

**6TL0F51TL9**

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override		Primary Crash Document #		Agency Crash Number <b>25-09649</b>		Investigating Officer/Deputy <b>SERGEANT E. KNULL</b>	
Crash Date <b>06/07/2025</b>		Crash Time <b>05:44 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/07/2025</b>		Time Notified <b>05:44 AM</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"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>			<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							

## Location

<b>ON CTHH NB</b> <b>0.88 MI N</b> <b>OF CTHP NB</b> <b>IN THE TOWN OF DELLONA</b> <b>IN SAUK COUNTY</b>	Latitude	Longitude
	<b>43.603387179</b>	<b>-89.902232902</b>
	X Coordinate	Y Coordinate
	<b>265766.625</b>	<b>4831916.5</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</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire 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			
UNIT 01	VEHICLE 01	<b>Vehicle</b>			
		License Plate Number <b>ANIZ43</b>	Plate Type <b>AUT</b>	St <b>CO</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>4T4BF3EK2AR024332</b>	Make <b>TOYT</b>	Year <b>2010</b>	Model <b>CAMRY</b>
		Color <b>GRY - GRAY</b>	Body Style <b>4D - 4DR</b>	Bus Use	
		Initial Contact Point <b>11 - LEFT FRONT CORNER</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			
UNIT 01	VEHICLE 01	<b>Policy Holder</b>			
		Insurance Company <b>ALLSTATE-INS-CO</b>	INDIVIDUAL <b>NATALIE CARPENTER</b>		
		<b>Individual</b>			
		DRIVER <b>NATALIE CARPENTER</b> <b>(262) 569-7373</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>204 E MAIN ST #302</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number		
		<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				
UNIT 01	INDIVIDUAL 001	<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	

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UNIT

01

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