

6TL0C9H5LT
22-05202

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 22-05202		Investigating Officer/Deputy DEPUTY M. TATE	
Crash Date 06/04/2022		Crash Time 05:12 PM		Date Arrived 06/04/2022		Time Arrived 05:24 PM	
Date Notified 06/04/2022		Time Notified 05:13 PM		Total Units 01		Total Injured 03	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

<p>Diagram</p>	Reconstruction By
	Photos By DEPUTY TATE
	Additional Information PHOTOS

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

UNIT 1 DROVE INTO THE PARK AND PICKED UP AN INTOXICATED FRIEND. UNIT 1 OPERATOR STATED HE WAS EXITING TO PARK, ON THE WALKING PATH, AND THOUGHT THE ROADWAY WENT STRAIGHT. UNIT 1 WENT OFF A RETAINING WALL AND ROLLED ONTO ITS ROOF. OPERATOR HAD MINOR SCRATCHES. FRONT SEAT PASSENGER HAD SCRATCHES TO HIS HEAD AND ARMS. PASSENGER IN TRUNK HAD SCRATCHES.

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Location

ON FRONT ST 83 FT N OF GROVE ST IN THE VILLAGE OF MERRIMAC IN SAUK COUNTY	Latitude 43.371870085	Longitude -89.621485883
	X Coordinate 287615.78125	Y Coordinate 4805449.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event OVERTURN/ROLLOVER	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) RAIN		
Animal Type	Relation To Trafficway NON TRAFFICWAY - OTHER	
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 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 0
	Most Harmful Event: Collision With OVERTURN/ROLLOVER	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 OTHER	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number MOC5BD	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GKKNULS6MZ115836	Make GENERAL MOTORS COR	Year 2021	Model ARCADIA
	Color WHI - WHITE	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name GREGORY J MOCHA (708) 856-1272		Owner Address 8103 RYELAND DR FRANKFORT, IL 60423 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event OVERTURN/ROLLOVER			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company SAFECO-INS-CO-OF-ILLINOIS		Individual GREGORY MOCHA	
UNIT INDIVIDUAL	Individual			
	Driver GREGORY J MOCHA (708) 856-1272		Citations Issued 1	Sex MALE
	Address 8103 RYELAND DR FRANKFORT, IL 60423 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED]	STATE: ILLINOIS COUNTRY: UNITED STATES
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-SIDE
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use NO		
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
UNIT	INDIVIDUAL	Individual					
		Passenger SHEAMUS J DEERING		Citations Issued 0	Sex MALE		
				Date of Birth [REDACTED]	Race WHITE		
		Address 9835 S SPAULDING AVE EVERGREEN PARK, IL 60805 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
		Safety Equipment		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		UNIT	INDIVIDUAL	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE
				Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run#	
Hospital				Date of Death		Time of Death	
Distracted By							
Distracted By Source							
Distracted By Action							
Non Motorist				Striking Unit#	Location		

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UNIT	INDIVIDUAL	Prior Action	
		Action	
01	002	Action Other	
		To/From School	
01	002	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	
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL	
UNIT	INDIVIDUAL	Individual	
		Passenger MICHAEL A WILSON	Citations Issued 0
			Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 10656 S WHIPPLE ST CHICAGO, IL 60655 , US	Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES	
01	003	Safety Equipment	
		On Duty Crash	Safety Equipment
		Row 11 - OTHER ENCLOSED	Seat Position SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	Injury Severity SUSPECTED MINOR INJURY
			Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
			Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
			EMS Run#
		Hospital	Date of Death
			Time of Death
		Distracted By	
		Distracted By Source	
		Distracted By Action	
		Non Motorist	
		Striking Unit#	Location
		Prior Action	

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01 003	UNIT INDIVIDUAL	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 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL				
		Violations				
		UTC Number BE614994		Issue To? 001	Statute Number 346.63(2)(a)1	Description CAUSE INJURY/OPERATE WHILE UNDER INFLUENCE 1ST