

6TL0FV1GFW  
25-05522

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>25-05522</b>		Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>06/04/2025</b>		Crash Time <b>02:35 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/04/2025</b>		Time Notified <b>02:38 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
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							

Location

<b>ON CTHH EB 352 FT E OF TESSERS RD IN THE TOWN OF DELTON IN SAUK COUNTY</b>	Latitude <b>43.620161101</b>	Longitude <b>-89.81586711</b>
	X Coordinate <b>272800.53125</b>	Y Coordinate <b>4833539.5</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>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

01 UNIT	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 <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"/> Pre CrashTire 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				
UNIT 01	VEHICLE	<b>Vehicle</b>				
		License Plate Number <b>887TRZ</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>5FNRL6H75LB040650</b>		Make <b>HOND</b>	Year <b>2020</b>	Model <b>ODYSSEY</b>
		Color <b>BLU - BLUE</b>		Body Style <b>VN - VAN</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing		Vehicle Factors		
		Driver Prior Action Other				
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
UNIT 01	VEHICLE	Owner Name		Owner Address		
UNIT 01	INDIVIDUAL	<b>Policy Holder</b>				
		Insurance Company <b>ARTISAN-AND-TRUCKERS-CASUALTY-CO</b>		INDIVIDUAL <b>SHARON FRANZ</b>		
UNIT 01	INDIVIDUAL	DRIVER <b>SHARON FRANZ</b> <b>(414) 791-0408</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>S1116 HOPI CT</b> <b>LA VALLE, WI 53941 , US</b>		Date of Birth	Race <b>WHITE</b>	
UNIT 01	INDIVIDUAL	Safety Equipment		On Duty Crash		Safety Equipment
		Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury <b>NO APPARENT 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	<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		
01  001	Drug Type			
	Individual Condition  <b>APPEARED NORMAL</b>			