

6TL0D942CD
25-00194

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 25-00194	Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 01/07/2025		Crash Time 02:29 AM	Date Arrived	Time Arrived	
Date Notified 01/07/2025		Time Notified 02:32 AM	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 CTHH WB 902 FT E OF LYNDON RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.618080071	Longitude -89.844602243
	X Coordinate 270474	Y Coordinate 4833387.5
	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 WESTBOUND	<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		

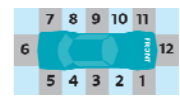
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		Truck Bus or HazMat	
01	UNIT	Vehicle	
		License Plate Number AHM7189	Plate Type AUT
		Vehicle Identification Number 3GNAXJEV1JL181941	Make CHEV
		Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE
		Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT
		Extent Of Damage DISABLING DAMAGE	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER
		What Driver Was Doing	Vehicle Factors
		Driver Prior Action Other	
		Driver Actions NO CONTRIBUTING ACTION	
Owner Name	Owner Address		
01	UNIT	Policy Holder	
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL PAULA DEJESUS
		Individual	
01	UNIT	DRIVER ALEXANDER DEJESUS	Citations Issued 0
			Sex MALE
			Date of Birth
			Race WHITE
	Address 131 E ADAMS ST # 3A WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	UNIT	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row	Seat Position
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	Injury Severity NO APPARENT INJURY
			Airbag
		Ejected	Ejection Path
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	Trapped/Extricated	
Hospital	Date of Death	EMS Run #	
	Time of Death		



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UNIT	Distracted By		Distracted By Source		
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	
	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				
01	001	Individual Condition			
		APPEARED NORMAL			