

6TL0D5DZ28  
24-09233

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 <b>24-09233</b>	Investigating Officer/Deputy <b>DEPUTY J. HUNTER</b>	
Crash Date <b>08/20/2024</b>		Crash Time <b>04:19 PM</b>	Date Arrived <b>08/20/2024</b>	Time Arrived <b>04:27 PM</b>	
Date Notified <b>08/20/2024</b>		Time Notified <b>04:20 PM</b>	Total Units <b>03</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 checked="" type="checkbox"/> Trailer or Towed	<input checked="" type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>US HY 12, N. of N. Reedsburg Rd.</p> <p>Wide Load</p> <p>01</p> <p>02</p> <p>not to scale</p>	Reconstruction By
	Photos By <b>DEPUTY HUNTER, SGT. CLAUER</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 3 WAS HAULING AN OVERSIZED LOAD IN THE RIGHT HAND LANE, BUT OCCUPYING PART OF THE LEFT/PASSING LANE. UNIT 2 WAS TRAVELING IN THE LEFT HAND LANE NEAR UNIT 3. UNIT 1 WAS BEHIND UNITS 2 AND 3 PRIOR TO THE CRASH. OPERATORS OF UNITS 2 AND 3 ADVISED THEY DID NOT OBSERVE UNIT 1 UNTIL IT WAS IN-BETWEEN THE REAR TRAILER TIRES OF UNIT 3, AND UNIT 2. OPERATOR OF UNIT 2 BELIEVES UNIT 1 DROVE IN BETWEEN UNITS 2 AND 3. THE TIRES OF UNIT 3 FIRST MADE CONTACT WITH UNIT 1, AND PUSHED IT INTO UNIT 2. OPERATOR OF UNIT 1 STATED HE DID NOT KNOW WHAT HAPPENED OR HOW HE ENDED UP BETWEEN THE OTHER TWO VEHICLES. OPERATOR OF UNIT 1 DENIED BEING DISTRACTED, AND DENIED TRAVELING IN EXCESS OF THE POSTED SPEED LIMIT, HOWEVER, HE WAS UNABLE TO PROVIDE ANSWERS TO QUESTIONS ABOUT HOW THE CRASH OCCURRED OR HOW HE CAME TO BE SO CLOSE TO EITHER OF THE OTHER UNITS.

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## Location

ON USH12 EB 0.62 MI N OF USH12 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.541523733</b>	Longitude <b>-89.787276626</b>
	X Coordinate <b>274814.3125</b>	Y Coordinate <b>4824727.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</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>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</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>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>AMG5312</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FAHP3FN7AW117484</b>	Make <b>FORD</b>	Year <b>2010</b>	Model <b>FOCUS SE</b>
		Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>		Bus Use
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage		
Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>				



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01 01	Owner Name <b>TYLER ALT</b>		Owner Address <b>2009 NIGHTHAWK LN SAUK CITY, WI 53583 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>TYLER ALT</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TYLER ALT</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Date of Birth		Race <b>WHITE</b>	
	Address <b>2009 NIGHTHAWK LN SAUK CITY, WI 53583 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>DEPLOYED-SIDE</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>		
Distracted By Source <b>UNKNOWN</b>		Distracted By Action <b>UNKNOWN</b>		

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	<b>Drug &amp; Alcohol</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					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Violations</b>					
<b>01</b>	UTC Number <b>BG110306</b>	Issue To? <b>001</b>	Statute Number <b>346.57(3)</b>	Description <b>DRIVING TOO FAST FOR CONDITIONS</b>		

## Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>			
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>					Operating As Endorsements		
		Total Occs <b>6</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>EASTBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>65</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</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>							

## Vehicle

<b>02</b>	<b>02</b>	License Plate Number <b>187942F</b>		Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1FT8W4DT1HEC29055</b>		Make <b>FORD</b>		Year <b>2017</b>	Model <b>PICKUP</b>	
		Color <b>GRAY - GRAY</b>		Body Style <b>TK - TRUCK</b>				Bus Use
		Initial Contact Point <b>05 - RIGHT REAR CORNER</b>						



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UNIT VEHICLE	Vehicle Damage				
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>05 - RIGHT REAR CORNER</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors			
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Owner Name <b>YAQUELIN MARBAN</b>	Owner Address <b>3805 RYWICK CT. ROLLING MEADOWS, IL 60008 , US</b>			
	<b>Sequence Of Events</b>				
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT VEHICLE	<b>Policy Holder</b>				
	Insurance Company <b>FIRST-CHICAGO-INSURANCE-CO</b>	Individual <b>YAQUELIN MARBAN</b>			
UNIT TRAILER	<b>Trailer/Towed</b>				
	Trailer Plate #	Plate Type	Make <b>UNK</b>	State	Country of Issuance
	Unit Type <b>UTILITY TRAILER</b>	Individual <b>YAQUELIN MARBAN</b>		Address <b>3805 RYWICK CT. ROLLING MEADOWS, IL 60008 , US</b>	
UNIT INDIVIDUAL	Vehicle Identification Number <b>UNK</b>				
	<b>Individual</b>				
	Driver <b>RAMON ZAZUETA CAMPOS</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>1037 PEARL ST AURORA, IL 60505 , US</b>		Date of Birth	Race <b>HISPANIC</b>	
		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>			
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash		
			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		

