6TL0D1PTKM

20-13650

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/02/2020

Crash Time 08:20 PM

	Document Number Override	Primary Crash Document#	nt# Agency Crash Num 20-13650				stigating Officer/Deputy UTY S. MESSNER			
Z	Crash Date		Date Arrived		Time	Time Arrived				
1PTKM	Date Notified Time Notified 12/02/2020 08:30 PM		Total Units 01			Total Injure		Total Killed		
	On Emergency	On Emergency Hit and Run Lane Closure			/ork Zone		railer or Towed		Reporting Threshold	
6TL0D	Government Property	Active School Zone	NO NO	Bus Relat	ed	Tags				
	Reportable	Crash Type NON-DOMESTICATED A	hType N-DOMESTICATED ANIMAL W/ NO INJU			Amended			Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location ——									
i	ON USH12 WB				Latitude			Longitud	0	
	0.46 MI N				43.384835421		-89.767860481			
	OF USH12 WB									
	IN THE TOWN OF SUMPTER	₽			X Coordin		Y Coordi			
	IN SAUK COUNTY	· ·			275804.2	28125		480727	3	
	IN SAUK COUNT				Structure 7	Tyne				
					NO STR					
(Crash Scene									
1	First Harmful Event First Harmful Event Location									
					I		cauon			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROADWAY					
	Manner of Collision			Light Condition						
	00 - NO COLLISION W/VEHICLE IN TRANSPORT									
	Road Surface Condition(s)				Roadway Factor(s)					
				stoadway's doloi(s)						
ŀ	Environment Factor(s)				1					
	Environment Pactor(s)									
ŀ	Weather Condition(s)			1						
	Weather Condition(s)									
	Animal Type									
ŀ					Bolatian To Trafficular					
	DEER Crash Classification - Location				Relation To Trafficway					
					TRAFFICWAY - ON ROAD					
					I	ssification -				
	PUBLIC PROPERTY				NO SPECIAL JURIS		ISDICTION			
ĺ	Tribal Land				Access Control				Special Study	
ĺ	Unit Summary									
	Unit Status		Vehicle Oper	ating As C	lassification		UnitType			
				D CLASS		''				
				CLASS			AUTOMOBILE			
9	Vehicle Type				Operating As Endorsements			ments		
0	PASSENGER CAR Total Occs Train/Bus#Recorded Total#Citations Issued									
i	Total Occs	Total#Citations Issued		Total Tra		ailers Total Hazi		Vat Types		
	1	0			0		0			
ŀ	Insurance?	Direction Of Travel	Pre C	. Speed Lin		nit Total Lanes		es		
_		NORTHBOUND								
LIND	Most Harmful Event: Collision Wit			Mark			Emergency Motor Vehicle Use		cle l lse	
5		Special Function NO SPECIAL FUNC		TION		NOT APPLICABLE				
	NON DOMESTICATED ANIM	ML (ALIVE)			,,,,,,,					
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type	Road Curvature			Road Grade					

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	Truc	Fruck Bus or HazMat							
		Vehicle License Plate Number	Plate Type	St	Country of issuance				
	VEHICLE 01	AFG2192	AUT - AUTOMOBILE	wı	UNITED STATES				
2		Vehicle Identification Number KMHCM46C99U340131	Make HYUNDAI	Year 2009	Model ACCENT				
		Color GRY - GRAY	Body Style SD - SEDAN		Bus Use				
 -		Initial Contact Point 12 - FRONT	Vehicle Damage						
TINN		Extent Of Damage DISABLING DAMAGE	O1 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER						
		What Driver Was Doing	Vehicle Factors	Vehicle Factors					
		Driver Prior Action Other							
	ш	Driver Actions NO CONTRIBUTING ACTION							
INN	VEHICLE								
	<u>u</u>								
		Owner Name	Owner Address						
٤	5								
_		l Policy Holder							
N N		Insurance Company WADENA-INSURANCE-CO	Individual JOSHUA MARTIN						
		Individual	<u> </u>						
		Driver JOSHUA IAN MARTIN	Citations issued 0		Sex MALE				
	IDIVIDUA		Date of Birth		Race WHITE				
Ş	Ĭ	Address	Driver License Number						
_	Z	634 10TH ST BARABOO, WI 53913 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash Cety Equipment	Safety Equipment						
	001	Row Seat Position	SHOULDER & LAP BELT						
		Heimet Use	Heimet Compliance	Heimet Compliance					
		Eye Protection	TintCompliance						
2		Injury Severity Injury NO APPARENT INJURY	Airbag						
		Ejection Path	1		Trapped/Extricated				
		MedicalTransport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#				
		Hospital	Date of Death		Time of Death				

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	Distracted By Source Distracted By Source							
	Distracted By Action							
	Non Motorist Striking Unit#	Location						
	Prior Action							
UNIT	Action Action Other					To/From School		
	Drug & Alcohol NO	rug & Alcohol 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				
9	Drug Type							
	Individual Condition APPEARED NORMAL							