

6TL0D942DV  
26-06170

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0D942DV

Document Number Override		Primary Crash Document #		Agency Crash Number <b>SC26-06170</b>		Investigating Officer/Deputy <b>DEPUTY M. PETERSON</b>	
Crash Date <b>06/13/2026</b>		Crash Time <b>06:04 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/13/2026</b>		Time Notified <b>06:07 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							

Location

<b>ON STH23 EB</b> <b>272 FT S</b> <b>OF CTHN SB</b> <b>IN THE TOWN OF FRANKLIN</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.292374707</b>	Longitude <b>-90.044227817</b>
	X Coordinate <b>253042.65625</b>	Y Coordinate <b>4797784.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

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


Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	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>LQV759</b>	Plate Type <b>AUT</b>	St <b>IA</b>	
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>1GNSKJKJ7KR252347</b>	Make <b>CHEV</b>	
	Year <b>2019</b>	Model <b>SUB</b>	Color <b>WHI - WHITE</b>	
	Body Style <b>4D - 4DR</b>	Bus Use	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	
	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT</b>			
	Extent Of Damage <b>MINOR DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</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>STATE-FARM-CLASSIC-INS-CO</b>		INDIVIDUAL <b>JASON EDWARDS</b>	
	<b>Individual</b>			
01 UNIT INDIVIDUAL	DRIVER <b>JASON EDWARDS</b>		Citations Issued <b>0</b>	
			Sex <b>MALE</b>	
			Date of Birth	
			Race <b>WHITE</b>	
	Address <b>302 S PROSPECT ST MAQUOKETA, IA 52060 , US</b>		Driver I license Number	
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 Severity <b>Injury NO APPARENT INJURY</b>		Airbag	
	Ejected	Ejection Path	Trapped/Extricated	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	
Hospital		Date of Death		
		Time of Death		

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UNIT	INDIVIDUAL	<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 <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition		<b>APPEARED NORMAL</b>			