |                          |                                     |               |              |                                     |  |  |
|      |   |  |                  |                          |                                     |               |              |                                     |  |  |
| I    |   | t Summary  |                  |                          | Vehicle Operating As Class          | ification     | Unit Type    |                                     |  |  |
|      |   | BALLY PARKED                                       |                  |                          | D CLASS                             | mouton        |              | AUTOMOBILE                          |  |  |
| 02   |   |  |                  |                          |                                     |               | Operating    | As Endorsements                     |  |  |
|      | PASSENGER CAR Total Occs Train/Bus # Recorded |  |                  |                          | Total # Citations Issued            | Total T       | railers      | lers Total HazMat Types             |  |  |
|      | 0   |  |                  |                          | 0                                   | 0             |              | 0                                   |  |  |
| ┝    | Insurance? Direction Of Travel YES EASTBOUND  |  |                  |                          | Pre CrashTire Mark                  | Speed<br>15   | Limit        | Total Lanes<br>2                    |  |  |
| UNIT | Most Harmful Event: Collision With            |  |                  |                          | Special Function NO SPECIAL FUNCTIO |               |              | y Motor Vehicle Use<br>PLICABLE     |  |  |
|      |   | MOTOR VEH IN TRANSPORT<br>Traffic Way              |                  |                          | Traffic Control                     |               |              | Traffic Control Inoperative/Missing |  |  |
|      |   | TWO-WAY, NOT DIVIDED                               |                  |                          | NO CONTROL                          |               | NO           |                                     |  |  |
|      |   | Surface Type BLACKTOP (BITUMINOUS)                 |                  |                          | Road Curvature<br>STRAIGHT          |               | Road Grad    |                                     |  |  |
|      | Truc  | k Bus or HazMat                                    | ,                |                          |                                     |               |              |                                     |  |  |
|      | NO  |  |                  |                          |                                     |               |              |                                     |  |  |
|      |   | Vehicle<br>License Plate Number                    |                  |                          | Plate Type                          | St            | Country of   | Issuance                            |  |  |
|      |   | AEP2621  |                  |                          | AUT - AUTOMOBILE                    | wi            | UNITED S     | STATES                              |  |  |
| 02   | 02  | Vehicle Identification Number<br>2C3JA53G45H566645 |                  |                          | Make<br>CHRYSLER                    | Year<br>2005  | Model<br>300 |                                     |  |  |
|      | -   | Color  |                  |                          | Body Style                          |               | Bus Use      |                                     |  |  |
|      |   | GLD - GOLD   |                  |                          | SD - SEDAN<br>Vehicle Damage        |               |              |                                     |  |  |
| ⊨    | CLE   | Initial Contact Point 11 - LEFT FRONT CORNER       |                  |                          |                                     |               |              |                                     |  |  |
| UNIT | VEHICLE                                       | Extent Of Damage                                   |                  |                          | 11 - LEFT FRONT CO                  |               |              | RONT, 10 - LEFT SIDE FRONT,         |  |  |
|      | >   | DISABLING DAMAGE Towed Due To Damage               |                  |                          | Vehicle Removed By                  |               |              |                                     |  |  |
|      |   | NOT TOWED  |                  |                          | OPERATOR                            |               |              |                                     |  |  |
|      | What Driver Was Doing LEGALLY PARKED          |  |                  |                          |                                     |               |              |                                     |  |  |

