6TL0C9H5KZ 21-07499

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 08/09/2021

Crash Time 05:27 PM

	Document Number Override Primary Crash Doc		# Agency Crash Number 21-07499		ımber	Investigating Officer/Deputy DEPUTY M. TATE				
7	Crash Date Crash Time 08/09/2021 05:27 PM		Date Arrived		Time	Time Arrived				
6TL0C9H5KZ	Date Notified 08/09/2021	Time Notified 05:28 PM	Total Ur 01	Total Units 01		Total	Total Injured 00 Total Killed 00			
Ö	On Emergency Hit and Run Lane		Closure	osure Work Zone			Trailer or Towed		Reporting Threshold	
6TI	Government Property	Active School Zone	NO NO	Bus Relat	ed 	Tags				
	Reportable	Crash Type NON-DOMESTICATED A	NIMAL W/ N	O INJUR	Υ		Amended		Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ī	Location ———									
ī	ON CTHDL WB				Latitude			Longitud	lo.	
	759 FT W				43.405047201		-89.655			
	OF DEVILS DELIGHT RD								112409	
					X Coordina	ate	Y Coordi 480922		inate	
	IN THE TOWN OF MERRIMA	C			284955.2	28125			2	
	IN SAUK COUNTY									
			Structure Type NO STRUCTURE							
(Crash Scene									
1	First Harmful Event				Te:		43			
						ful Event Lo	cation			
	NON DOMESTICATED ANIM	IAL (ALIVE)			ON ROA	DWAY				
Ì	Manner of Collision				Light Condition					
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT								
ŀ					Deeduses	F+V-\				
	Road Surface Condition(s)			Roadway Factor(
					1					
	Environment Factor(s)									
				-						
	Weather Condition(s)									
ŀ	Animal Type					Relation To Trafficway				
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				Access Control					
Ī	Tribal Land								Special Study	
	Init Cummany									
	Unit Summary -		1,,,,,		1 16: .:					
	Unit Status Ve			Vehicle Operating As Classification			UnitType			
	IN TRANSIT	D CLASS				AUTOMOBILE				
	Vehicle Type			Operating As Endorsements			ments			
01	(SPORT) UTILITY VEHICLE						'			
	, , , , , , , , , , , , , , , , , , , ,					T-4-1731	ers Total HazMat Types			
	1		Total # Citations Issued 0		0		0		viat i ypes	
	Insurance?	urance? Direction Of Travel							es	
⊢	YES WESTBOUND			Pre CrashTire ☐ Mark						
LINO	Most Harmful Event: Collision With Special Function						Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIM	NO SPECIAL FUNC		TION		NOT APPLICABLE				
		765. 0 :								
	Traffic Way	Traffic Control				Traffic Control Inoperative/Missing				
ļ										
	Surface Type	Road Curvatu	ire				Road Grade			

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	Truc	ck Bus or HazMat								
		Vehicle	entervententententententententen		000000000000000000000000000000000000000		NSDYSDYSD SOLEDIAD FAN HANDSOVAN FAN FAN FAN FAN FAN FAN FAN FAN FAN F			
UNIT 01		License Plate Number 928ZNU		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance				
		Vehicle Identification Number		Make	Year	Model Model	•			
	VEHICLE 01	SADCS2FX0JA246683		JAGUAR Body Style	2018	F-PACE Bus Use				
		BLK - BLACK		UT - SPORT UTILITY VEHICLE						
		Initial Contact Point 12 - FRONT		Vehicle Damage 7, 8, 9, 10, 11						
		Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT 6 72 CORNER, 12 - FRONT, 14 - UNDERCARRIAGE 5, 4, 3, 2, 3						
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions NO CONTRIBUTING ACTION								
ļ	귱									
N N	VEHICLE									
2	_	Owner Name Owner Address								
°	5									
_⊨		Policy:Holder								
N N		Insurance Company STATE-FARM-GENERAL-INS-CO		Individual KRISTEN CROSS						
	ì	Individual								
		Driver KRISTEN LINN CROSS		Citations Issued	Citations issued Sex O FEMALE					
		(608) 963-9204		Date of Birth	Date of Birth Race					
F	DIMDUA	Address		WHITE Driver License Number						
=		E12092 SUNSET DR PRAIRIE DU SAC, WI 53578 , US On Duty Crash fety Equipment		STATE: WISCONSIN COUNTRY: UNITED STATES						
				Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance	nea					
	100									
		Eye Protection		Tint Compliance						
01		injury Severity NO APPARENT INJURY		Airbag						
		Ejection Path				Trapped/Extricated				
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED Hospital		Date of Death		Time of Death				
		повряан		Date of Death		Fine of Death				

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		Distracted By Source	•				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action					
		Action					
	¥						
UNIT	INDIVIDUAL						
	2						
		Action Other					To/From School
	1	Drug & Alcohol Suspected Alcoh	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type Alcohol Test Result			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
10	100	Drug Type					
	T.						
		Individual Condition					
		APPEARED NORMAL					
ı							