

6TL097RB5H  
20-13599

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 20-13599		Investigating Officer/Deputy DEPUTY L. GJORGJIEV	
Crash Date 11/30/2020		Crash Time 09:49 PM		Date Arrived		Time Arrived	
Date Notified 11/30/2020		Time Notified 09:54 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 BUNKER DR 0.45 MI W OF CHTH WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.568392133	Longitude -89.747375216
	X Coordinate 278136.78125	Y Coordinate 4827604.5
	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

UNIT 01	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 EASTBOUND	<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						
<b>Vehicle</b>						
01 UNIT VEHICLE	License Plate Number <b>AJM8039</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>3FA6P0H74DR124727</b>		Make <b>FORD</b>	Year <b>2013</b>	Model <b>FUSION</b>	
	Color <b>WHI - WHITE</b>		Body Style <b>SD - SEDAN</b>		Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage			
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>PLATTS WRECKER</b>			
	What Driver Was Doing		Vehicle Factors			
01 UNIT VEHICLE	Driver Prior Action Other					
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01 UNIT VEHICLE	Owner Name		Owner Address			
<b>Policy Holder</b>						
01 UNIT INDIVIDUAL	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>			Individual <b>CRYSTAL ROBINSON</b>		
	<b>Individual</b>					
01 UNIT INDIVIDUAL	Driver <b>CRYSTAL LYNN ROBINSON (608) 477-2624</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
	Address <b>S1903 COUNTY ROAD A # 39 BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]		Race <b>WHITE</b>	
			Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag	
Ejected		Ejection Path		Trapped/Extricated		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #		
Hospital		Date of Death		Time of Death		

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT INDIVIDUAL          01 001</b>	<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
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition <b>APPEARED NORMAL</b>		