

6TL0DQPGFV  
24-03958

# 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<br><b>24-03958</b>    |  | Investigating Officer/Deputy<br><b>DEPUTY B. SONN</b> |                           |
| Crash Date<br><b>04/21/2024</b>                |                                      | Crash Time<br><b>08:22 PM</b>                             |                                    | Date Arrived                              |  | Time Arrived  |                           |
| Date Notified<br><b>04/21/2024</b>             |                                      | Time Notified<br><b>08:22 PM</b>                          |                                    | Total Units<br><b>01</b>                  |  | Total Injured<br><b>00</b>                            | Total Killed<br><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"/> Trailer or Towed |  | <input type="checkbox"/> Reporting Threshold          |                           |
| <input type="checkbox"/> Government Property   |                                      | <input type="checkbox"/> Active School Zone               |                                    | School Bus Related<br><b>NO</b>           |  | Tags  |                           |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b> |                                    | <input type="checkbox"/> Amended          |  | <input type="checkbox"/> Secondary Crash              |                           |

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

### Location

|   |                                    |                                   |
|---|------------------------------------|-----------------------------------|
| ON CTHH EB<br>0.84 MI N<br>OF CTHP EB<br>IN THE TOWN OF DELLONA<br>IN SAUK COUNTY | Latitude<br><b>43.602915442</b>    | Longitude<br><b>-89.902649549</b> |
|   | X Coordinate<br><b>265731.1875</b> | Y Coordinate<br><b>4831865.5</b>  |
|   | Structure Type                     |                                   |

### Crash Scene

|  |   |               |
|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><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<br><b>DEER</b>   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land  | Access Control  | Special Study |

### Unit Summary

|             |  |   |   |  |                                |
|-------------|--|---|---|--|--------------------------------|
| <b>UNIT</b> | <b>01</b>  | Unit Status<br><b>IN TRANSIT</b>        | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                       |                                |
|             |  | Vehicle Type<br><b>PASSENGER VAN</b>    | Operating As Endorsements                             |  |                                |
|             | Total Occs<br><b>1</b>   | Train/Bus # Recorded                    | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|             | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>EASTBOUND</b> | <input type="checkbox"/> Pre Crash Tire Mark          | Speed Limit  | Total Lanes                    |
|             | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>        | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|             | Traffic Way  |   | Traffic Control                                       | Traffic Control Inoperative/Missing                  |                                |
|             | Surface Type   |   | Road Curvature  | Road Grade   |                                |

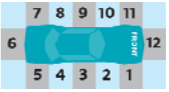
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Form containing vehicle details (License Plate Number: APV3487, Make: TOYOTA, Model: SIENNA), driver information (Name: HARESH PATEL), policy holder (AMERICAN-FAMILY-MUTUAL-INS-CO), and injury status (NO APPARENT INJURY).



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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> |                                    |                                 |                      |