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22-06956

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 126 FT S OF STH33 EB IN THE VILLAGE OF WEST BARABOO 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	Plate Type	St	Country of Issuance
	875RMX	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	1FMYU02Z06KB98560	FORD	2006	ESCAPE XLS
	Color	Body Style	Bus Use	
	GRY - GRAY	LL - CARRYALL		
	Initial Contact Point	Vehicle Damage		
01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
Extent Of Damage	DISABLING DAMAGE			
Towed Due To Damage	Vehicle Removed By			
TOWED DUE TO DISABLING DAMAGE	CRAIGS TOWING			
What Driver Was Doing	Vehicle Factors			
Driver Prior Action Other				
Driver Actions	NO CONTRIBUTING ACTION			
Owner Name		Owner Address		
Policy Holder				
Insurance Company		Individual		
PROGRESSIVE-CLASSIC-INS-CO		JASON SOBACKI		
Individual				
01 UNIT INDIVIDUAL 001	Driver	Citations Issued	Sex	
	JASON MICHAEL SOBACKI (608) 515-3896	0	MALE	
		Date of Birth	Race	
			WHITE	
Address		Driver License Number		
E6801 FAWN VALLEY CT REEDSBURG, WI 53959 , 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
Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition APPEARED NORMAL		