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02 002	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 APPLICABLE</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>Distracted By</b>	Distracted By Source <b>UNKNOWN</b>		
		Distracted By Action <b>UNKNOWN</b>			
		<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			
		Action			
		Action Other		To/From School	
02 002	UNIT INDIVIDUAL	<b>Drug &amp; Alcohol</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			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>JUAN DIAZ MENDOZA</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>HISPANIC</b>	
		Address <b>20 MARGARETS LN AURORA, IL 60505 , US</b>	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>08 - MIDDLE</b>				
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
02 003	UNIT INDIVIDUAL	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	

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UNIT INDIVIDUAL	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>	Distracted By Source	
	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</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			
Individual Condition <b>APPEARED NORMAL</b>			
UNIT INDIVIDUAL	<b>Individual</b>		
	Passenger <b>JESUS AYALA CRUZ</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>HISPANIC</b>
	Address <b>208 E 3RD SOUTH ST. MORRISTOWN, TN 37813 , US</b>	Driver License Number	
	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>		
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
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 APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>

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UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death	Time of Death	
	<b>Distracted By</b> Distracted By Source				
	Distracted By Action				
	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</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					
Individual Condition <b>APPEARED NORMAL</b>					
UNIT INDIVIDUAL	<b>Individual</b>				
	Passenger <b>JESUS MORENO</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>HISPANIC</b>	
	Address <b>17A MARGARETS LN AURORA, IL 60505 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</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 APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		



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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source			
	Distracted By Action					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</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	
02 005	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>JOSE ANTONIO VARGAS ANAYA</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth	Race <b>HISPANIC</b>	
	Address <b>1037 PEARL ST AURORA, IL 60505 , US</b>			Driver License Number		
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>02 - SECOND ROW</b>	Seat Position <b>08 - MIDDLE</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
02 006	<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 APPLICABLE</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	

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UNIT INDIVIDUAL	<b>Distracted By</b>		Distracted By Source	
	Distracted By Action			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</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	Individual Condition <b>APPEARED NORMAL</b>			
	<b>Individual</b>			
	Passenger <b>OSCAR ROMERO</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth		Race <b>HISPANIC</b>	
	Address <b>1116 BLAKELY ST WEST CHICAGO, IL 60185 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>02 - SECOND ROW</b>		Seat Position <b>09 - RIGHT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
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 APPLICABLE</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>Distracted By</b>		Distracted By Source	

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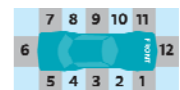
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<b>UNIT</b>	<b>INDIVIDUAL</b>	Distracted By Action		
		<b>Non Motorist</b>	Striking Unit #	Location
		Prior Action		
		Action		
		Action Other		To/From School
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		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		
		Individual Condition <b>APPEARED NORMAL</b>		

## Unit Summary

<b>UNIT</b>	<b>03</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>A CLASS</b>	Unit Type <b>TRUCK</b>		
		Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>	Operating As Endorsements			
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</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>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>37091Z</b>	Plate Type <b>APO - APPORTIONED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1NKZX4TX9NJ492904</b>	Make <b>KENWORTH MOTOR TRU</b>	Year <b>2022</b>	Model <b>SEMI-TRUCK</b>
		Color <b>GRN - GREEN</b>	Body Style <b>DS - TRACTOR-TRUCK DIESEL</b>		Bus Use
		Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage <b>08 - LEFT SIDE REAR</b>		



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24-09233

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
03	Owner Name <b>MATHY CONSTRUCTION</b>		Owner Address <b>920 10TH AVE N. 189 ONALASKA, WI 54650 , US</b>		
	<b>Sequence Of Events</b>				
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT 03	<b>Policy Holder</b>				
	Insurance Company <b>ZURICH-AMERICAN-INS-CO</b>		Organization/Company <b>MATHY CONSTRUCTION</b>		
UNIT TRAILER/ 03	<b>Trailer/Towed</b>				
	Trailer Plate # <b>31753</b>	Plate Type	Make <b>UNK</b>	State <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Unit Type <b>EQUIPMENT</b>	Organization/Company <b>MATHY CONSTRUCTION</b>			Address <b>920 10TH AVE N. 189 ONALASKA, WI 54650 , US</b>
UNIT INDIVIDUAL	Vehicle Identification Number <b>UNKNOWN</b>				
	<b>Individual</b>				
	Driver <b>TIM SCHULTENOVER (608) 633-7498</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
Address <b>18390 INFIELD RD SPARTA, WI 54656 , US</b>		Date of Birth	Race <b>WHITE</b>		
On Duty Crash		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
03 008	<b>Safety Equipment</b>		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		
	<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 APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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<b>UNIT</b>	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>UNKNOWN</b>		
	Distracted By Action <b>UNKNOWN</b>			
	<b>Non Motorist</b>	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</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				
Individual Condition <b>APPEARED NORMAL</b>				
<b>UNIT</b>	<b>Carrier</b>			
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>DRIVER</b>	
	Name <b>MATHY CONSTRUCTION USDOT# 48683</b>		Address <b>920 10TH AVE N. 189 ONALASKA, WI 54650 , US</b>	
	GVWR <b>MORE THAN 26,000 LB</b>	Vehicle Configuration <b>VEHICLE PULLING TRAILERS</b>		Cargo Body Type <b>POLE-TRAILER</b>
	US DOT # <b>48683</b>	Carrier Type <b>INTERSTATE CARRIER</b>		Permitted Load <b>OSOW</b>
	<input checked="" type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit
	<input type="checkbox"/> Escort Vehicle Present			
	Measured Height	Measured Length	Measured Width	Measured Weight
	<b>03 008</b>			
	<b>03 01</b>			
<b>UNIT</b>	<b>TRUCK BUS</b>			