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

|          |  |   |          | Vehicle Factors                                      |   |       |                                      |   |  |  |
|----------|--|---|----------|--|---|-------|--------------------------------------|---|--|--|
|          |  | Driver Prior Action Other                     |          | NC   | OT APPLICABLE   |       |                                      |   |  |  |
| UNIT     | VEHICLE  | Driver Actions NO CONTRIBUTING ACTION         |          |  |   |       |                                      |   |  |  |
| 02       | 02   | Owner Name<br>IRVIN F PEREZ<br>(608) 370-0561 |          |  | Owner Address<br>S7559 US HIGHWAY 12 # B-10<br>NORTH FREEDOM, WI 53951 , US |       |                                      |   |  |  |
|          |  | Sequence Of Even                              | ts       |  |   |       |                                      |   |  |  |
|          | 2  | Event<br>MOTOR VEH IN TRAN                    |          |  |   |       |                                      |   |  |  |
|          | 02   | Event<br>PARKED MOTOR VEH                     | licle    |  |   |       |                                      |   |  |  |
|          | 03   | Event   |          |  |   |       |                                      |   |  |  |
|          | 04   | Event   |          |  |   |       |                                      |   |  |  |
| Ŀ        | I  | Policy Holder                                 |          |  |   |       |                                      |   |  |  |
| UNIT     |  | Insurance Company<br>FOUNDERS-INS-CO          |          |  | Individual IRVIN PEREZ  |       |                                      |   |  |  |
|          | Uni  | t Summary                                     |          |  |   |       |                                      |   |  |  |
|          |  | Status  |          |  | Vehicle Operating As Classification Unit Type                               |       |                                      |   |  |  |
|          |  |   |          | DC   | D CLASS   |       |                                      | OBILE   |  |  |
| 03       | Vehicle Type PASSENGER CAR Total Occs 0 Train/Bus # Recorded |   |          |  |   |       | Operating                            | As Endorsements                               |  |  |
|          |  |   |          | Total # Citations Issued     Total Tr.       0     0 |   | ilers | Total HazMat Types 0                 |   |  |  |
| ┝        | Insurance? Direction Of Travel YES WESTBOUND                 |   |          |  | Pre CrashTire Speed Li<br>Mark 15   |       | mit                                  | Total Lanes<br>2                              |  |  |
| UNIT     | Most Harmful Event: Collision With PARKED MOTOR VEHICLE      |   |          |  | Special Function NO SPECIAL FUNCTION  |       |                                      | Emergency Motor Vehicle Use<br>NOT APPLICABLE |  |  |
|          | Traffic Way<br>TWO-WAY, NOT DIVIDED<br>Surface Type          |   |          |  | Traffic Control NO CONTROL  |       |                                      | Traffic Control Inoperative/Missing<br>NO     |  |  |
| 1        |  |   |          |  | Road Curvature  |       |                                      | Road Grade                                    |  |  |
|          |  | CKTOP (BITUMINOUS                             | )        | STI  | STRAIGHT  |       |                                      | LEVEL   |  |  |
|          | I ruc<br>NO  | k Bus or HazMat                               |          |  |   |       |                                      |   |  |  |
|          | •  | Vehicle                                       |          |  |   |       |                                      |   |  |  |
|          |  | License Plate Number AFN5242                  |          |  | Plate Type St<br>AUT - AUTOMOBILE WI  |       | Country of Issuance<br>UNITED STATES |   |  |  |
| <b>_</b> | 03   | Vehicle Identification Number                 |          |  | Make Year   |       | Model                                |   |  |  |
| 03       |  | 3VWCA21C7YM485001                             |          |  | VOLKSWAGEN 2000   |       | NEW BEETLE                           |   |  |  |
| 1        | 8  |   |          | vc   |   | 2000  |                                      | ETLE  |  |  |
|          | 03   | Color   |          | VC<br>Bo   | dy Style  | 2000  | Bus Use                              | ETLE  |  |  |
|          | ш  |   |          | Bo<br>HE   |   | 2000  |                                      | ETLE  |  |  |
| L        | ш  | Color<br>BLU - BLUE                           | 1        | Bo<br>HE   | dy Style<br>3 - HATCHBACK   | 2000  |                                      | ETLE  |  |  |
| UNIT     |  | Color<br>BLU - BLUE<br>Initial Contact Point  | 1<br>NER | VC<br>Bo<br>HE<br>Ve                                 | dy Style<br>3 - HATCHBACK   |       | Bus Use                              |   |  |  |

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |         | What Driver Was Doing      | /ehicle Factors              |
|------|---------|----------------------------|------------------------------|
|      |         | LEGALLY PARKED             |                              |
|      |         | Driver Prior Action Other  | NOT APPLICABLE               |
|      |         |                            |                              |
|      |         | Driver Actions             |                              |
|      | ш       | NO CONTRIBUTING ACTION     |                              |
| E    | 5       |                            |                              |
| UNIT | VEHICLE |                            |                              |
|      | Ξ,      |                            |                              |
|      | >       |                            |                              |
|      |         | Owner Name                 | Owner Address                |
|      |         | IRVIN F PEREZ              | S7559 US HIGHWAY 12 # B-10   |
| 8    | 03      | (608) 370-0561             | NORTH FREEDOM, WI 53951 , US |
|      |         |                            |                              |
|      |         |                            |                              |
|      |         | Sequence Of Events         |                              |
|      | 01      | Event PARKED MOTOR VEHICLE |                              |
|      | 0       | PARKED MOTOR VEHICLE       |                              |
|      | 02      | Event                      |                              |
|      | 0       |                            |                              |
|      | 8       | Event                      |                              |
|      | 03      |                            |                              |
|      | 4       | Event                      |                              |
|      | 04      |                            |                              |
|      |         | Policy Holder              |                              |
| UNIT |         | Insurance Company          | Individual                   |
| 5    |         | FOUNDERS-INS-CO            |                              |
|      |         |                            |                              |