

**25-04548**

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

# 6TL0FGX4FC

Document Number Override		Primary Crash Document #		Agency Crash Number <b>25-04548</b>		Investigating Officer/Deputy <b>DEPUTY B. FISH</b>	
Crash Date <b>05/12/2025</b>		Crash Time <b>08:25 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>05/12/2025</b>		Time Notified <b>08:25 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.

<b>ON CTHV EB 517 FT W OF FARBER RD IN THE TOWN OF WINFIELD IN SAUK COUNTY</b>	Latitude	Longitude
	<b>43.583651795</b>	<b>-90.050910276</b>
	X Coordinate	Y Coordinate
	<b>253686.078125</b>	<b>4830155</b>
	Structure Type	
	<b>NO STRUCTURE</b>	

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 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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	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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# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
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		Truck Bus or HazMat							
01	UNIT	01	VEHICLE	<b>Vehicle</b>					
				License Plate Number <b>AZS5254</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
				Vehicle Identification Number <b>4T1KZ1AK8MU049588</b>	Make <b>TOYT</b>	Year <b>2021</b>	Model <b>CAMRY</b>		
				Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>	Bus Use			
				Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>				
				Extent Of Damage <b>MINOR DAMAGE</b>					
				Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>				
				What Driver Was Doing	Vehicle Factors				
				Driver Prior Action Other					
				01	UNIT	01	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name	Owner Address								
<b>Policy Holder</b>									
Insurance Company <b>GEICO-GENERAL-INS-CO</b>	INDIVIDUAL <b>YONATHAN GARCIA DORANTE</b>								
<b>Individual</b>									
DRIVER <b>YONATHAN GARCIA DORANTE</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>							
	Date of Birth	Race							
Address <b>920 RACE ST # 208 WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>								
01	UNIT	001	INJURY					<b>Safety Equipment</b>	
								On Duty Crash	Safety Equipment
				Row	Seat Position	<b>RESTRAINT USE UNKNOWN</b>			
				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			

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