

6TL09XQZ42

22-05187

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 STH23 EB 348 FT E OF SHADY LANE RD IN THE TOWN OF EXCELSIOR 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.

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Truck Bus or HazMat				
Vehicle				
01 UNIT VEHICLE 01	License Plate Number	Plate Type	St	Country of Issuance
	ULTMTDJ	LTK - LIGHT TRUCK	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	1GYUKBEF8AR117126	CADILLAC	2010	ESCALADE
	Color	Body Style	Bus Use	
	BLK - BLACK	4D - 4DR		
	Initial Contact Point	Vehicle Damage		
	11 - LEFT FRONT CORNER	11 - LEFT FRONT CORNER		
	Extent Of Damage			
	FUNCTIONAL DAMAGE			
Towed Due To Damage	Vehicle Removed By			
NOT TOWED	OWNER			
What Driver Was Doing	Vehicle Factors			
Driver Prior Action Other				
Driver Actions	NO CONTRIBUTING ACTION			
Owner Name	Owner Address			
Policy Holder				
Insurance Company	Individual			
GEICO-GENERAL-INS-CO	JEFFREY VETRONE			
Individual				
Driver	Citations Issued	Sex		
JEFFREY WILLIAM VETRONE (715) 213-4919	0	MALE		
	Date of Birth	Race		
		WHITE		
Address	Driver License Number			
W15104 STATE ROAD 16 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		Airbag		
Injury Severity				
NO APPARENT INJURY				
Ejected	Ejection Path	Trapped/Extricated		
Medical Transport	EMS Agency Identifier	EMS Run #		
NOT TRANSPORTED				
Hospital	Date of Death	Time of Death		

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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		