

6TL0DQPGGZ

24-13855

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 24-13855	Investigating Officer/Deputy DEPUTY B. SONN	
Crash Date 12/19/2024		Crash Time 99:99	Date Arrived 12/19/2024	Time Arrived 06:07 PM	
Date Notified 12/19/2024		Time Notified 05:38 PM	Total Units 01	Total Injured 00	Total Killed 00
<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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<h1>SLIDE OFF</h1>	Diagram	Reconstruction By
		Photos By 9104
		Additional Information PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO

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

DRIVER 1 WAS TRAVELING SOUTHBOUND ON CTY TK HH SOUTH OF TOWN HALL RD WHEN HE LOST CONTROL OF THE VEHICLE, CROSSING THE NORTHBOUND LANE AND SLIDING INTO THE EAST SIDE DITCH APPROXIMATELY 6 FEET OFF THE ROADWAY. DRIVER 1 WAS NOT ON SCENE, BUT LATER RETURNED. DRIVER 1 ADVISED THAT IT WAS VERY SNOWY AND HE COULD NOT CONTROL HIS VEHICLE. DRIVER 1 PROVIDED A MEXICO PHOTO ID AND STATED HE DID NOT HAVE A VALID LICENSE. DRIVER 1 ALSO STATED THE REGISTERED OWNER DID NOT HAVE AUTOMOTIVE INSURANCE. DRIVER 1 WAS ISSUED CITATIONS FOR OWL, OPERATE MOTOR VEHICLE WITHOUT INSURANCE, AND TOO FAST FOR CONDITIONS. PAPERWORK WAS EXPLAINED AND CONTACT WAS ENDED. STEVE'S TOWING RESPONDED AND TOWED THE VEHICLE TO HIS LOT AS THERE WERE NO VALID DRIVERS TO PICK IT UP AFTER BEING PULLED OUT.

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Location

ON CTHHH SB 1268 FT N OF DNR RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.630630769	Longitude -89.94081212
	X Coordinate 262760.09375	Y Coordinate 4835052
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, SNOW, SLUSH, ICE	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
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 (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With DITCH	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 CONCRETE	Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number ALJ4784	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FMZU73K83ZB24675	Make FORD	Year 2003	Model EXPLORER
		Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage 05 - RIGHT REAR CORNER		
		Extent Of Damage MINOR DAMAGE			



WISCONSIN MOTOR VEHICLE CRASH REPORT

Form containing vehicle information (Towed Due To Damage, What Driver Was Doing), individual information (DRIVER HECTOR CALIXTO MAXIMILIANO), safety equipment (SHOULDER & LAP BELT), injury details (NO APPARENT INJURY), and distracted driving status (NOT DISTRACTED).

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CRASH REPORT

UNIT	INDIVIDUAL				
	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				
	Violations				
01	001	UTC Number BJ679068	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE
		UTC Number BJ679069	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE
		UTC Number BJ679070	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS