

6TL0B3P3GX  
21-04710

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<br>21-04710    |  | Investigating Officer/Deputy<br>DEPUTY S. PARKHURST |  |
| Crash Date<br>05/29/2021                       |                                      | Crash Time<br>07:46 PM                             |  | Date Arrived                       |  | Time Arrived  |  |
| Date Notified<br>05/29/2021                    |                                      | Time Notified<br>07:50 PM                          |  | Total Units<br>01                  |  | Total Injured<br>00                                 | Total Killed<br>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<br>NO           |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>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 IH90 WB<br>570 FT E<br>OF IH90 WB<br>IN THE VILLAGE OF LAKE DELTON<br>IN SAUK COUNTY | Latitude<br>43.570416266     |  | Longitude<br>-89.783269892 |  |
|   | X Coordinate<br>275245.53125 |  | Y Coordinate<br>4827926    |  |
|   | Structure Type               |  |                            |  |

Crash Scene

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

Unit Summary

|            |   |                                  |  |                     |   |  |
|------------|---|----------------------------------|--|---------------------|---|--|
| 01<br>UNIT | Unit Status<br>IN TRANSIT   |                                  | Vehicle Operating As Classification<br>D CLASS |                     | Unit Type<br>AUTOMOBILE                       |  |
|            | Vehicle Type<br>PASSENGER CAR   |                                  |  |                     | Operating As Endorsements                     |  |
|            | Total Occs<br>1   | Train/Bus # Recorded             | Total # Citations Issued<br>0                  | Total Trailers<br>0 | Total HazMat Types<br>0                       |  |
|            | Insurance?<br>YES   | Direction Of Travel<br>WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit         | Total Lanes                                   |  |
|            | Most Harmful Event: Collision With<br>NON DOMESTICATED ANIMAL (ALIVE) |                                  | Special Function<br>NO SPECIAL FUNCTION        |                     | Emergency Motor Vehicle Use<br>NOT APPLICABLE |  |
|            | Traffic Way   |                                  | Traffic Control                                |                     | Traffic Control Inoperative/Missing           |  |
|            | Surface Type  |                                  | Road Curvature                                 |                     | Road Grade                                    |  |

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| Truck Bus or HazMat                               |   |  |  |
| 01<br>UNIT<br>VEHICLE                             | <b>Vehicle</b>  |  |  |
|   | License Plate Number<br>Q281357                             | Plate Type<br>AUT - AUTOMOBILE                     | St<br>IL   |
|   | Country of Issuance<br>UNITED STATES                        | Vehicle Identification Number<br>JTDKN3DU9A0060921 | Make<br>TOYOTA                                       |
|   | Year<br>2010  | Model<br>PRIUS                                     | Bus Use  |
|   | Color<br>BLK - BLACK  | Body Style<br>4H - HATCHBACK 4 DOOR                | Initial Contact Point<br>12 - FRONT                  |
|   | Vehicle Damage<br>12 - FRONT                                | Extent Of Damage<br>DISABLING DAMAGE               | Towed Due To Damage<br>TOWED DUE TO DISABLING DAMAGE |
|   | Vehicle Removed By  | What Driver Was Doing                              | Vehicle Factors                                      |
|   | Driver Prior Action Other                                   | Driver Actions<br>NO CONTRIBUTING ACTION           |  |
|   | Owner Name  | Owner Address                                      |  |
|   | 01<br>UNIT<br>POLICY HOLDER                                 | <b>Policy Holder</b>                               |  |
| Insurance Company<br>GEICO-ADVANTAGE-INSURANCE-CO |   | Individual<br>SRINIVAS GUNDUGURTI                  |  |
| 01<br>UNIT<br>INDIVIDUAL                          | <b>Individual</b>   |  |  |
|   | Driver<br>SRINIVAS A GUNDUGURTI<br>(312) 659-9961           | Citations Issued<br>0                              | Sex<br>MALE  |
|   | Date of Birth<br>[REDACTED]                                 | Race   |  |
|   | Address<br>800 S WELLS ST APT 901<br>CHICAGO, IL 60607 , US | Driver License Number<br>[REDACTED]                | STATE: ILLINOIS COUNTRY: UNITED STATES               |
| 01<br>UNIT<br>SAFETY EQUIPMENT                    | On Duty Crash   |  | Safety Equipment                                     |
|   | Row   | Seat Position                                      | SHOULDER & LAP BELT                                  |
|   | Helmet Use  | Helmet Compliance                                  |  |
|   | Eye Protection  | Tint Compliance                                    |  |
|   | Injury Severity<br>NO APPARENT INJURY                       |  | Airbag   |
|   | Ejected   | Ejection Path                                      | Trapped/Extricated                                   |
| Medical Transport<br>NOT TRANSPORTED              |   | EMS Agency Identifier                              | EMS Run#   |
| Hospital  |   | Date of Death                                      | Time of Death  |

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|--|---|------------------------------------|
| <b>UNIT<br/>INDIVIDUAL<br/><br/><br/><br/><br/><br/><br/><br/><br/><br/>01<br/>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<br><b>NO</b> |
|  | Suspected Drug Use<br><b>NO</b>             |                                    |
|  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                  |
| Alcohol Test Results   |   |                                    |
| Drug Test Given<br><b>TEST NOT GIVEN</b>   | Drug Test Type                              |                                    |
| Drug Test Results  |   |                                    |
| Drug Type  |   |                                    |
| Individual Condition<br><b>APPEARED NORMAL</b>   |   |                                    |