6TL0B7D6PZ

18-08183

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 07/28/2018

Crash Time 10:17 PM

ſ	Document Number Override	Primary Crash Document #		Agency Crash Number			Investigating Officer/Deputy			
			18-0818	18-08183				UTY A. SUKOWATEY		
ΡZ	Crash Date 07/28/2018	Crash Time 10:17 PM	Date Arri	Date Arrived		Time	Time Arrived			
9	Date Notified	Time Notified	Total Uni	its		Total	Injured	Total Killed	d	
7	07/28/2018	10:17 PM	01		00			00	- -	
-0B	On Emergency	lit and Run Lane	Closure	osure Work Zone			Trailer or Towed		Reporting Threshold	
6TL0B7D	Government Property	Active School Zone	School Bus Rela		ed Tags					
	✓ Reportable	ANIMAL W/ NO INJURY			Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location									
	INTERSECTION			L	atitude		Lon		ongitude	
	ON RAMP USH12 SB									
	AT CTHW SB IN THE TOWN OF BARABO	0		Х	X Coordinate		Y Coo		ordinate	
	IN SAUK COUNTY									
					Structure Type					
L										
(Crash Scene									
	First Harmful Event	(ALD/E)			First Harmful Event Location					
	NON DOMESTICATED ANIMAL (ALIVE)				ON ROADWAY					
	Manner of Collision NO COLLISION W/VEHICLE	IN TRANSPORT			Light Condition					
	Road Surface Condition(s)	IN TRANSPORT		R	Roadway F	actor(s)				
	rtodd Garidoo Goridiaon(o)			•	Noadway i actor(3)					
	Environment Factor(s)									
	Weather Condition(s)									
	, ,									
	Animal Type DEER				Relation To Trafficway					
-					TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
	Crash Classification - Location PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
	Tribal Land		Access Control					Special Study		
					,					
l	Unit Summary			l l						
Ì	Unit Status		Vehicle Operat	ting As Clas	ssification		Unit Type			
				D CLASS			AUTOMOBILE			
_	Vehicle Type				Operating As Endorsements					
0	PASSENGER CAR									
	Total Occs	Train/Bus # Injured	Total # Citation	ns Issued					Mat Types	
	1	D:	0		0		0			
_	Insurance? YES	Direction Of Travel SOUTHBOUND	Pre CrashTire Mark			Speed Limit		Total Lanes		
LINO	Most Harmful Event: Collision Wi	Special Function			Emergency N		I / Motor Vehi	Motor Vehicle Use		
	NON DOMESTICATED ANIM	NO SPECIAL FUNCTION			NOT APPLICABI					
ŀ	Traffic Way	Traffic Control	Traffic Control		Traffic Control Inop		trol Inoperat	tive/Missing		
İ	Surface Type	Road Curvatur	Road Curvature			Road Grade				

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	NO	ck Bus or HazMat								
	_									
	'	Vehicle								
		License Plate Number ACW8685	Plate Type St AUT - AUTOMOBILE WI		Country of Issuance UNITED STATES					
UNIT 01	2	Vehicle Identification Number 1G2NF52F92C239801	Make PONTIAC	Year 2002	Model GRAND AM S					
		Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	·	NOT A BUS					
	Щ	Initial Contact Point 12FRONT	Vehicle Damage							
	VEHICL	Extent Of Damage MINOR DAMAGE	12FRONT							
		Towed Due To Damage	Vehicle Removed By							
		NOT TOWED What Driver Was Doing	OPERATOR Vehicle Factors							
		-	Verilcle Factors							
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
LNO	VEHICLE									
-	ΛĒ									
		Driver Distractions								
		NOT DISTRACTED								
5	5									
		Owner Name	Owner Address	Owner Address						
⊨	I	Policy Holder								
LNO		Insurance Company ERIE-INS-CO	Individual SEAN CORMICAN							
	1	Individual								
		Driver	Citations Issued		Sex					
	ļ	SEAN CORMICAN	0		MALE					
<u></u>	INDIVIDUAL		Date of Birth		Race WHITE					
L		Address 710 LICHTE DR	Driver License Number	Driver License Number						
		MAZOMANIE, WI 53560 , US	STATE: WISCONSIN CO	STATE: WISCONSIN COUNTRY: UNITED STATES						
		Equipment On Duty Crash	Safety Equipment	Safety Equipment						
		Seat Position	SHOULDER & LAP BELT	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance	Helmet Compliance						
		Eye Protection	Tint Compliance							

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					1						
10	001	Injury	Injury Severity NO APPARENT	INJURY	Airbag						
		Ejected			Ejection Path		Trapped/Extricated				
		Medical Transport			EMS Agency Ident	ifier	EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action	•	•		•					
	7										
_	INDIVIDUAL										
UNIT	₽										
	\geq										
	닐										
	=										
		Action Other									
			Suspected Alcohol	Use	Suspected Drug U						
	E	Drug & Alcohol	NO		NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
	TEST NOT GIVEN				71						
		Drug Test Given		Drug Test Type		Drug Test Results					
	TEST NOT GIVEN		Į								
_	Ξ	Drug Type									
10	001										
Individual Condition											
		APPEARED NORMAL									