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26-03851

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>26-03851</b>		Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>04/18/2026</b>		Crash Time <b>02:49 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>04/18/2026</b>		Time Notified <b>02:49 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"/> 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

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

**Location**

<b>ON STH33 WB 0.73 MI E OF JOHNSON RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY</b>			Latitude <b>43.474505774</b>		Longitude <b>-89.656011623</b>	
			X Coordinate <b>285182</b>		Y Coordinate <b>4816937</b>	
			Structure Type			

**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 <b>1</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>WESTBOUND</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	VEHICLE	<b>Vehicle</b>			
			License Plate Number <b>AHR4567</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>3VWJP7AT7CM645888</b>	Make <b>VOLK</b>	Year <b>2012</b>	Model <b>BEETLE</b>
			Color <b>WHI - WHITE</b>	Body Style <b>HB - HATCHBACK</b>	Bus Use	
			Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 12 - FRONT</b>		
			Extent Of Damage <b>DISABLING DAMAGE</b>			
			Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>		
			What Driver Was Doing	Vehicle Factors		
			Driver Prior Action Other			
			01	UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>
Owner Name	Owner Address					
<b>Policy Holder</b>						
01	UNIT	Insurance Company <b>FARMERS-&amp;MERCHANTS-INS-CO</b>		INDIVIDUAL <b>MELISSA GERBER</b>		
		<b>Individual</b>				
		DRIVER <b>MELISSA GERBER (920) 290-5037</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
01	UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>		
			Address <b>141 W HURON ST # B BERLIN, WI 54923 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
			<b>Safety Equipment</b>			
01	UNIT	001	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				

# WISCONSIN MOTOR VEHICLE 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 <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				
<b>01</b>	<b>001</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			