

6TL0DBC3B2

20-07912

# Wisconsin Motor Vehicle Crash Report

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

6TL0DBC3B2

Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-07912</b>		Investigating Officer/Deputy <b>DEPUTY C. GALLAGHER</b>	
Crash Date <b>08/09/2020</b>		Crash Time <b>04:38 PM</b>		Date Arrived <b>08/09/2020</b>		Time Arrived <b>05:00 PM</b>	
Date Notified <b>08/09/2020</b>		Time Notified <b>04:38 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

**Location**

<b>ON MULBERRY ST 97 FT N OF STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY</b>		Latitude <b>43.475066</b>	Longitude <b>-89.7670428</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
		X Coordinate <b>276203.4687</b>	Y Coordinate <b>4817292</b>	On Roadway Link ID# <b>4558717</b>	On Roadway Link Offset <b>731</b>
		Override <input type="checkbox"/>	Tribal Land		Structure Type <b>NO STRUCTURE</b>

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		Environment Factor(s) <b>NONE</b>	
Roadway Factor(s) <b>NONE</b>		Weather Condition(s) <b>RAIN</b>	
Animal Type		Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>		Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>		Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
<b>UNIT</b>	Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark		Speed Limit <b>N/A</b>	Total Lanes <b>1</b>
<b>01</b>	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPE</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

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01 UNIT INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>			
	Last Name <b>JONES</b>		First Name <b>DAVID</b>		Middle Initial <b>O</b>	Suffix		
	Street Address <b>1250 LARPEN TEUR AVE</b>		Street Address 2		PO Box			
	City <b>ST PAUL</b>		State <b>MN</b>	Zip Code <b>55409</b>	Country of Residence <b>UNITED STATES</b>			
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>BLUE</b>	Height <b>604</b>	Weight <b>320</b>	Phone Number <b>(651) 263-1705 EXT.</b>
	Driver's License Number		State <b>MN</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2021</b>			
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
01 UNIT INDIVIDUAL	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>NOT DISTRACTED</b>							
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>						
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>					
Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type			Alcohol Test Results			
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type			Drug Test Results			
Drug Type								
01 UNIT INDIVIDUAL	Role <b>PASSENGER</b>		Citations Issued <b>0</b>	<input checked="" type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>			
	Last Name <b>JONES</b>		First Name <b>SARA</b>		Middle Initial <b>M</b>	Suffix		
	Street Address <b>1250 LARPEN TEUR AVE</b>		Street Address 2		PO Box			
	City <b>ST PAUL</b>		State <b>MN</b>	Zip Code <b>55409</b>	Country of Residence <b>UNITED STATES</b>			

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UNIT INDIVIDUAL	DOB		Sex <b>F</b>	Race <b>W</b>	Hair	Eyes	Height	Weight	Phone Number <b>(651) 263-1705 EXT.</b>	
	Driver's License Number				State	License Jurisdiction	Country of Issuance			
	License Type				License Status			DL Expire Year		
	<b>Equipment</b>		On Duty Accident			Safety Equipment				
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>			<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use				Helmet Compliance					
	Eye Protection				Tint Compliance					
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>			Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>				Ejection Path <b>NOT EJECTED/NOT APPLICA</b>			Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>				EMS Agency Identifier			EMS Run #		
Hospital				Date of Death			Time of Death			
UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #			Location		To/From School		
	Prior Action				Action					
	Distracted By Action									
	Distracted By Source				Action Other					
	<b>Drug &amp; Alcoh</b>		Individual Condition <b>APPEARED NORMAL</b>							
UNIT INDIVIDUAL	Suspected Alcohol Use <b>NO</b>				Suspected Drug Use <b>NO</b>					
	Alcohol Test Given <b>TEST NOT GIVEN</b>			Alcohol Test Type				Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>			Drug Test Type				Drug Test Results		
	Drug Type									
UNIT INDIVIDUAL	Role <b>PASSENGER</b>			Citations Issued <b>0</b>		<input checked="" type="checkbox"/> <b>Use Driver Address</b>		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>JONES</b>			First Name <b>VICTORIA</b>			Middle Initial <b>F</b>		Suffix	
	Street Address <b>1250 LARPEN TEUR AVE</b>			Street Address 2			PO Box			
	City <b>ST PAUL</b>			State <b>MN</b>		Zip Code <b>55409</b>		Country of Residence <b>UNITED STATES</b>		

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UNIT INDIVIDUAL	DOB	Sex <b>F</b>	Race <b>W</b>	Hair	Eyes	Height	Weight	Phone Number <b>(651) 263-1705 EXT.</b>
	Driver's License Number			State	License Jurisdiction	Country of Issuance		
	License Type			License Status			DL Expire Year	
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>			Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #		
UNIT INDIVIDUAL	Hospital			Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>						
	Suspected Alcohol Use <b>NO</b>			Suspected Drug Use <b>NO</b>				
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type				Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type				Drug Test Results	
	Drug Type							
UNIT INDIVIDUAL	Role <b>PASSENGER</b>			Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>	Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>JONES</b>		First Name <b>PENELOPE</b>			Middle Initial <b>O</b>	Suffix	
	Street Address <b>1250 LARPENTEUR AVE</b>			Street Address 2			PO Box	
	City <b>ST PAUL</b>		State <b>MN</b>	Zip Code <b>55409</b>		Country of Residence <b>UNITED STATES</b>		

Wisconsin Motor Vehicle  
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UNIT INDIVIDUAL	DOB	Sex <b>F</b>	Race <b>W</b>	Hair	Eyes	Height	Weight	Phone Number <b>(651) 263-1705 EXT.</b>
	Driver's License Number			State	License Jurisdiction	Country of Issuance		
	License Type			License Status		DL Expire Year		
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>			Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>		
	Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #		
UNIT INDIVIDUAL	Hospital			Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>						
	Suspected Alcohol Use <b>NO</b>			Suspected Drug Use <b>NO</b>				
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type			Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type			Drug Test Results		
	Drug Type							
UNIT INDIVIDUAL	License Plate Number			Plate Type	St	Country of Issuance		
	Vehicle Identification Number <b>3VV3B7AX5KM079419</b>				Year <b>2019</b>	Make <b>VOLKSWAGEN</b>		
	Model <b>TIGUAN</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Color <b>SIL - SILVER (ALUMINUM)</b>		
	Initial Contact Point <b>12 - FRONT</b>							

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# Wisconsin Motor Vehicle Crash Report

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

UNIT VEHICLE	01	Vehicle Damage		
	01	Extent Of Damage <b>MINOR DAMAGE</b>	<b>12 - FRONT</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Factors	
		Vehicle Removed By <b>OWNER</b>	<b>NOT APPLICABLE</b>	
		What Driver Was Doing <b>LEAVING A PARKED POSITION</b>	Driver Prior Action Other	
			Bus Use	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		<input checked="" type="checkbox"/> <b>Vehicle Owner Same As Operator</b>	<input checked="" type="checkbox"/> <b>Use Operator Address</b>	
		Organization Type <b>INDIVIDUAL</b>	Company Name	
		Last Name <b>JONES</b>	First Name <b>DAVID</b>	
		Middle <b>O</b>		
		Suffix		
		Date of Birth		
	Street Address <b>1250 LARPEN TEUR AVE</b>	Street Address2		
		PO Box		
	City <b>ST PAUL</b>	St <b>MN</b>		
		Zip Code <b>55409</b>		
		Country of Residence <b>UNITED STATES</b>		
	Telephone Number <b>(651) 263-1705 EXT.</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT HOL	01	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	<input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>	<input checked="" type="checkbox"/> <b>Policy Holder Same As Driver</b>
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>JONES</b>	First Name <b>DAVID</b>
				Policy Holder Company

### Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements	
	Total Occs <b>6</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>
			Total Trailers <b>0</b>
			Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>
			Speed Limit <b>N/A</b>
			Total Lanes <b>1</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>PARKING LOT OR PRIVATE PROPE</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>
Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
Truck Bus or HazMat <b>NO</b>			
	Role <b>DRIVER</b>	Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>
			Individual Type <b>INDIVIDUAL</b>

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

02 UNIT INDIVIDUAL	05	Last Name <b>MEDINA RAMOS</b>		First Name <b>JOSE</b>		Middle Initial <b>A</b>	Suffix		
		Street Address <b>716 N 2ND ST</b>		Street Address 2		PO Box			
		City <b>ROCKFORD</b>		State <b>IL</b>	Zip Code <b>61107</b>		Country of Residence <b>UNITED STATES</b>		
		DOB	Sex <b>M</b>	Race <b>H</b>	Hair <b>BROWN</b>	Eyes <b>BROWN</b>	Height <b>506</b>	Weight <b>165</b>	Phone Number <b>(779) 200-8926 EXT.</b>
		Driver's License Number		State <b>IL</b>	License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>		
		License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2021</b>			
		<b>Equipment</b>	On Duty Accident		Safety Equipment				
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
02 UNIT INDIVIDUAL	05	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>				
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>			
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
		Hospital		Date of Death		Time of Death			
		<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
		Prior Action		Action					
		Distracted By Action <b>NOT DISTRACTED</b>							
		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other					
		<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>						
		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>					
Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type			Alcohol Test Results				
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type			Drug Test Results				
Drug Type									
02 UNIT INDIVIDUAL	06	Role <b>PASSENGER</b>		Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>	Individual Type <b>INDIVIDUAL</b>			
		Last Name <b>CASTANEDA</b>		First Name <b>BELEN</b>		Middle Initial	Suffix		
		Street Address <b>716 N 2ND ST</b>		Street Address 2		PO Box			
		City <b>ROCKFORD</b>		State <b>IL</b>	Zip Code <b>61107</b>		Country of Residence <b>UNITED STATES</b>		

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UNIT INDIVIDUAL	DOB	Sex <b>F</b>	Race <b>H</b>	Hair <b>BROWN</b>	Eyes <b>BROWN</b>	Height <b>505</b>	Weight <b>172</b>	Phone Number <b>(779) 200-8926 EXT.</b>	
	Driver's License Number			State <b>IL</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>			License Status <b>VALID LICENSE</b>			DL Expire Year <b>2021</b>		
	<b>Equipment</b>	On Duty Accident		Safety Equipment					
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>					
	Helmet Use			Helmet Compliance					
	Eye Protection			Tint Compliance					
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>UNKNOWN</b>					
	Ejected <b>UNKNOWN</b>			Ejection Path <b>UNKNOWN</b>			Trapped/Extricated <b>UNKNOWN</b>		
	Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier			EMS Run #		
Hospital			Date of Death			Time of Death			
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #		Location			To/From School		
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>							
	Suspected Alcohol Use <b>NO</b>			Suspected Drug Use <b>NO</b>					
UNIT INDIVIDUAL	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type				Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type				Drug Test Results		
	Drug Type								
02 07	Role <b>PASSENGER</b>			Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>	Individual Type <b>INDIVIDUAL</b>			
	Last Name <b>MEDINA</b>		First Name <b>ALEXANDER</b>			Middle Initial <b>D</b>	Suffix		
	Street Address <b>716 N 2ND ST</b>			Street Address 2			PO Box		
	City <b>ROCKFORD</b>			State <b>IL</b>	Zip Code <b>61107</b>	Country of Residence <b>UNITED STATES</b>			



