

**25-04811**

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

**6TL0CTJN04**

|  |                                      |   |  |                                    |  |   |  |
|--|--------------------------------------|---|--|------------------------------------|--|---|--|
| Document Number Override                       |                                      | Primary Crash Document #                                  |  | Agency Crash Number                |  | Investigating Officer/Deputy<br><b>DEPUTY T. MOSLEY</b> |  |
| Crash Date<br><b>05/18/2025</b>                |                                      | Crash Time<br><b>10:24 PM</b>                             |  | Date Arrived                       |  | Time Arrived  |  |
| Date Notified<br><b>05/18/2025</b>             |                                      | Time Notified<br><b>10:26 PM</b>                          |  | Total Units<br><b>01</b>           |  | Total Injured<br><b>00</b>                              | Total Killed<br><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<br><b>NO</b>    |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><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 CTHDL WB</b><br><b>0.46 MI E</b><br><b>OF BLUFF RD</b><br><b>IN THE TOWN OF MERRIMAC</b><br><b>IN SAUK COUNTY</b> | Latitude            | Longitude            |
|   | <b>43.409516056</b> | <b>-89.621469379</b> |
|   | X Coordinate        | Y Coordinate         |
|   | <b>287748.625</b>   | <b>4809630.5</b>     |
|   | Structure Type      |                      |
|   | <b>NO STRUCTURE</b> |                      |

|  |   |               |
|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><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<br><b>DEER</b>   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land  | Access Control  | Special Study |

|  |   |   |                            |  |  |
|--|---|---|----------------------------|--|--|
| Unit Status<br><b>IN TRANSIT</b>   |   | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>TRUCK</b>                            |  |
| Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b>                            |   |   |                            | Operating As Endorsements                            |  |
| Total Occs<br><b>2</b>   | Train/Bus # Recorded                    | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
| Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>WESTBOUND</b> | <input type="checkbox"/> <b>Pre CrashTire Mark</b>    | Speed Limit                | Total Lanes  |  |
| Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
| Traffic Way  |   | Traffic Control                                       |                            | Traffic Control Inoperative/Missing                  |  |
| Surface Type   |   | Road Curvature  |                            | Road Grade   |  |

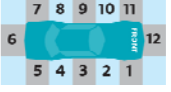
**NO**

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|    |      |   |  |  |  |   |
|----|------|---|--|--|--|---|
|    |      | Truck Bus or HazMat                                   |  |  |  |   |
| 01 | UNIT | VEHICLE   | <b>Vehicle</b>   |  |  |   |
|    |      |   | License Plate Number<br><b>DYL18CC</b>                                     | Plate Type<br><b>LTK</b>   | St<br><b>IL</b>                              | Country of Issuance<br><b>UNITED STATES</b>   |
|    |      |   | Vehicle Identification Number<br><b>3TMCZ5AN2PM599145</b>                  | Make<br><b>TOYT</b>  | Year<br><b>2023</b>                          | Model<br><b>TOYOTA</b>  |
|    |      |   | Color<br><b>GRN - GREEN</b>  | Body Style<br><b>TK - TRUCK</b>  | Bus Use                                      |   |
|    |      |   | Initial Contact Point<br><b>12 - FRONT</b>                                 | Vehicle Damage   |  |  |
|    |      |   | Extent Of Damage<br><b>DISABLING DAMAGE</b>                                | <b>12 - FRONT</b>  |  |   |
|    |      |   | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>                | Vehicle Removed By<br><b>CRAIGS TOWING</b>                             |  |   |
|    |      |   | What Driver Was Doing  | Vehicle Factors  |  |   |
|    |      |   | Driver Prior Action Other  |  |  |   |
|    |      |   | 01   | UNIT   | VEHICLE                                      | Driver Actions<br><b>OTHER CONTRIBUTING ACTION</b>                                  |
|    |      |   |  |  |  |   |
|    |      |   |  |  |  |   |
| 01 | UNIT | VEHICLE   | Owner Name   | Owner Address  |  |   |
|    |      |   |  |  |  |   |
| 01 | UNIT | <b>Policy Holder</b>                                  |  |  |  |   |
|    |      | Insurance Company<br><b>STATE-FARM-CLASSIC-INS-CO</b> | INDIVIDUAL<br><b>KIRK PALMATIER</b>  |  |  |   |
|    |      | <b>Individual</b>                                     |  |  |  |   |
| 01 | UNIT | INDIVIDUAL  | DRIVER<br><b>KIRK PALMATIER</b><br><b>(847) 312-2115</b>                   | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>                           |   |
|    |      |   |  | Date of Birth  | Race   |   |
|    |      |   | Address<br><b>1300 YELLOWSTONE PKWY</b><br><b>ALGONQUIN, IL 60102 , US</b> | Driver License Number<br><b>STATE: ILLINOIS COUNTRY: UNITED STATES</b> |  |   |
|    |      |   |  |  |  |   |
| 01 | UNIT | 001   | <b>Safety Equipment</b>  |  | On Duty Crash                                | Safety Equipment  |
|    |      |   | Row  | Seat Position  | <b>SHOULDER &amp; LAP BELT</b>               |   |
|    |      |   | Helmet Use   |  | Helmet Compliance                            |   |
|    |      |   | Eye Protection   |  | Tint Compliance                              |   |
|    |      |   | <b>Injury</b>  |  | Injury Severity<br><b>NO APPARENT INJURY</b> | Airbag  |
|    |      |   | Ejected  | Ejection Path  | Trapped/Extricated                           |   |
|    |      |   | Medical Transport<br><b>NOT TRANSPORTED</b>                                |  | EMS Agency Identifier                        | EMS Run #   |
|    |      |   | Hospital   |  | Date of Death                                | Time of Death   |
|    |      |   |  |  |  |   |
|    |      |   |  |  |  |   |

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CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT  
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|  |   |  |                                    |                                 |
|--|---|--|------------------------------------|---------------------------------|
| UNIT<br>INDIVIDUAL<br>01<br>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<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |  | Alcohol Test Type                  | Alcohol Test Results            |
|  | Drug Test Given<br><b>TEST NOT GIVEN</b>    |  | Drug Test Type                     | Drug Test Results               |
|  | Drug Type                                   |  |                                    |                                 |
| Individual Condition<br><b>APPEARED NORMAL</b> |   |  |                                    |                                 |