

6TL0FKD6NJ
25-02913

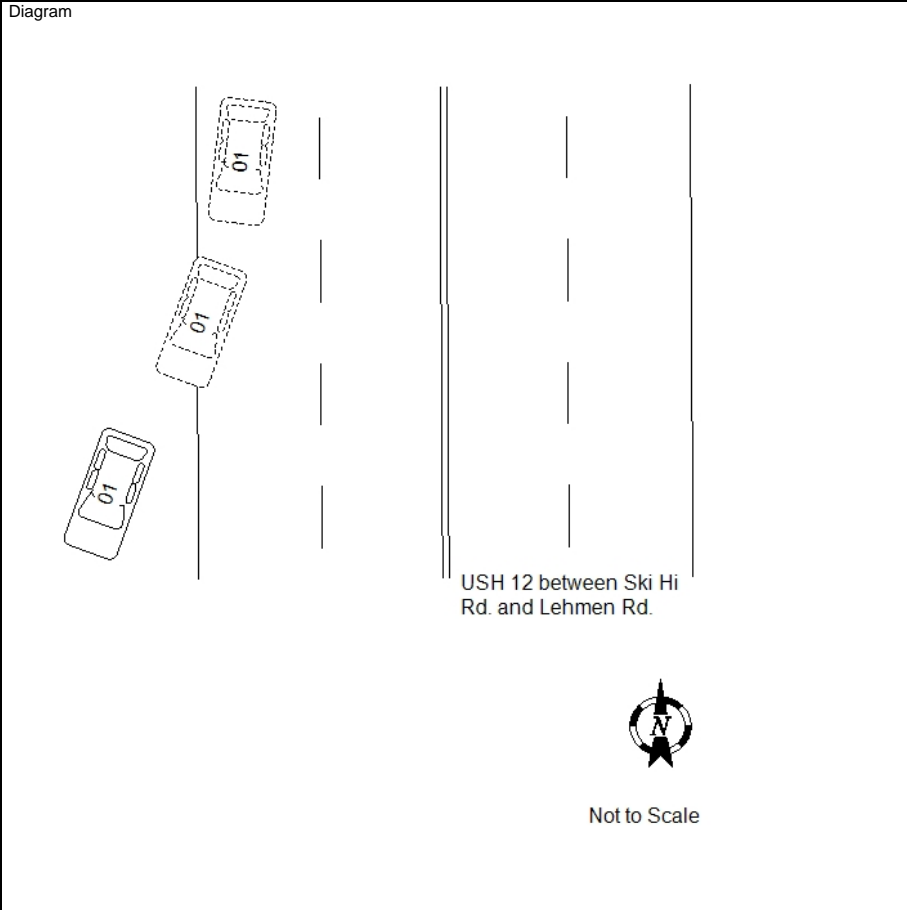
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0FKD6NJ

| | | | | | | | |
|--|---|--|------------------------------------|---|--|---|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 25-02913 | | Investigating Officer/Deputy DEPUTY B. TRAGER | |
| Crash Date 03/28/2025 | | Crash Time 02:52 PM | | Date Arrived 03/28/2025 | | Time Arrived 03:00 PM | |
| Date Notified 03/28/2025 | | Time Notified 02:53 PM | | Total Units 01 | | Total Injured 00 | Total Killed 00 |
| <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 NO | | Tags | | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|--|---------------------------------------|
| <p>Diagram</p>  | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

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

ON MARCH 28, 2025 AT APPROXIMATELY 1442 UNIT 1 WAS TRAVELING SOUTH ON USH 12 WHEN THE OPERATOR WENT INTO THE DITCH. OPERATOR HAS KNOWN MEDICAL ISSUES WHICH ARE SUSPECTED TO BE A FACTOR. NO INJURIES REPORTED AND VEHICLE WAS REMOVED BY CRAIGS.

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Location

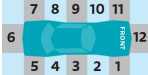
| | | |
|---|-------------------------------------|----------------------------------|
| ON USH12 SB 574 FT S OF LEHMAN RD IN THE TOWN OF SUMPTER IN SAUK COUNTY | Latitude 43.422210851 | Longitude -89.77355527 |
| | X Coordinate 275481.15625 | Y Coordinate 4811439 |
| | Structure Type | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event DITCH | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - NOT ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | | |
|---|---|---|--|--|--------------------------------|---|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | |
| | Vehicle Type PASSENGER CAR | | | Operating As Endorsements | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 4 | |
| | Most Harmful Event: Collision With DITCH | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER | | Traffic Control NO CONTROL | Traffic Control Inoperative/Missing NO | | |
| | Surface Type CONCRETE | | Road Curvature STRAIGHT | Road Grade DOWNHILL | | |
| | Truck Bus or HazMat NO | | | | | |
| | UNIT 01 VEHICLE 01 | Vehicle | | | | |
| | | License Plate Number AYU9426 | | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| Vehicle Identification Number 19UDE4H29RA026959 | | Make ACUR | Year 2024 | Model INTEGRA | | |
| Color BLK - BLACK | | Body Style HB - HATCHBACK | | Bus Use | | |
| Initial Contact Point 00 - NON-COLLISION | | Vehicle Damage | | | | |
| Extent Of Damage MINOR DAMAGE | | 14 - UNDERCARRIAGE | | | | |



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|--|---------|--|-----------------------------------|--|-------------------------------|
| UNIT | VEHICLE | Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG | | Vehicle Removed By CRAIGS TOWING | |
| | | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | | Driver Prior Action Other | | NOT APPLICABLE | |
| | | Driver Actions OTHER CONTRIBUTING ACTION | | | |
| 01 | 01 | Owner Name MICHAEL BUAN (608) 438-5176 | | Owner Address 3001 PARMENTER ST # 322 MIDDLETON, WI 53562 , US | |
| | | Sequence Of Events | | | |
| UNIT | 01 | Event DITCH | | | |
| | | Event | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | 01 | Policy Holder | | | |
| | | Insurance Company AMERICAN-AUTOMOBILE-INS-CO | | INDIVIDUAL MICHAEL BUAN | |
| | | Individual | | | |
| | | DRIVER MICHAEL BUAN (608) 438-5176 | | Citations Issued 1 | Sex MALE |
| UNIT | 01 | Date of Birth | | Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA | |
| | | Address 3001 PARMENTER ST # 322 MIDDLETON, WI 53562 , US | | Driver License Number | |
| | | On Duty Crash | | Safety Equipment | |
| | | Safety Equipment | | SHOULDER & LAP BELT | |
| 01 | 001 | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Helmet Compliance | |
| | | Helmet Use | | Tint Compliance | |
| | | Eye Protection | | Airbag NON DEPLOYED | |
| | | Injury | | Injury Severity NO APPARENT INJURY | Ejected NOT EJECTED |
| Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED | | | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | |
| Hospital | | Date of Death | | Time of Death | |
| Distracted By | | Distracted By Source UNKNOWN | | | |
| Distracted By Action UNKNOWN | | | | | |

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
3 of 4

Crash Date **03/28/2025**
Crash Time **02:52 PM**

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| | | | | | |
|------|------------|---|-------------------------|---------------------------------------|---|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location |
| | | Prior Action | | | |
| | | Action | | | |
| | | Action Other | | | To/From School |
| 01 | 001 | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | Alcohol Test Results |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results |
| | | Drug Type | | | |
| | | Individual Condition OTHER | | | |
| 01 | 001 | Violations | | | |
| | | UTC Number BL507623 | Issue To? 001 | Statute Number 343.05(3)(a) | Description OPERATE W/O VALID LICENSE |