

6TL0BFKDFX

21-10929

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0BFKDFX

Document Number Override, Primary Crash Document#, Agency Crash Number, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash

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

Location

ON BLUFF RD
0.26 MI S
OF VO DAN CIR PRIVATE
IN THE TOWN OF MERRIMAC
IN SAUK COUNTY
Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type

Crash Scene

First Harmful Event, First Harmful Event Location, Manner of Collision, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type, Relation To Trafficway, Crash Classification - Location, Crash Classification - Jurisdiction, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With, Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

6TL0BFKDFX

21-10929

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Truck Bus or HazMat				
Vehicle				
01 UNIT VEHICLE 01	License Plate Number AMG5074	Plate Type AUT - AUTOMOBILE	St WI	
	Country of Issuance UNITED STATES	Vehicle Identification Number KNAGD126245369443	Make KIA MOTORS CORPORAT	
	Year 2004	Model OPTIMA	Color BLU - BLUE	
	Body Style SD - SEDAN	Bus Use	Initial Contact Point 12 - FRONT	
	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
	Extent Of Damage FUNCTIONAL DAMAGE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER	
	What Driver Was Doing	Vehicle Factors		
Driver Prior Action Other	Driver Actions NO CONTRIBUTING ACTION			
Owner Name		Owner Address		
Policy Holder				
Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO		Individual MARK JOHNSON		
Individual				
01 UNIT INDIVIDUAL 001	Driver MARK KENNETH JOHNSON (608) 617-2626		Citations Issued 0	
	Sex MALE		Date of Birth [REDACTED]	
	Race WHITE		Driver License Number [REDACTED]	
	Address 444 FUR CT WISCONSIN DELLS, WI 53965 , US		STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment		On Duty Crash	Safety Equipment	
Row	Seat Position	SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
Injury		Injury Severity NO APPARENT INJURY	Airbag	
Ejected	Ejection Path	Trapped/Extricated		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#	
Hospital		Date of Death	Time of Death	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL 01 001	Distracted By		Distracted By Source		
	Distracted By Action				
	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					