

6TL0B4X4PL

21-01719

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 21-01719	Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 02/27/2021		Crash Time 11:47 PM	Date Arrived 02/28/2021	Time Arrived 12:18 AM	
Date Notified 02/27/2021		Time Notified 11:47 PM	Total Units 02	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 DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By
	Additional Information NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WB ON CTH P STRUCK DEER AND DEER BOUNCED OFF UNIT 1 AND UNIT 2 EB STRUCK SAME DEER. NO INJURIES REPORTED. UNIT 1 SUSTAINED DISABLING DAMAGE AND WAS TOWED BY STEVES TOWING. UNIT 2 SUSTAINED FUNCTIONAL DAMAGE AND WAS REMOVED BY OPERATOR.

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Location

ON CTHP WB 1092 FT E OF COON BLUFF RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.590943437	Longitude -89.863151102
	X Coordinate 268873.3125	Y Coordinate 4830425
	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 DARK/UNLIT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type DEER	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 01 VEHICLE 01	License Plate Number AKZ8802		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number KL1TD56688B199719		Make CHEVROLET	Year 2008	Model AVO	
	Color BLU - BLUE		Body Style 4D - 4DR		Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
	Extent Of Damage DISABLING DAMAGE					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By STEVES AUTO SERVICE	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name ANGELINA CL CHIRCHIRILLO (608) 415-3668		Owner Address 227 HILL CREST LN REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01	01	Event NON DOMESTICATED ANIMAL (ALIVE)		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	Driver ANGELINA CL CHIRCHIRILLO (608) 415-3668		Citations Issued 0	Sex FEMALE
	Address 227 HILL CREST LN REEDSBURG, WI 53959 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance		
01	Injury		Airbag	
	NO APPARENT INJURY		NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
NOT DISTRACTED		Distracted By Action		
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	001	Drug & Alcohol	
		Suspected Alcohol Use 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	
		Drug Type	
		Individual Condition APPEARED NORMAL	
UNIT	INDIVIDUAL	Individual	
		Passenger JESSICA M CHIRCHIRILLO (608) 415-3668	Citations Issued 0
			Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 227 HILL CREST LN REEDSBURG, WI 53959 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01	002	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By		
	Distracted By Source		
	Distracted By Action		
	Non Motorist		
	Striking Unit #	Location	
	Prior Action		

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UNIT	INDIVIDUAL	Action		
		Action Other	To/From School	
01	002	Drug & Alcohol		
		Suspected Alcohol Use 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
		Drug Type		
Individual Condition APPEARED NORMAL				

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR	Operating As Endorsements				
UNIT	02	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 55	Total Lanes 2	
		Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (DEAD)		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
		Truck Bus or HazMat NO					

Vehicle

UNIT	VEHICLE	02	02	License Plate Number AFJ9057	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
				Vehicle Identification Number JHMGD37468S025772	Make HONDA	Year 2008	Model FIT
		Color BLU - BLUE	Body Style 2D - 2DR		Bus Use		
		Initial Contact Point 12 - FRONT	Vehicle Damage 11 - LEFT FRONT CORNER, 12 - FRONT				
		Extent Of Damage FUNCTIONAL DAMAGE					
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR				
		What Driver Was Doing GOING STRAIGHT					

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name CHAD B BEERY (608) 217-5171	Owner Address 816 N MEADOWBROOK LN WAUNAKEE, WI 53597 , US
	Sequence Of Events	
01 02 03 04	Event NON DOMESTICATED ANIMAL (DEAD)	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company SECURA-INS-A-MUTUAL-CO	Individual CHAD BEERY
UNIT INDIVIDUAL	Individual	
	Driver ANDREW JOSEPH BEERY (608) 217-5171	Citations Issued 0 Sex MALE
	Address 816 N MEADOWBROOK LN WAUNAKEE, WI 53597 , US	Date of Birth [REDACTED] Race WHITE
02 003	Safety Equipment	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
02 003	Injury	
	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
Hospital	Date of Death	
02 003	Distracted By Source Distracted By NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED	
02 003	Non Motorist	
	Striking Unit #	Location

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UNIT	Prior Action			
	Action			
	Action Other		To/From School	
	Drug & Alcohol	Suspected Alcohol Use 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	
	Drug Type			
	Individual Condition APPEARED NORMAL			
	02	003		