

6TL0CVRP3X

21-02515

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0CVRP3X

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 CTHB WB 0.78 MI W OF CTHG WB IN THE TOWN OF BEAR CREEK 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

6TL0CVRP3X

21-02515

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Truck Bus or HazMat				
Vehicle				
01 UNIT VEHICLE	License Plate Number	Plate Type	St	Country of Issuance
	651UNF	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	2GNLFK4F6422312	CHEVROLET	2015	EQUINOX LT
	Color	Body Style	Bus Use	
	RED - RED	LL - CARRYALL		
	Initial Contact Point	Vehicle Damage		
01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT			
Extent Of Damage	FUNCTIONAL DAMAGE			
Towed Due To Damage	Vehicle Removed By			
NOT TOWED	OPERATOR			
What Driver Was Doing	Vehicle Factors			
Driver Prior Action Other				
Driver Actions	NO CONTRIBUTING ACTION			
Owner Name	Owner Address			
01 UNIT VEHICLE				
Policy Holder				
Insurance Company	Individual			
WISCONSIN-MUTUAL-INS-CO	NICHOLAS STUDNICKA			
Individual				
Driver	Citations Issued	Sex		
NICHOLAS BEN STUDNICKA (608) 604-5136	0	MALE		
	Date of Birth	Race		
		WHITE		
Address	Driver License Number			
32511 COUNTY HWY B LONE ROCK, WI 53556 , 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		
01 UNIT INDIVIDUAL				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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					