Wisconsin Motor Vehicle  
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UNIT INDIVIDUAL 07	DOB	Sex <b>M</b>	Race <b>H</b>	Hair	Eyes	Height	Weight	Phone Number <b>(779) 200-8926 EXT.</b>	
	Driver's License Number			State	License Jurisdiction	Country of Issuance			
	License Type			License Status			DL Expire Year		
	<b>Equipment</b>	On Duty Accident		Safety Equipment					
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>					
	Helmet Use			Helmet Compliance					
	Eye Protection			Tint Compliance					
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>UNKNOWN</b>					
	Ejected <b>UNKNOWN</b>			Ejection Path <b>UNKNOWN</b>		Trapped/Extricated <b>UNKNOWN</b>			
	Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier			EMS Run #		
Hospital			Date of Death			Time of Death			
UNIT INDIVIDUAL 07	<b>Non Motorist</b>	Striking Unit #		Location		To/From School			
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>							
	Suspected Alcohol Use <b>NO</b>			Suspected Drug Use <b>NO</b>					
UNIT INDIVIDUAL 08	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type				Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type				Drug Test Results		
	Drug Type								
	Role <b>PASSENGER</b>			Citations Issued <b>0</b>		<input checked="" type="checkbox"/> <b>Use Driver Address</b>	Individual Type <b>INDIVIDUAL</b>		
Last Name <b>MADINA</b>			First Name <b>JENNIFER</b>			Middle Initial <b>C</b>	Suffix		
Street Address <b>716 N 2ND ST</b>			Street Address 2			PO Box			
City <b>ROCKFORD</b>			State <b>IL</b>		Zip Code <b>61107</b>	Country of Residence <b>UNITED STATES</b>			

Wisconsin Motor Vehicle  
Crash Report

UNIT INDIVIDUAL	DOB	Sex <b>F</b>	Race <b>H</b>	Hair	Eyes	Height	Weight	Phone Number <b>(779) 200-8926 EXT.</b>	
	Driver's License Number			State	License Jurisdiction	Country of Issuance			
	License Type			License Status			DL Expire Year		
	<b>Equipment</b>	On Duty Accident		Safety Equipment					
	Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>					
	Helmet Use			Helmet Compliance					
	Eye Protection			Tint Compliance					
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>UNKNOWN</b>					
	Ejected <b>UNKNOWN</b>			Ejection Path <b>UNKNOWN</b>		Trapped/Extricated <b>UNKNOWN</b>			
	Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #			
Hospital			Date of Death		Time of Death				
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #		Location		To/From School			
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>							
UNIT INDIVIDUAL	Suspected Alcohol Use <b>NO</b>			Suspected Drug Use <b>NO</b>					
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type				Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type				Drug Test Results		
	Drug Type								
	UNIT INDIVIDUAL	Role <b>PASSENGER</b>			Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>	Individual Type <b>INDIVIDUAL</b>		
Last Name <b>MADINA</b>			First Name <b>WENDY</b>		Middle Initial	Suffix			
Street Address <b>716 N 2ND ST</b>			Street Address 2		PO Box				
City <b>ROCKFORD</b>			State <b>IL</b>	Zip Code <b>61107</b>	Country of Residence <b>UNITED STATES</b>				

Wisconsin Motor Vehicle  
Crash Report

UNIT INDIVIDUAL	DOB	Sex <b>F</b>	Race <b>H</b>	Hair	Eyes	Height	Weight	Phone Number <b>(779) 200-8926 EXT.</b>
	Driver's License Number			State	License Jurisdiction	Country of Issuance		
	License Type			License Status		DL Expire Year		
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>03 - THIRD ROW</b>	Seat Position <b>07 - LEFT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>UNKNOWN</b>				
	Ejected <b>UNKNOWN</b>			Ejection Path <b>UNKNOWN</b>		Trapped/Extricated <b>UNKNOWN</b>		
	Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death			
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>						
UNIT INDIVIDUAL	Suspected Alcohol Use <b>NO</b>			Suspected Drug Use <b>NO</b>				
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type			Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type			Drug Test Results		
	Drug Type							
	UNIT INDIVIDUAL	Role <b>PASSENGER</b>			Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>	Individual Type <b>INDIVIDUAL</b>	
Last Name <b>RODRIGUEZ</b>			First Name <b>VICTOR</b>		Middle Initial <b>N</b>	Suffix		
Street Address <b>716 N 2ND ST</b>			Street Address 2		PO Box			
City <b>ROCKFORD</b>			State <b>IL</b>	Zip Code <b>61107</b>	Country of Residence <b>UNITED STATES</b>			

