6TL0CBQ6R0 22-11067

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/05/2022

Crash Time 05:45 PM

	Document Number Override Primary Crash Document# Agency Crash Num 22-11067		mber	nber Investigating Officer/Deputy DEPUTY A. JAHNKE						
88	Crash Date		Date Arrived		Time	Time Arrived				
BQ6R0	Date Notified 11/05/2022	Time Notified 05:50 PM	, 510. 51.115		Total		Injured	Injured Total Killed 00		
ည	On Emergency						railer or Towed		Reporting Threshold	
eTL	Government Property	Active School Zone	NO NO	Bus Relat	ed 	Tags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Y		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
	Location 									
	ON STH33 EB				Latitude			Longitud	9	
	0.27 MI W				43.619066356		-90.1525			
	OF WILKINSON RD				43.019000330					
	IN THE TOWN OF LA VALLE	:			X Coordina	ate	Y Coordi		nate	
	IN SAUK COUNTY	•			245625.3	125		483439	5	
	IN SAUR COUNT I									
			Structure Type NO STRUCT							
(Crash Scene									
1	First Harmful Event				F:	f 1=				
						ful Event Lo	cation			
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROADWAY Light Condition					
Ì	Manner of Collision									
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT								
ŀ					Deedwee	T = =+= \(\frac{1}{2}\)				
	Road Surface Condition(s)			Roadway Factor			ir(s)			
	Environment Factor(s)									
	Weather Condition(s)									
ŀ	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
					111111111111111111111111111111111111111					
	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURIS		RISDICTION			
	Tribal Land			Access Control				Special Study		
ì	Unit Summary									
				- t` A - O	: : :::		L 			
				nicle Operating As Classification			UnitType			
	IN TRANSIT			D CLASS		AUTOMOE		3ILE		
_	Vehicle Type					Operating As Endorsements		nents		
01	(SPORT) UTILITY VEHICLE						'			
	, , , , , , , , , , , , , , , , , , , ,				1 Total Traile		L ers Total HazMat Types		Mat Types	
			Total # Citations Issued		`				viat i ypes	
	2			0		0		0		
	Insurance?	Direction Of Travel Pre CrashT			e Speed Lim		nit Total Lanes		es	
	/ES EASTBOUND			lark						
LINO	Most Harmful Event: Collision With Special Function			tion			Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIM	NO SPECIAL FUNCTIO		TION		NOT APPLICABLE				
}	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
	racio (raj	Traffic Control				Traine Condomicperative/ivitsbillig				
	Surface Tune	Band Comment				Badonia				
	Surface Type	Road Curvature				Road Grade				

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	Truc	ck Bus or HazMat								
		Vehicle	namananamananananananan	Namenieniananjanjanjanjanjanjanjanjanjanjanjanjan		Grapis ning njepranjanjanjanjanja				
10		License Plate Number 945ZRA		Plate Type AUT - AUTOMOBILE	St	Country of Issuand	>e			
	VEHICLE OI	Vehicle Identification Number		Make Make	WI Year	Model Model	:5			
		1GKS2CE01DR220959		GENERAL MOTORS CO	OR 2013					
		Color BLU - BLUE		Body Style UT - SPORT UTILITY VI	EHICLE	Bus Use				
١.		Initial Contact Point		Vehicle Damage		I	7 8 9 10 11			
TINN		12 - FRONT Extent Of Damage		12 - FRONT			6 12			
	y	MINOR DAMAGE					5 4 3 2 1			
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Sarati istration data								
	ш	Driver Actions NO CONTRIBUTING ACTION								
Ì≒	VEHICLE									
IN N	Ŧ									
		Owner Name		Owner Address		100				
2	5									
HNO		Policy Holder Insurance Company		Individual						
⊃		AMERICAN-FAMILY-INS-CO		STEVEN PIWONSKI						
	,	Individual Driver		Citations issued						
		STEVEN EDWARD PIWONSK! Address		0 MALE						
	3				Race WHITE					
Ş	DMDUAI			Driver License Number						
	2	2733 COUNTRY COURT DR REEDSBURG, WI 53959 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sa	On Duty Crash fety Equipment		Safety Equipment						
		Row	Seat Position	SHOULDER & LAP BI	OULDER & LAP BELT					
		HelmetUse		Lie inset Committees						
		1 Pariet Osa		Helmet Compliance						
		Eye Protection Injury Severity		TintCompliance						
_	50			Airbag						
01	8	Injury NO APPARENT INJURY Ejected Ejection Path		Tunnandico			.A			
		Ejecuci Facioni Facion				, rephen rymose	Trapped/Extricated			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#	EMS Run#			
		Hospital		Date of Death		Time of Death	Time of Death			
				1						

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	Distracted By	By Source				
	Distracted By Action					
	Non Motorist Striking Uni	t# Location				
	Prior Action					
	Action					
. W						
92						
						.
	Action Other					To/From School
	Drug & 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		
<u>я</u>	Drug Type			1		
	Individual Condition					
	APPEARED NORMAL					

Wisconsin Motor Vehicle Crash

Form DT4000