6TL0F51TLB 25-05652

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		Agency Crash Number 25-05652			Investigating Officer/Deputy SERGEANT E. KNULL					
В	Crash Date 06/07/2025	Crash Time 08:09 AM		Date Arrived		Time	Time Arrived					
51 T.L	Date Notified 06/07/2025	Time Notified 08:09 AM			Total Units 01		Tota 00			Total Killed 00		
6TL0F51	On Emergency	lit and Run	t and Run Lane Clos		ıre Work Zone			Trailer or Towed			Reporting Threshold	
6TI	Government Property Active School Zone			School Bus Related NO			Tags	Tags				
	Reportable Crash Type NON-DOMESTICATED			ANIMAL W/ NO INJURY				Amended			Secondary Crash	
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location											
	ON CLARA AVE					Latitude Longitude						
	478 FT S					43.61245	43.612451344 X Coordinate		-89.798	-89.798743012 Y Coordinate		
	OF TROUT RD					X Coordin			Y Coord			
	IN THE TOWN OF DELTON					274153.375			4832636.5			
	IN SAUK COUNTY											
						Structure Type NO STRUCTURE						
(Crash Scene											
1	First Harmful Event						nful Event Lo	ocation				
	NON DOMESTICATED ANI	MAL (ALIVE)				ON ROADWAY Light Condition						
	Manner of Collision											
	00 - NO COLLISION W/VEH	ICLE IN TRANS	PORT									
٠	Road Surface Condition(s)					Roadway Factor(s)						
	Environment Factor(s)					-						
·	Weather Condition(s)											
	Animal Type						Relation To Trafficway					
	DEER							AY - ON ROAD				
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION						
	Tribal Land			Access Contr						al Study		
	Unit Summanı					<u> </u>				<u> </u>		
- '	Unit Summary Unit Status Vehicle Operating As C						Classification Unit Type					
					ehicle Operating As Classification			AUTOMOBILE				
	IN TRANSIT D CLASS								ting As Endorsements			
01	Vehicle Type PASSENGER CAR							Operating i	45 Elluulsei	Henris		
-	Total Occs Train/Bus # Recorded			Total # Citations Issued		Total Trai		ore	Total HazMat Types		20	
	2	Train/bus # Recorded Total # Cital		ai # Cilalic			0			0		
	Insurance?	Direction Of Trave		D 0	-		- ·			Total Lanes		
ᆫ	YES	NORTHBOUND		Pre CrashTire Mark								
LIND	Most Harmful Event: Collision With			ecial Funct		<u> </u>		Emergency Motor Vehicle Use				
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE			
	Traffic Way			Traffic Control			Traffic Control Inoperative/N			tive/Miss	sing	
,	Confere Torre											
	Surface Type			Road Curvature				Road Grade				

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 06/07/2025
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	Truc	ck Bus or HazMat					, ,			
Vehicle										
UNIT 01		License Plate Number SHELA5		Plate Type AUT	St IL	Country of Issuance UNITED STATES				
	VEHICLE 01	Vehicle Identification Number 1VWBS7A38FC047155 Color		Make VOLK Body Style	Year 2015	PASSAT Bus Use				
		BGE - BEIGE Initial Contact Point		4D - 4DR Vehicle Damage 7 8 9 10 11						
		08 - LEFT SIDE REAR Extent Of Damage FUNCTIONAL DAMAGE		US - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT						
		Towed Due To Damage NOT TOWED What Driver Was Doing	Vehicle Removed By OPERATOR Vehicle Factors							
		Driver Prior Action Other		-						
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
5	5	Owner Name	Owner Address							
Policy Holder Insurance Company INDIVIDUAL STATE-FARM-CLASSIC-INS-CO GORDON MYERS										
-		STATE-FARM-CLASSIC-INS	-co	GORDON MYERS						
LIND	INDIVIDUAL	DRIVER GORDON MYERS (815) 988-2255	Citations Issued 0 Date of Birth	0 MALE						
		Address 509 GARDEN DR BELVIDERE, IL 61008 , US	Driver License Number							
	On Duty Crash Safety Equipment			Safety Equipment						
	Sai	Row	Seat Position	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection Injury Sever	ity	Tint Compliance Airbag						
5	9	Injury Severity NO APPARENT INJURY Ejected Ejection Path		Trapped/Extricated						
		Medical Transport	EMS Agency Identifier							
		NOT TRANSPORTED Hospital		Date of Death		EMS Run #				
		Ποριται	Date of Death		Time of Deaut					

Wisconsin Motor Vehicle Crash Form DT4000

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Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LIND	INDIVIDUAL							
		Action Other						To/From School
	Suspected Alcohol Use NO			se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u> </u>		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
10	00	Drug Type						
		Individual Condition						
		individual Condition						
		APPEARED NORI	MAL					