Wisconsin Motor Vehicle  
Crash Report

UNIT INDIVIDUAL	DOB	Sex <b>M</b>	Race <b>H</b>	Hair	Eyes	Height	Weight	Phone Number <b>(779) 200-8926 EXT.</b>	
	Driver's License Number			State	License Jurisdiction	Country of Issuance			
	License Type			License Status		DL Expire Year			
	<b>Equipment</b>	On Duty Accident		Safety Equipment					
	Row <b>03 - THIRD ROW</b>	Seat Position <b>09 - RIGHT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>					
	Helmet Use			Helmet Compliance					
	Eye Protection			Tint Compliance					
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>UNKNOWN</b>					
	Ejected <b>UNKNOWN</b>			Ejection Path <b>UNKNOWN</b>		Trapped/Extricated <b>UNKNOWN</b>			
	Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #			
Hospital			Date of Death		Time of Death				
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #		Location		To/From School			
	Prior Action			Action					
	Distracted By Action								
	Distracted By Source			Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>							
Suspected Alcohol Use <b>NO</b>			Suspected Drug Use <b>NO</b>						
Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type				Alcohol Test Results			
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type				Drug Test Results			
Drug Type									
UNIT INDIVIDUAL	License Plate Number <b>AP26675</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>		
	Vehicle Identification Number <b>5FNRL18074B074130</b>					Year <b>2004</b>	Make <b>HONDA</b>		
	Model <b>VAN</b>			Body Style <b>VN - VAN</b>		Color <b>BLK - BLACK</b>			
	Initial Contact Point <b>06 - REAR</b>								

6TL0DBC3B2

20-07912

# Wisconsin Motor Vehicle Crash Report

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

UNIT VEHICLE	02	Vehicle Damage		
	02	Extent Of Damage <b>MINOR DAMAGE</b>	<b>06 - REAR</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Factors	
		Vehicle Removed By <b>OWNER</b>		
		What Driver Was Doing <b>SLOW/STOPPING</b>	Driver Prior Action Other	
			Bus Use	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		
		<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type <b>INDIVIDUAL</b>	Company Name	
	Last Name <b>MEDINA RAMOS</b>	First Name <b>JOSE</b>	Middle <b>A</b>	
	Street Address <b>716 N 2ND ST</b>	Street Address2	PO Box	
	City <b>ROCKFORD</b>	St <b>IL</b>	Zip Code <b>61107</b>	
			Country of Residence <b>UNITED STATES</b>	
	Telephone Number <b>(779) 200-8926 EXT.</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT HOL	02	Insurance Company <b>COUNTRY FINANCIAL</b>	<input checked="" type="checkbox"/> Policy Holder Same As Owner	<input checked="" type="checkbox"/> Policy Holder Same As Driver
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>MEDINA RAMOS</b>	First Name <b>JOSE</b>
				Policy Holder Company

### Description

Diagram

Reconstruction By
Photos By
Additional Information

Wisconsin Motor Vehicle  
Crash Report

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>NONE</p>
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UNIT 1 WAS BEHIND UNIT 2 IN THE CULVERS DRIVE THROUGH. UNIT 2 CAME TO A COMPLETE STOP. UNIT 1 CONTINUED FORWARD STRIKING THE BACK OF UNIT 2 CAUSING MINOR DAMAGE.

**Signature** \_\_\_\_\_

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

**Law Enforcement Agency** \_\_\_\_\_

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>GALLAGHER</b>	Officer First Name <b>CHRISTOPHER</b>	Officer Middle Name <b>M</b>	Suffix
DOT Officer ID <b>9170</b>		DNR Officer ID	Officer Badge Number <b>9170</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPARTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>		

6TL0DBC3B2

20-07912

# Wisconsin Motor Vehicle Crash Report

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

Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>	ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>
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