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22-04349

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, 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 USH12 EB 0.39 MI N OF STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY, Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type

Crash Scene

First Harmful Event, Manner of Collision, Road Surface Condition(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

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| | | | | |
|---------------------------------|---|---|---|--|
| Truck Bus or HazMat | | | | |
| Vehicle | | | | |
| 01 UNIT VEHICLE 01 | License Plate Number 352VYD | Plate Type AUT - AUTOMOBILE | St WI | |
| | Country of Issuance UNITED STATES | Vehicle Identification Number 5NPEC4AC6EH877048 | Make HYUNDAI | |
| | Year 2014 | Model SONOTA | Color BLK - BLACK | |
| | Body Style 4D - 4DR | Bus Use | Initial Contact Point 01 - RIGHT FRONT CORNER | |
| | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT | | | |
| | Towed Due To Damage NOT TOWED | Vehicle Removed By OWNER | | |
| | What Driver Was Doing | Vehicle Factors | | |
| Driver Prior Action Other | | | | |
| 01 UNIT VEHICLE 01 | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Owner Name | Owner Address | | |
| Policy Holder | | | | |
| 01 UNIT INDIVIDUAL 01 | Insurance Company AMERICAN-FAMILY-INS-CO | Individual JAMES HOFF | | |
| | Individual | | | |
| 01 UNIT INDIVIDUAL 01 | Driver JAMES DALE HOFF (608) 788-0866 | Citations Issued 0 | Sex MALE | |
| | Date of Birth [REDACTED] | Race WHITE | | |
| | Address 4506 CLIFSIDE DR LA CROSSE, WI 54601 , US | Driver License Number [REDACTED] 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 | |
| 01 UNIT INDIVIDUAL 001 | 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

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|--|---|------------------------------------|
| 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 | | |