6TL0D0GSK4

22-10854

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/31/2022

Crash Time 01:34 AM

	Document Number Override	Primary Crash Document#	Crash Document# Agency Crash Nu 22-10854				stigating Officer/Deputy			
7	Crash Date Crash Time 10/31/2022 01:34 AM		Date A	Date Arrived		Time	Time Arrived			
6TL0D0GSK	Date Notified 10/31/2022	Time Notified 02:52 AM	Total U 01	Total Units 01		Total	otal Injured Total Killed 00		l	
00.	On Emergency H	On Emergency Hit and Run Lane Closure		-	rk Zone		Trailer or T	owed	Reporting Threshold	
1 <u>1</u> 9	Government Property	Active School Zone		l Bus Relat	ed	Tags				
	▼ Reportable	Crash Type NON-DOMESTICATED	ANIMAL W/ N	IO INJUR	RY		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ì	Location	ocation								
j	ON USH12 WB				I			I		
					Latitude		Longitude			
	304 FT S				43.377805425		-89.768268		268622	
	OF USH12 WB	_			X Coordin	ate	Y Coordi 480649		inate	
	IN THE TOWN OF SUMPTER	₹			275745.2					
	IN SAUK COUNTY							4000400		
			Structure Type NO STRUCTURE							
-	Crash Scene									
,										
	First Harmful Event				FirstHarm	ıful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROADWAY Light Condition					
ŀ	Manner of Collision									
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT			Light Condition					
		CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway	Factor(s)				
Ī	Environment Factor(s)				1					
ŀ	Weather Condition(s)									
	Treation Containion(c)									
	A									
	Animal Type DEER				1	elation To Trafficway				
					TRAFFICWAY - ON ROAD					
Ì	Crash Classification - Location		Crash Classification - Jurisdiction							
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION				
ŀ								0		
	TribalLand			Access Control				Special Study		
	Unit Summary 💳									
Ť	Unit Status		Vehicle One	rating As C	lassification		UnitType			
			1	Vehicle Operating As Classification			1 7.			
	IN TRANSIT D CLASS			ASS			AUTOMOBILE			
_ [Vehicle Type				Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE									
ŀ	Total Occs	Total#Citatio	Total#Citations Issued		1 Total Trail		ers Total HazMat Types			
	1 0 Insurance? Direction Of Travel		1			.		1	wat rypes	
			U		0		0			
			Pre C	Pre CrashTire		Speed Lim		it TotalLanes		
-	YES	WESTBOUND Mark								
LIND	Most Harmful Event: Collision With Special Function				1		Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIM		NO SPECIAL FUNCT		TION		NOT APPLICABLE			
		ALIVE)								
	Traffic Way	Traffic Contr	ol			Traffic Control Inoperative/Missing				
		1								
ľ	Surface Type	Road Curvat	Road Curvature				Road Grade			

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	Truc	Fruck Bus or HazMat								
	VEHICLE 01	License Plate Number APA9497		Plate Type AUT - AUTOMOBILE	St Wi	Country of issuance UNITED STATES				
5		Vehicle Identification Number KM8K22AA1MU616693		Make HYUNDAI	Year 2021	Model KONA				
		Color RED - RED		Body Style UT - SPORT UTILITY	Body Style Bus Use UT - SPORT UTILITY VEHICLE					
ļ		Initial Contact Point 12 - FRONT		Vehicle Damage 7 8 9 10 11 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT 8 9 10 11						
IN I		Extent Of Damage DISABLING DAMAGE		CORNER, 12 - FRONT 5 4 8 2 3						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
	щ	Driver Actions NO CONTRIBUTING ACTION								
	VEHICL									
۶	5	Owner Name		Owner Address						
	•									
l⊨		Policy Holder								
N N		Insurance Company PROGRESSIVE-CASUAL	TY-INS-CO	Individual JORDAN JAWSON						
	DIVIDUAL	Individual								
		Driver JORDAN TYLER BLAKE JAWSON (608) 548-9246		Citations issued 0	Sex MALE					
⊨				Date of Birth	Race WHITE					
N N	X	Address 200 SHERIDAN ST # 4 NECEDAH, WI 54646 , US On Duty Crash		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
				STATE. MISCORDIN COUNTRY, UNITED STATES						
	Sai			Safety Equipment						
	.001	Row Seat Position		SHOULDER & LAP BELT						
		HeimetUse		Helmet Compliance						
10		Eye Protection		TintCompliance						
		Injury Severity Injury NO APPARENT INJURY		Airbag	Airbag					
		Ejected Ejection Path				Trapped/Extricated				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#				
		Hospital		Date of Death		Time of Death				

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I							
	Distracted By So	urce					
	Distracted By Action						
	Non Motorist Striking Unit#	Location					
	Prior Action						
UNIT	Action						
	Action Other Suspected Alcohol NO	nol Use	Suspected Drug Use			To/From School	
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Type		Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Type		Drug Test Results		
2 B	Drug Type						
	Individual Condition						
	APPEARED NORMAL						