

6TL0F51TJR  
23-09024

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 <b>23-09024</b>		Investigating Officer/Deputy <b>SERGEANT E. KNULL</b>	
Crash Date <b>08/19/2023</b>		Crash Time <b>01:07 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>08/19/2023</b>		Time Notified <b>01:07 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency		<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		<input type="checkbox"/> Trailer or Towed	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Secondary Crash							

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

**Location**

<b>ON CTHPF EB 795 FT W OF PINE MEADOW RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY</b>		Latitude <b>43.292961943</b>		Longitude <b>-89.806726503</b>	
		X Coordinate <b>272312.6875</b>		Y Coordinate <b>4797174.5</b>	
		Structure Type <b>NO STRUCTURE</b>			

**Crash Scene**

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

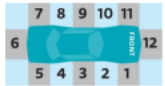
**Unit Summary**

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>		Operating As Endorsements			
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

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		Truck Bus or HazMat			
01	UNIT	<b>Vehicle</b>			
		License Plate Number <b>14294AFT</b>	Plate Type <b>WI</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FMJU2ATXNEA52593</b>	Make <b>FORD</b>	Year <b>2022</b>	Model <b>EXPEDITION</b>
		Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>11 - LEFT FRONT CORNER, 12 - FRONT</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing	Vehicle Factors		
		Driver Prior Action Other			
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
Owner Name	Owner Address				
01	UNIT	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>TARYN SEYMOUR</b>		
01	UNIT	<b>Individual</b>			
		Driver <b>TARYN SEYMOUR</b> <b>(608) 588-4557</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>S11105 FAIRVIEW RD</b> <b>SPRING GREEN, WI 53588 , US</b>	Driver License Number		
01	UNIT	<b>Safety Equipment</b>			
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
		Row	Seat Position		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag	
		Ejected	Ejection Path	Trapped/Extricated	
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	

UNIT	INDIVIDUAL	<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		
		01	001	<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>								