# 6TL0DRXHKV

24-14073

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [	Document #	Agency 24-140	Crash Number 73	Investigating			
2<	Crash Date 12/26/2024	Crash Time 07:03 AM Time Notified 07:03 AM		Date Ar 12/26/2		Time Arrived 07:15 AM			
<b>ΟΙ ΓΟ ΠΚΧΗΚΛ</b>	Date Notified 12/26/2024			Total Units <b>01</b>		Total InjuredTotal Killed0000		1	
	On Emergency	t and Run				Trailer or Towed		owed	Reporting Threshold
0 I L	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)		Amend	ed		Secondary Crash
ļ	Description								
	Diagram Not to Scale				W	DE	Pho	construction	
	USH 12						Add	itional Inforn OTOS	mation
	UNIT 1 WAS TRAVELING NORTHBO						CON	CRETE TRA	FFIC BARRIER HEAD ON.

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	Loc	ation									
Ĩ		ERSECTION			Latitude			Longitu	ude		
	ON USH12 WB						43.562766018		-89.77	-89.778204589	
		RAMP USH12 WB			X Coordinate			Y Coordinate			
	IN THE TOWN OF DELTON IN SAUK COUNTY						275626.1875		48270	62.5	
							Structure Type				
						NO STR	UCTURE				
(	Cra	sh Scene 📃									
]	First	Harmful Event				First Harm	nful Event L	ocation			
	CON	NCRETE TRAFFIC BA	RRIER			ON ROA	DWAY				
	Man	ner of Collision				Light Cond	dition				
	00 -	NO COLLISION W/VI	EHICLE IN TRANSPORT			DARK/U	NLIT				
	Road	d Surface Condition(s)				Roadway	Factor(s)				
	WE.	T, ICE									
	Envi	ronment Factor(s)									
	WE	ATHER CONDITIONS				NONE					
	Wea	ther Condition(s)				1					
	RAI	N, FREEZING RAIN O	R FREEZING DRIZZLE								
	Anim	nal Type				Relation To Trafficway					
							WAY - O	-			
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Triba	al Land				Access Control				Special Study	
						NO CONTROL					
	With NO	in Interchange Area	Junction Location NON-JUNCTION		Intersection	ion Type INTERSECTION					
		t Summary	Non concinen				onion				
_		Status		Vehicle Ope	erating As C	lassification		Unit Type			
	IN TRANSIT D CLASS				AUTOMOBILE						
_	Vehicle Type				Operating As Endorsements						
5	PASSENGER CAR										
	Tota	otal Occs Train/Bus # Recorded		Total # Citations Issue		d Total Trai				azMat Types	
	1			0 Pre CrashTire		-					
		rance?	Direction Of Travel							anes	
:	YES				Mark 65			4			
		Harmful Event: Collision		Special Fun NO SPEC	iction			Emergency NOT APP			
						Traffic Control Inoperati					
		DED HWY W/TRAFFI	Traffic Cont NO CONT				NO		auvo/iviiooiriy		
					Road Curvature STRAIGHT			Road Grade			
			IS)					DOWNHILL			
		k Bus or HazMat	,								
	NO										
	,	Vehicle									
		License Plate Number ATC8575		Plate Type		St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Nu		AUT Make		Year	Model				
5	01	3FA6P0HDXJR2389				2018	FUSION				
		Color					Bus Use				
		TAN - TAN		SD - SEDAN							
	Initial Contact Point 12 - FRONT			Vehicle Da	Vehicle Damage			1			
=										7 8 9 10 11	
		Extent Of Damage	12 - FRO	12 - FRONT					6 <b>2 1</b> 2		
	H	MINOR DAMAGE		12 1100						5 4 3 2 1	

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	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG			ehicle Removed By						
		What Driver Was Doing		ehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other	N	OT APPLICABLE						
		Driver Actions								
	щ	SPEED TOO FAST/COND								
È	CI									
UNIT	VEHICLE									
	K									
		Owner Name ALEJANDRA DIAZ SANCHEZ		Owner Address 1320 WALNUT ST	RFFT #10					
2	01	(608) 432-3652		BARABOO, WI 53913 , US						
-										
		Sequence Of Events								
	01	Event CONCRETE TRAFFIC BARRIER								
	02	Event								
	3	Event								
	03	Event								
	04	Lvein								
E	I	Policy Holder								
UNIT		Insurance Company	INDIVIDUAL ALEJANDRA DIAZ SANCHEZ							
	AL	DRIVER ALEJANDRA DIAZ SANCHEZ (608) 432-3652		Citations Issued Sex 0 FEMALE						
				Date of Birth Race						
ъ	INDIVIDUAL			HISPANIC						
	Σ	Address 1320 WALNUT STREET #10 BARABOO, WI 53913 , US		Driver License Number STATE: WASHINGTON COUNTRY: UNITED STATES						
2	P									
	=									
		On Duty Greek								
	Sat	On Duty Crash fety Equipment		Safety Equipment						
	Gai			SHOULDER & LAP BELT						
			LEFT	SHOULDER & LAP	DELI					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
-	Σ	Injury Severity           Injury         NO APPARENT INJURY           Ejected         Ejection Path           NOT EJECTED         NOT EJECTED/NOT AP		Airbag						
5	001			DEPLOYED-FRONT						
						Trapped/Extricated				
						NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death Time of Death						
		Distracted By NOT APPLICA	urce BLE (NOT DISTRAC	TED)						
		Distracted By Action								
		NOT DISTRACTED								

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		Non Motorist	g Unit #	Location				
		Prior Action						
UNIT	INDIVIDUAL	Action						
		Action Other						To/From School
	L	Drug & Alcohol NO	cted Alcohol U	se	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	;	
6	001	Drug Type						
		Individual Condition						
		APPEARED NORMAL						