6TL0D5DXX3 21-05062

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash E	21-05062 DEPUTY (Crash Time Date Arrived Time Arrive		Investigating DEPUTY C		puty	
Crash Date	Crash Time			Time Arrived			
5 06/07/2021	10:39 AM				10:51 AM		
Date Notified 06/07/2021	Time Notified 10:41 AM		Total U 01	nits	Total Injured	Total	Killed
Crash Date 06/07/2021 Date Notified 06/07/2021 On Emergency Hit Government Property	and Run	Lane Closu		☐ Work Zone	▼ Trailer	or Towe	Reporting Threshold
Government Property	Active Sc	chool Zone	School NO	Bus Related	Tags		
Reportable	Crash Type DT4000 (STA	ANDARD CRASH	l)		Amend	led	Secondary Crash
Description Diagram						Reconstru	
Union	St	Hwy 33	/58	313	ale	Photos By 9198	Information
i, a sworn law enforceme	nt officer, agr	ee that I have no	ot adde	d any CJIS data in th	nis report.		
ON THE ABOVE DATE AND TIME T	HE ABOVE UNIT	WAS NB ON HWY 3	33/58 AT	UNION ST IN THE VILLAC	GE OF LAVALLE.		
TOTAL TANGENT OF THE PARTY OF T			5, 100	100 100			

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Crash Date 06/07/2021

Crash Time 10:39 AM

	_ocation ====									
ſ	ON 313 MAIN ST/ STH33	WB				Latitude			Longitud	de
	147 FT N					43.58470	7556			12678
	OF UNION ST									
	(HOUSE/BUILDING 313)					X Coordina 247375.4			Y Coord 483050	
	IN THE VILLAGE OF LA VALLE IN SAUK COUNTY					Structure 1	Гуре BUILDING			
(Crash Scene 💻									
Ī	First Harmful Event					FirstHarm	fulEventLo	cation		
	FIRE/EXPLOSION					ON ROADWAY				
ŀ	Manner of Collision					Light Condition				
	00 - NO COLLISION W/VE	HICLE IN TRANSPORT				DAYLIGH				
ł	Road Surface Condition(s)					Roadway	Factor(s)			
	DRY									
ŀ	Environment Factor(s)					-				
	NONE					NONE				
ŀ	Weather Condition(s)					1				
	CLEAR									
ŀ	Animal Type					I	o Trafficway			
	Crash Classification - Location					712 44 4 7 7	WAY - Of			
	PUBLIC PROPERTY	•				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
ľ	Tribal Land					Access Control Special Study NO CONTROL				Special Study
ŀ	Within Interchange Area	Junction Location			Intersection					
	NO	NON-JUNCTION			1	Intersection Type NOT AN INTERSECTION				
ſ	Closure Type			Reasons for Closure						
	FULL CLOSURE									
	Date Initial Lane/Rd Closed 06/07/2021	Time Initial Lane/Rd Clos 10:47 AM	sed	LAW	ENFORC	EMENT, TOW TRUCK, FIRE/EMS				
	Date All Lanes Open 06/07/2021	Time All Lanes Open 12:06 PM		Date Scene Cleared 06/07/2021			Time Scene Cleared 12:06 PM			
i	Jnit Summary =			l						
╗	Unit Status		Veh	icle Ope	erating As C	lassification		UnitType		
	IN TRANSIT			LASS		nassilication		TRUCK		
ŀ	Vehicle Type							Operating A	s Endorse	ments
	UTILITY TRUCK/PICKUP	TRUCK						o porounty.		
ŀ	Total Occs	Train/Bus#Recorded	Tota	1# Citat	ions Issued		Total Trail	ers	Total Haz	Mat Types
	3	, , , , , , , , , , , , , , , , , , , ,	0	in Ona.	.011010000		1	-1-	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Insurance? YES	Direction Of Travel NORTHBOUND			CrashTire Mark		Speed Limit		Total Lanes	
	Most Harmful Event: Collision With FIRE/EXPLOSION			Special Function NO SPECIAL FUNC		TION		Emergency Motor Vehicle Use NOT APPLICABLE		
ŀ	Traffic Way		Traf	fic Cont	rol			Traffic Control Inoperative/Missing		
	Surface Type BLACKTOP (BITUMINOUS) Roa STI			CONT	ROL				NO	
Ī				d Curva	iture			Road Grade		
ļ				STRAIGHT			LEVEL			
	Truck Bus or HazMat NO									
- Injuryanjan	Vehicle			cecee						S S S S S S S S S S S S S S S S S S S
oganganganga	License Plate Number	a mea mea mea mea mea mea mea mea mea me		te Туре		100,000,000,000,000,000,000,000,000	St	Country of Is		ом от выполнение подполнением подполнением подполнением подполнением подполнением подполнением подполнением по
- Amplituding	SD2232				HT TRUC	:K	WI	UNITED STATES		
•	Vehicle Identification Nu 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Mai		: = =		Year	Model		
	Ò 1GC1KXC88EF10070	J2	CH	EVRO	LEI		2014	SILVERAD	<u> </u>	

UNIT

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Crash Date 06/07/2021

Crash Time 10:39 AM

		Color WHI - WHITE			Body Style PK - PICK	1 : D		Bus Use			
	ш	Initial Contact Point			Vehicle Dan						
⊨	8	00 - NON-COLLISION		•							
				04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR							
_	3	DISABLING DAMAGI	E					-			
	5 5					Vehicle Removed By STEVES AUTO SERVICE					
						Vehicle Factors					
		GOING STRAIGHT									
		Driver Prior Action Other				LICABLE					
		Driver Actions									
	Ш	NO CONTRIBUTING	ACTION								
	EHICLE										
-	W >										
		OwnerName CIARA NICOLE KNO	BLE			Address FILLBERRY DR	₹				
5	5	(608) 728-3080				BOO, WI 5391					
			nts								
	5	Event FIRE/EXPLOSION									
		Event									
	8										
	S	Event									
	8	Event									
		Spatians Brokers									
N N		Policy Holder Insurance Company			Individual						
5		SOCIETY-INS-A-MUT	TUAL-CO		CIARA KNOBLE						
		Trailer/Towed									
2		Trailer Plate # CA54378	Plate Type TRL - TRA	Make JNHL		State WI	I .	etry of Issuance			
		UnitType		ndividual			Addre				
늘	LER	UTILITY TRAILER		JOSE LUIS PARRA (608) 434-2434	VERA		1	TILLBERRY DR ABOO, WI 53913 , US			
3	TRAIL	Vehicle Identification Nu 1J9VS3029WH03086	mber	,,							
 		ı İndividual	I				l				
		Driver			Citations	ssued		Sex	<u> </u>		
	4	JESUS FUERTE REY (608) 720-9414	'ES		0			MALE			
,	INDIVIDUA	(000,7200111			Date of Birth			Race WHITE			
LIND	Ī	Address			Driver License Number						
>	9	5562 BETHEL RD SE		20.116			U COUNTRY :	NITED STATES			
		PORT ORCHARD, W.	A 98301 18	29, US	SIAIE	WASHINGIO	A CODATAT: U	MITED STATES			
		[O	n Duty Crash		Safety Ed	suipment					
	Sai	ety Equipment	•			*					
		Row	I	at Position	SHOUL	DER & LAP BE	LT				
		01 - FRONT ROW HelmetUse	07	- LEFT	HalmatC	ompliance					
		1 lettilet Osa			13eanetC	ON IONGINEE					

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		Eye Protection		Tint Compliance								
2	8	Injury Seve Injury NO APPA	erity ARENT INJURY	Airbag NON DEPLOYED								
		1 '	jection Path IOT EJECTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#						
		Hospital		Date of Death		Time of Death						
		Distracted	By Source									
		Distracted By NOT APPLICABLE (NOT DISTRACTED)										
	NOT DISTRACTED											
		Non Motorist	it# Location									
		Prior Action										
		Action										
	IAL											
LNN	INDIVIDUAL											
ر	0											
		Action Other					To/From School					
		Suspected Drug & Alcohol NO	Alcohol Use	Suspected Drug Use								
		Alcohol Test Given	Alcohol Test Type			Alcohol TestResults						
		TEST NOT GIVEN										
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results							
5	8	Drug Type	·									
		Individual Condition										
		APPEARED NORMAL										
		individual										
		Passenger REYNALSO PARRA VAROH		Citations Issued 0		Sex MALE						
	INDIVIDUAL			Date of Birth		Race WHITE						
Š	2	Address	Driver License Number									
_	Z	215 8TH AVE BARABOO, WI 53913 , US										
		On Duty Ci	rach	Safat Sandanant								
	Sa	fety Equipment	d5/3	Safety Equipment								
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP I	BELT							
		Helmet Use		Helmet Compliance								
		Eye Protection		TintCompliance								

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5	22	Injury Se Injury NO AP	verity PARENT II	V.IIIPV	Airbag NON DEPLOYED							
		Ejected	Ejection Pa		NON DES COSCED		Trapped/Extricated					
		NOT EJECTED	-	CTED/NOT APPL	ICARI E		NOT TRAPPED					
		Medical Transport			EMS Agency Identifier EMS Run#							
		NOT TRANSPORTED			ENG Agency Identina		EWO RUIT					
		Hospital			Date of Death		Time of Death					
		Distract	ed By Source	2								
		Distracted By	, a by oddio	•								
		Distracted By Action										
		Non Motorist	Unit#	Location								
		Prior Action										
		Action										
	_											
-	INDIVIDUAL											
E N	曼											
_	2											
		Action Other						To/From School				
		Drug & Alcohol NO	ed Alcohol C	Jse	Suspected Drug Use NO							
		Alcohol Test Given		Alcohol Test Type	pe Alcohol Test Results							
		TEST NOT GIVEN		/ doction / cot / ypc			7 1001101 10011 100110					
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results						
2	200	Drug Type										
0	•											
		Individual Condition										
		APPEARED NORMAL										
		Individual										
		Passenger			Citations issued		Sex					
	4	MOISES E PARRA VERA (608) 393-0986			0		MALE					
<u>.</u>	INDIVIDUAL	, , , , , , , , , , , , , , , , , , , ,			Date of Birth		Race WHITE					
	₹	Address			Driver License Number							
_	→ Q 215 8TH AVE BARABOO, WI 53913 , US											
	Sa	On Duty fety Equipment	Crash		Safety Equipment							
		Row	SeatPo	sition	SHOULDER & LAP E	BELT						
		02 - SECOND ROW	09 - RI									
		HelmetUse			Helmet Compliance							
		Eye Protection			TintCompliance							
		injury Se	verity		Airbag							
2	8	Injury NO AP	NJURY	NON DEPLOYED								

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		Ejected	Ejection Path			Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APP	LICABLE		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		Distracted By	ed By Source	1				
		Distracted By Action						
	•	Non Motorist Striking	Unit# Location					
		Prior Action						
TIND	INDIVIDUAL	Action Other	ted Alcohol Use	Suspected Drug Use			To/From School	
	L	Drug & Alcohol NO		NO		[A] 1 17 (B) 1		
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	9		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
7	003	Drug Type						
		Individual Condition						
		APPEARED NORMAL						

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