

6TL0D7W15D

22-05525

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, Investigating Officer/Deputy DEPUTY K. MUELLER, Crash Date 06/12/2022, Crash Time 09:40 PM, Date Arrived, Time Arrived, Date Notified 06/12/2022, Time Notified 09:50 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 CTHH WB
305 FT E
OF CHRISTMAS MOUNTAIN RD
IN THE TOWN OF DELLONA
IN SAUK COUNTY
Latitude 43.617530469, Longitude -89.86246464, X Coordinate 269030.5625, Y Coordinate 4833376, Structure Type

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 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, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

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Truck Bus or HazMat																			
<b>Vehicle</b>																			
01 UNIT VEHICLE 01	License Plate Number <b>238KNX</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>																
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>JTDKB20UX53107175</b>	Make <b>TOYOTA</b>																
	Year <b>2005</b>	Model <b>PRIUS</b>	Color <b>LGR - GREEN, LIGHT</b>																
	Body Style <b>HB - HATCHBACK</b>	Bus Use	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>																
	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE</b>		<table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>6</td><td></td><td></td><td></td><td>12</td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>		7	8	9	10	11	6				12	5	4	3	2	1
	7	8	9	10	11														
	6				12														
5	4	3	2	1															
Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>																		
What Driver Was Doing	Vehicle Factors																		
Driver Prior Action Other																			
01 UNIT VEHICLE 01	Driver Actions <b>NO CONTRIBUTING ACTION</b>																		
	Owner Name	Owner Address																	
<b>Policy Holder</b>																			
01 UNIT INDIVIDUAL 01	Insurance Company <b>GEICO-GENERAL-INS-CO</b>	Individual <b>PATRICIA CASTANEDA</b>																	
	<b>Individual</b>																		
01 UNIT INDIVIDUAL 01	Driver <b>PATRICIA AURORA CASTANEDA</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>																
	Date of Birth [REDACTED]	Race <b>HISPANIC</b>																	
	Address <b>6405 PIZARRO CIR MADISON, WI 53719 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>																	
	On Duty Crash		Safety Equipment																
<b>Safety Equipment</b>		<b>SHOULDER &amp; LAP BELT</b>																	
Row	Seat Position	Helmet Compliance																	
Helmet Use		Tint Compliance																	
Eye Protection		Airbag																	
01 UNIT INDIVIDUAL 001	Injury Severity <b>NO APPARENT INJURY</b>																		
	Ejected	Ejection Path	Trapped/Extricated																
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run#																
	Hospital	Date of Death	Time of Death																

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<b>UNIT INDIVIDUAL          01 001</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 <b>NO</b>
	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
Alcohol Test Results		
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	
Drug Test Results		
Drug Type		
Individual Condition <b>APPEARED NORMAL</b>		