

6TL097RB3T

19-13930

# 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>19-13930</b>	Investigating Officer/Deputy <b>DEPUTY L. GJORGJIEV</b>	
Crash Date <b>11/08/2019</b>		Crash Time <b>05:30 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>11/08/2019</b>		Time Notified <b>05:31 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 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 CTHP WB 713 FT W OF LYNDON RD IN THE TOWN OF DELLONA IN SAUK COUNTY</b>	Latitude <b>43.590616348</b>	Longitude <b>-89.850166035</b>
	X Coordinate <b>269920.3125</b>	Y Coordinate <b>4830352.5</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>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>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements				
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued	Total Trailers <b>0</b>	Total HazMat Types	
	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		
	Truck Bus or HazMat <b>NO</b>					

### Vehicle

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UNIT VEHICLE 01	License Plate Number <b>ABP9815</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2C4RDGBG1JR134232</b>	Make <b>DODGE</b>	Year <b>2018</b>	Model <b>GRAND CARA</b>
	Color <b>BLK - BLACK</b>	Body Style <b>VN - VAN</b>	Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
	Extent Of Damage <b>MINOR DAMAGE</b>	<b>12--FRONT</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
Driver Prior Action Other	<b>NOT APPLICABLE</b>			
UNIT VEHICLE 01	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name	Owner Address		
UNIT POLICY HOLDER 01	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>LUCYNA LEWANDOWSKI</b>		
	<b>Individual</b>			
UNIT INDIVIDUAL 01	Driver <b>LUCYNA LEWANDOWSKI (608) 844-7244</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>8612 COUNTY ROAD H WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
	Seat Position	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
UNIT INJURY 01	<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	
	<b>Distracted By</b>	Distracted By Source		
	Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location		

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<b>UNIT</b>	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		
	Individual Condition <b>APPEARED NORMAL</b>		
	<b>01</b>	<b>001</b>	