

6TL0C9H5M0

22-07994

# 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 22-07994		Investigating Officer/Deputy SERGEANT M. TATE	
Crash Date 08/13/2022		Crash Time 09:09 PM		Date Arrived		Time Arrived	
Date Notified 08/13/2022		Time Notified 09:11 PM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

## Location

ON STH23 EB 131 FT N OF NARROWS CREEK RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY		Latitude 43.450381823	Longitude -90.034088533
		X Coordinate 254504	Y Coordinate 4815303.5
		Structure Type NO STRUCTURE	

## Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition	
Road Surface Condition(s)		Roadway Factor(s)	
Environment Factor(s)			
Weather Condition(s)			
Animal Type DEER		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control	Special Study

## Unit Summary

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	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	<b>Vehicle</b>			
	License Plate Number <b>ACU8945</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>1G4GB5EG6AF243852</b>	Make <b>BUICK</b>	
	Year <b>2010</b>	Model <b>LACROSSE C</b>	Color <b>GLD - GOLD</b>	
	Body Style <b>4D - 4DR</b>	Bus Use	Initial Contact Point <b>12 - FRONT</b>	
	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing		Vehicle Factors	
	Driver Prior Action Other			
Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01 UNIT VEHICLE	Owner Name		Owner Address	
01 UNIT POLICY HOLDER	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>JORIANA KELLY</b>		
01 UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JORIANA NICOLE KELLY</b> <b>(608) 921-1563</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>		
	Address <b>635 BABB AVE # 6</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 UNIT SAFETY EQUIPMENT	On Duty Crash		Safety Equipment	
	Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury <b>NO APPARENT INJURY</b>		Airbag	
	Ejected	Ejection Path	Trapped/Extricated	
01 UNIT MEDICAL TRANSPORT	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	
	Hospital		EMS Run #	
	Date of Death		Time of Death	

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UNIT INDIVIDUAL 01 001	<b>Distracted By</b>		Distracted By Source	
	Distracted By Action			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		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				