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25-01152

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 25-01152, Investigating Officer/Deputy SERGEANT M. TATE, Crash Date 02/07/2025, Crash Time 05:49 PM, Date Arrived, Time Arrived, Date Notified 02/07/2025, Time Notified 05:50 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY, Amended, Secondary Crash

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

Location

ON STH23 EB
639 FT N
OF FELDMAN DR
IN THE TOWN OF WESTFIELD
IN SAUK COUNTY
Latitude 43.407472103, Longitude -90.031811919, X Coordinate 254514.703125, Y Coordinate 4810531, 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

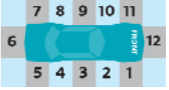
Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type (SPORT) UTILITY VEHICLE, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel NORTHBOUND, 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   | <b>Vehicle</b>   |  |                      |   |
|   |                       |   | License Plate Number<br><b>KRV772</b>  | Plate Type<br><b>AUT</b>   | St<br><b>IA</b>      | Country of Issuance<br><b>UNITED STATES</b>   |
|   |                       |   | Vehicle Identification Number<br><b>5J6RW2H96ML008963</b>                        | Make<br><b>HOND</b>  | Year<br><b>2021</b>  | Model<br><b>CRV</b>   |
|   |                       |   | Color<br><b>RED - RED</b>  | Body Style<br><b>4D - 4DR</b>  | Bus Use              |   |
|   |                       |   | Initial Contact Point<br><b>12 - FRONT</b>                                       | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b> |                      |  |
|   |                       |   | Extent Of Damage<br><b>DISABLING DAMAGE</b>                                      |  |                      |   |
|   |                       |   | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>                      | Vehicle Removed By   |                      |   |
|   |                       |   | What Driver Was Doing  | Vehicle Factors  |                      |   |
|   |                       |   | Driver Prior Action Other  |  |                      |   |
|   |                       |   | 01   | UNIT   | VEHICLE              | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                                     |
| Owner Name                                  | Owner Address         |   |  |  |                      |   |
|   |                       |   |  |  |                      |   |
| 01  | UNIT                  | <b>Policy Holder</b>                                |  |  |                      |   |
|   |                       | Insurance Company<br><b>WEST-BEND-MUTUAL-INS-CO</b> | INDIVIDUAL<br><b>JUDITH KARSTENS</b>   |  |                      |   |
| 01  | UNIT                  | INDIVIDUAL  | <b>Individual</b>  |  |                      |   |
|   |                       |   | DRIVER<br><b>CHRISTOPHER KARSTENS</b><br><b>(563) 275-9964</b>                   | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>   |   |
|   |                       |   |  | Date of Birth  | Race<br><b>WHITE</b> |   |
|   |                       |   | Address<br><b>6401 UTICA RIDGE RD UNIT 13</b><br><b>DAVENPORT, IA 52807 , US</b> | Driver License Number<br><b>STATE: IOWA COUNTRY: UNITED STATES</b>                   |                      |   |
| 01  | UNIT                  | 001   | <b>Safety Equipment</b>  |  |                      |   |
|   |                       |   | On Duty Crash  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                                   |                      |   |
|   |                       |   | Row  | Seat Position  |                      |   |
|   |                       |   | Helmet Use   | Helmet Compliance  |                      |   |
|   |                       |   | Eye Protection   | Tint Compliance  |                      |   |
|   |                       |   | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>   | Airbag               |   |
|   |                       |   | Ejected  | Ejection Path  | Trapped/Extricated   |   |
| Medical Transport<br><b>NOT TRANSPORTED</b> | EMS Agency Identifier | EMS Run #   |  |  |                      |   |
| Hospital                                    | Date of Death         | Time of Death                                       |  |  |                      |   |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

|             |   |                        |                                    |                                 |                      |
|-------------|---|------------------------|------------------------------------|---------------------------------|----------------------|
| <b>UNIT</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                                   |                        |                                    |                                 |                      |
| <b>01</b>   | <b>001</b>                                  | Individual Condition   |                                    |                                 |                      |
|             |   | <b>APPEARED NORMAL</b> |                                    |                                 |                      |