

6TL0DJJ8W5

23-00033

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 CTHA SB, 920 FT E, OF RINGLING RD, IN THE TOWN OF DELTON, 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			
01 UNIT VEHICLE	Vehicle		
	License Plate Number DH79140	Plate Type AUT - AUTOMOBILE	St IL
	Country of Issuance UNITED STATES	Year 2017	Model FOCUS ST
	Vehicle Identification Number 1FADP3L94HL292602	Make FORD	Body Style 2H - HATCHBACK 2 DOOR
	Color GRY - GRAY	Initial Contact Point 12 - FRONT	Vehicle Damage 12 - FRONT
	Extent Of Damage FUNCTIONAL DAMAGE		
	Towed Due To Damage NOT TOWED	Vehicle Removed By	
	What Driver Was Doing	Vehicle Factors	
	Driver Prior Action Other		
	Driver Actions NO CONTRIBUTING ACTION		
01 UNIT VEHICLE	Owner Name	Owner Address	
01 UNIT POLICY HOLDER	Policy Holder		
	Insurance Company AMERICAN	Individual SETH TEARNEY	
01 UNIT INDIVIDUAL	Individual		
	Driver SETH E TEARNEY	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 1715 FOREST COVE DR APT 304 MOUNT PROSPECT, IL 60056 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
01 UNIT SAFETY EQUIPMENT	On Duty Crash		Safety Equipment
	Row	Seat Position	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
01 UNIT INJURY	Injury 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

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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		