

6TL0C884GZ

21-04774

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 CTHU WB 0.43 MI E OF VAN HOSEN RD IN THE TOWN OF FAIRFIELD 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				
Vehicle				
01 UNIT VEHICLE	License Plate Number	Plate Type	St	Country of Issuance
	840DYZ	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	1GKKNULS9KZ165966	GENERAL MOTORS COR	2019	ACADIA
	Color	Body Style	Bus Use	
	WHI - WHITE	4D - 4DR		
	Initial Contact Point	Vehicle Damage		
12 - FRONT	12 - FRONT			
Extent Of Damage				
FUNCTIONAL 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		
AUTO-OWNERS-INS-CO		MICHAEL DULAS		
Individual				
01 UNIT INDIVIDUAL	Driver	Citations Issued	Sex	
	MICHAEL DEAN DULAS (608) 358-3950	0	MALE	
		Date of Birth	Race	
			WHITE	
Address		Driver License Number		
211 E HAMILTON ST FOX LAKE, WI 53933 , 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			
01 UNIT INDIVIDUAL	Injury		Airbag	
	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	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				