# 6TL0D0GSM1

23-12732

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overrid	Primary Crash Document # Agency C 23-1273					vestigating Officer/Deputy EPUTY G. AKERS						
SM1	rash Date Crash Time 1/26/2023 06:18 PM			Date Arrived			Time	Time Arrived					
SD	Date Notified 11/26/2023		Time Notified 06:18 PM		Total Units <b>01</b>		Tota 00		l Injured	Total Killed <b>00</b>			
0D0G	On Emergency		t and Run		sure Work Zon		rk Zone		Trailer or To		Reporting Threshold		
6TL	Government Property Active School Zone				School Bus Related NO			Tage	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												
į	ON CTHP WB						Latitude			Longitud	de		
	404 FT E				43.5			43.590950925		•	5754419		
	OF COON BLUFF RD												
	IN THE TOWN OF DELLONA IN SAUK COUNTY						X Coordinate 268663.1875			Y Coordinate 4830433			
						Structure Type NO STRUCTURE							
(	Crash Scene												
1	First Harmful Event						First Harmful Event Location						
	NON DOMESTICATED							ON ROADWAY					
	Manner of Collision						Light Condition						
	Road Surface Condition(s)						Roadway Factor(s)						
	Environment Factor(s)												
	(-)												
	Weather Condition(s)												
	Animal Type						Relation To Trafficway						
	DEER						TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction						
	Crash Classification - Location PUBLIC PROPERTY							NO SPECIAL JURISDICTION					
	Tribal Land		Acce			Access Control			Special Study				
i	Unit Summary												
	Unit Status Vehicle Operating As (						Classification Unit Type						
						D CLASS		AUTOMOE		BILE	BILE		
_	Vehicle Type								Operating /	As Endorse	ments		
0	PASSENGER CAR												
т	Total Occs	Т	rain/Bus # Recon		al # Citat	ions Issued		Total Trail	ers		Mat Types		
	1			0				0		0			
	Insurance? YES		Direction Of Trave			CrashTire Mark	1	Speed Lin	nit	Total Lan	es		
UNIT	Most Harmful Event: Collision With				ecial Fun				Emergency Motor Vehicle Use				
כ	NON DOMESTICATED ANIMAL (ALIVE)				NO SPECIAL FUNCTION					NOT APPLICABLE			
	Traffic Way				Traffic Control			Т		Traffic Control Inoperative/Missing			
	Surface Type				Road Curvature				Road Grade				

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	Truc	k Bus or HazMat										
		Vehicle										
		License Plate Number <b>AZY242</b>			Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance					
5	6	Vehicle Identification Number 3FAHP0HA6BR314868			Make FORD	Year <b>2011</b>	Model FUSION					
		Color			Body Style	2011		Bus Use				
		BLU - BLUE			4D - 4DR							
		Initial Contact Point			Vehicle Damage							
E	5	01 - RIGHT FRONT	CORNER	2	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE							
UNIT	VEHICLE	Extent Of Damage MINOR DAMAGE			FRONT, 12 - FRONT							
		Towed Due To Damage	9		Vehicle Removed By							
		NOT TOWED			OPERATOR							
		What Driver Was Doing	ļ		Vehicle Factors	Vehicle Factors						
		Driver Prior Action Othe	er		_							
		Driver Actions										
⊨	VEHICLE	NO CONTRIBUTING ACTION										
UNIT	E											
	N N											
		Owner Name	_		Owner Address							
-	-					Owner Address						
0	0											
⊢		Policy Holder	_									
UNIT		Insurance Company				-						
		GEICO-GENERAL-INS-CO KATRINA ERSKINE										
	NDIVIDUAL	Driver			Citations Issued	Citations Issued Sex						
		KATRINA ERSKINE			0	FEMALE	ALE					
		(651) 302-4136			Date of Birth	Race						
UNIT	Ę	Address			Driver License Number	Driver License Number						
	Ī	4465 ARDEN VIEW										
	2	ARDEN HILLS, MN 55112 1944, US			STATE: MINNESOT	STATE: MINNESOTA COUNTRY: UNITED STATES						
	•		On Duty Cr	ash	Safety Equipment	Safety Equipment						
	Sai	fety Equipment			SHOULDER & LAP BELT							
		Row		Seat Position	SHOULDER & LAP	DELI						
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance	Tint Compliance						
	~	[	njury Seve	rity	Airbag							
6	001	Injury NO APPARENT INJURY				Trapped/Extricated						
		Ejected Ejection Path										
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #					
		Hospital			Date of Death		Time of Death					

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			Distracted By Source	9							
		Distracted By	,								
		Distracted By Action									
			Striking Unit #	Location							
		Non Motorist	Culling Chief	Loodion							
		Prior Action									
		Action									
		Action									
	۹L										
ьI	INDIVIDUAL										
	VIC										
-	<b>D</b>										
	4										
		Action Other						To/From School			
			Suspected Alcohol U	lse	Suspected Drug Use						
	L	Drug & Alcohol	NO		NO						
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Res					
		TEST NOT GIVEN		Durin Talah Tima							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results					
5	001	Drug Type									
•	0										
		Individual Condition									
		APPEARED NORMAL									
		AFPEARED NORI									