6TL0BC3B9H 24-14107

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash D | Primary Crash Document # | | Agency Crash Number 24-14107 | | | Investigating Officer/Deputy DEPUTY W. VERTEIN | | | | |
|------|---|--|--------------------------|--------------------------|---|---------------------|--------------|--|------------------------|---------------|--|--|
| H6, | Crash Date 12/27/2024 | Crash Time 05:43 AM | | | Date Arrived | | Time | Time Arrived | | | | |
| C3B | Date Notified 12/27/2024 | Time Notified 05:46 AM | | | Total Units 01 | | Total | | Total Killed 00 | | | |
| 0B | On Emergency | it and Run | Lane Clos | ure | Wo | rk Zone | | Trailer or T | owed | Report Thresh | | |
| 6TL | Government Property | hool Zone | School Bus Related NO | | | Tag | Tags | | | | | |
| | ✓ Reportable | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR | | | Amended | | | Secon Cras | | | | |
| | I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | | | | | | | | | | | |
| i | Location | | | | | | | | | | | |
| Ī | ON USH12 EB | | | | | Latitude | | | Longitud | le | | |
| | 0.80 MI S | | | | | 43.40883 | 39251 | | -89.772040239 | | | |
| | OF SKIHI RD | | | | | X Coordin | ate | | Y Coordinate | | | |
| | IN THE TOWN OF SUMPTER | ₹ | | | | 275554.40625 | | | | 4809950 | | |
| | IN SAUK COUNTY | | | | | Structure | | | 100000 | | | |
| | | | | | | NO STR | | | | | | |
| | Crash Scene | | | | | | | | | | | |
| ī | | | | | | | nful Event L | Event Location | | | | |
| | NON DOMESTICATED ANIMAL (ALIVE) | | | | | ON ROADWAY | | | | | | |
| ŀ | Manner of Collision | | | | | Light Condition | | | | | | |
| | 00 - NO COLLISION W/VEHI | CLE IN TRANSF | PORT | | | 2.9 | | | | | | |
| ŀ | Road Surface Condition(s) | OLL III TITAITO | OICI | | | Roadway | Factor(s) | | | | | |
| | | | | | | , recently recently | | | | | | |
| ŀ | Environment Factor(s) | | | | | | | | | | | |
| | · , | | | | | | | | | | | |
| ŀ | Weather Condition(s) | | | | - | | | | | | | |
| | | | | | | | | | | | | |
| Ì | Animal Type | | | | Relation To Trafficway | | | | | | | |
| | DEER | | | | TRAFFICWAY - ON ROAD | | | | | | | |
| | Crash Classification - Location | | | | Crash Classification - Jurisdiction | | | | | | | |
| | PUBLIC PROPERTY Tribal Land | | | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | | | |
| | AC | | | | | | סוונוטו | | | Special Study | | |
| i | Unit Summary ———————————————————————————————————— | | | | | | | | | | | |
| i | Unit Status | | Veh | nicle Operat | ting As C | lassification | ı | Unit Type | | | | |
| | | | | D CLASS | | | AUTOMOBILE | | | | | |
| ŀ | Vehicle Type | | | | Operating As Endorsements | | | | | | | |
| 01 | PASSENGER CAR | | | | | | - F | | | | | |
| ŀ | | | | Total # Citations Issued | | Total Tra | | Trailers Total Ha | | Mat Types | | |
| | 1 | | 0 | | | 0 | | 0 | | | | |
| | Insurance? | Direction Of Trave | | Pre CrashTire | | Speed | | d Limit Total La | | es | | |
| UNIT | YES EASTBOUND | | | Mark | | | | | | | | |
| | Most Harmful Event: Collision With | | | cial Function | | TION | | Emergency Motor Vehicle Use | | | | |
| ر | NON DOMESTICATED ANIMAL (ALIVE) | | | NO SPECIAL FUNCTION | | | ON NOT APPL | | LICABLE | ICABLE | | |
| | Traffic Way | | | Traffic Control | | | | Traffic Control Inoperative/Missing | | | | |
| ŀ | Surface Type | | | Road Curvature | | | | Road Grade | | | | |
| | | | | | | | | | | | | |

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| | Truc | k Bus or HazMat | | | | | | |
|------|------------|--|--|---------------------|-----------------------------------|--|--|--|
| | , | Vehicle | | | | | | |
| | VEHICLE 01 | License Plate Number APJ2244 | Plate Type AUT | St WI | Country of Issuance UNITED STATES | | | |
| 2 | | Vehicle Identification Number 1C3CCCCB3FN719004 | Make CHRY | Year 2015 | Model 200 | | | |
| | | Color SIL - SILVER (ALUMINUM) | Body Style Bus Use SD - SEDAN | | | | | |
| UNIT | | Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE | Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1 | | | | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | | | | |
| | | What Driver Was Doing | Vehicle Factors | | | | | |
| | | Driver Prior Action Other |] | | | | | |
| LINI | VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | | |
| | | Owner Name | Owner Address | | | | | |
| 2 | 2 | | | | | | | |
| ╘ | | Policy Holder | | | | | | |
| LIND | | Insurance Company FALLS-LAKE-NATIONAL-INSURANCE-CO | JORDAN WEDDERI | BURN | | | | |
| | INDIVIDUAL | Individual Driver | | | | | | |
| | | JORDAN WEDDERBURN (608) 963-0037 | Citations Issued 0 | Sex FEMALE | | | | |
| E | | (666) 566-6667 | Date of Birth | Race WHITE | | | | |
| LIND | | Address 1436 LAKE ST BARABOO, WI 53913 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | Sai | On Duty Crash fety Equipment | Safety Equipment | | | | | |
| | | Row Seat Position | SHOULDER & LAP BELT | | | | | |
| | 100 | Helmet Use | Helmet Compliance | | | | | |
| | | Eye Protection | Tint Compliance | | | | | |
| 5 | | Injury Severity NO APPARENT INJURY | Airbag | | | | | |
| | | Ejection Path | | | Trapped/Extricated | | | |
| | | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | | EMS Run # | | | |
| | | Hospital | Date of Death | | Time of Death | | | |

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Crash Date 12/27/2024

Crash Time 05:43 AM

| | Distracted By Source | | | | | | | | |
|------|----------------------|---|-----------------|-----------------------------|--------------------|-------------------|----------------------|---------------------|--|
| | | | | | | | | | |
| | | Distracted By Action | | | | | | | |
| | | | Striking Unit # | Location | | | | | |
| | | Non Motorist | | | | | | | |
| | | Prior Action | | | | | | | |
| | | Action | | | | | | | |
| | | | | | | | | | |
| | A _F | | | | | | | | |
| ╘ | 2 | | | | | | | | |
| UNIT | INDIVIDUAL | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Action Other | | | | | | To/From School | |
| | | 7.64.61. 64.16. | | | | | | . 6,1 16.11 66.156. | |
| | | Suspected Alcohol Use Drug & Alcohol NO | | | Suspected Drug Use | | | | |
| | | _ | NO | | NO | | | | |
| | | Alcohol Test Given Alcohol Test Ty TEST NOT GIVEN | | | | | Alcohol Test Results | | |
| | | Drug Test Given | | Drug Test Type Drug Test Re | | Drug Test Results | | | |
| | | TEST NOT GIVEN | | | | | | | |
| 01 | 001 | Drug Type | | | | | | | |
| | 0 | | | | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |