

6TL0D5DXWZ

21-03787

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
238 FT E
OF WAKERLY LN
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			
01 UNIT VEHICLE	Vehicle		
	License Plate Number AGG4873	Plate Type AUT - AUTOMOBILE	St WI
	Country of Issuance UNITED STATES	Vehicle Identification Number 1G4HP54KX24145111	Make BUICK
	Year 2002	Model LESABRE	Bus Use
	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN	Initial Contact Point 12 - FRONT
	Vehicle Damage 12 - FRONT	Extent Of Damage FUNCTIONAL DAMAGE	Towed Due To Damage NOT TOWED
	Vehicle Removed By OPERATOR	What Driver Was Doing	Vehicle Factors
	Driver Prior Action Other	Driver Actions NO CONTRIBUTING ACTION	Owner Name
	Owner Address	Policy Holder	Insurance Company AMERICAN-FAMILY-INS-CO
	Individual	Individual SAMANTHA MCCLELLAN	Individual TIMOTHY LEE JOHNSON JR (608) 495-2385
01 UNIT INDIVIDUAL	Citations Issued 0	Sex MALE	
Date of Birth	Race WHITE	Address S7175A BLUFF RD LOT 11 MERRIMAC, WI 53561 , US	
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	On Duty Crash	Safety Equipment	
Safety Equipment	Row	Seat Position	
SHOULDER & LAP BELT	Helmet Use	Helmet Compliance	
Eye Protection	Tint Compliance	Injury Injury Severity 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	Crash Date 05/04/2021		
Crash Time 05:16 AM		This report does not include any CJIS data.	

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 Suspected Drug Use NO 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		