

6TL0CTJN0G
20-12177

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document#	Agency Crash Number 20-12177	Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 10/15/2020		Crash Time 10:30 PM	Date Arrived 10/15/2020	Time Arrived 10:45 PM	
Date Notified 10/15/2020		Time Notified 10:39 PM	Total Units 01	Total Injured	Total Killed
<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 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

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

UNIT 1 WAS BACKING OUT OF A DRIVEWAY AND CUT THE CORNER TO SHAPE. UNIT 1 GOT STUCK ON A SMALL EMBANKMENT. BILLS TOWING RESPONDED AND PULLED THE VEHICLE OUT. THERE DID NOT APPEAR TO BE ANY DAMAGE.

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Location

ON OAK CT 897 FT N OF LEHMAN RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.4260564	Longitude -89.773241296
	X Coordinate 275520.8125	Y Coordinate 4811865.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event EMBANKMENT	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	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? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With EMBANKMENT	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 LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number P850299	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES	
		Vehicle Identification Number JTHKD5BH7E2173859	Make LEXUS	Year 2014	Model	
		Color WHI - WHITE	Body Style 4D - 4DR		Bus Use	
		Initial Contact Point 14 - UNDERCARRIAGE	Vehicle Damage			
		Extent Of Damage NO DAMAGE	00 - NO DAMAGE			

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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By BILLS TOWING	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name FERNANDO SOLER (773) 988-2380		Owner Address 4350 N BROADWAY ST APT 403 CHICAGO, IL 60613 , US	
	Sequence Of Events			
01 02 03 04	Event EMBANKMENT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual FERNANDO SOLER	
UNIT INDIVIDUAL	Individual			
	Driver FERNANDO SOLER (773) 988-2380		Citations Issued 0	Sex MALE
	Address 4350 N BROADWAY ST APT 403 CHICAGO, IL 60613 , US		Date of Birth [REDACTED]	Race ASIAN
	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					