6TL0FXHJN8

25-05672

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overrid	Primary Crash Document # Agency Crash N 25-05672					stigating Officer/Deputy PUTY J. DAVIS						
8 8	Crash Date 06/07/2025		Crash Time 09:15 PM		Date Arrived		Tim	Time Arrived					
0FXHJN8	Date Notified 06/07/2025		Time Notified 09:21 PM		Total Units 01			Tot 00	al Injured	Total Killed 00			
<u>О</u> –	On Emergency		t and Run		osure Wo		rk Zone	k Zone		Towed	Reporting Threshold		
6TL	Government Property			hool Zone	School Bus Related NO			Ταξ	js				
	✓ Reportable		ICATED 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.												
Ī	Location												
[ON USH12 WB 484 FT N						Latitude 43.548328422			Longitude -89.787009727			
	OF SHADY LANE RD IN THE TOWN OF DEL	TON					X Coordinate 274861.25			Y Coordinate 4825482.5			
	IN SAUK COUNTY						Structure Type NO STRUCTURE						
L	0												
(Crash Scene						-						
	First Harmful Event						First Harmful Event Location						
	NON DOMESTICATED Manner of Collision	ANIMA	L (ALIVE)				ON ROA						
	Manner of Collision 00 - NO COLLISION W			OPT			Light Condition						
	Road Surface Condition(s)	VENIC	LE IN TRANSI				Poodwov	Factor(s)					
	Road Surface Condition(S)						Roadway Factor(s)						
	Environment Factor(s)												
	Masther Condition(a)						-						
	Weather Condition(s)												
	Animal Type						Relation To Trafficway						
	DEER						TRAFFICWAY - ON ROAD						
Ī	Crash Classification - Location						Crash Classification - Jurisdiction						
	PUBLIC PROPERTY						NO SPECIAL JURISDICTION						
	Tribal Land						Access Control Special Study						
l													
	Jnit Summary												
						cle Operating As Classification		I	Unit Type				
	IN TRANSIT D CLASS								AUTOMOBILE Operating As Endorsements				
2									Operating	As Endorse	ments		
Ŭ	(SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded Total # Citations Issue							Total Tra	iloro	Total Har	Mat Types		
	Total Occs Train/Bus # Recorded 3						Total Trail 0		lileis	0 0	iviat Types		
	J Insurance?		irection Of Trave	-	0					Total Lan	25		
_	YES				Pre CrashTire Mark			3 Opeed Lill		Total Earl			
	Most Harmful Event: Collision With				Special Function			Emeraen		ncy Motor Vehicle Use			
⊃	NON DOMESTICATED ANIMAL (ALIVE)				NO SPECIAL FUNCTION				NOT APPLICABLE				
	Traffic Way				Traffic Control					Traffic Control Inoperative/Missing			
ŀ	Surface Type			Ro	Road Curvature				Road Grade				

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	Truck Bus or HazMat											
01		License Plate Number GXF801		Plate Type	St MN	Country of Issuance						
	01	Vehicle Identification Number 5FNYF6H1XKB088173		Make HOND	Year 2019	Model PILOT						
		Color GRY - GRAY		4H - HATCHBACK	Body Style Bus Use 4H - HATCHBACK 4 DOOR							
UNIT	VEHICLE	Initial Contact Point 01 - RIGHT FRONT CORNE Extent Of Damage DISABLING DAMAGE	R	Vehicle Damage 7 8 9 10 11 01 - RIGHT FRONT CORNER, 12 - FRONT 6 12 12 5 4 3 2 1								
	-	Towed Due To Damage TOWED DUE TO DISABLIN	G DAMAGE	Vehicle Removed By CRAIGS TOWING			•					
		What Driver Was Doing		Vehicle Factors								
		Driver Prior Action Other										
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION										
	-	Owner Name		Owner Address								
9	01											
UNIT		Policy Holder		INDIVIDUAL								
5		PROGRESSIVE-ADVANCED-INSURANCE-CO AREYA SIN										
		Individual										
		DRIVER AREYA SIN		Citations Issued 0	Sex FEMALE							
⊨	INDIVIDUAL	(209) 896-5031		Date of Birth	Race ASIAN OR N	NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN						
UNIT		Address 14975 PINTO LN SAVAGE, MN 55378 2882, U	JS	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES								
	Sat	On Duty C fety Equipment	rash	Safety Equipment								
		Row	Seat Position	SHOULDER & LA	SHOULDER & LAP BELT							
		Helmet Use		Helmet Compliance								
		Eye Protection		Tint Compliance								
2	001		ARENT INJURY	Airbag								
		Ejected	jection Path			Trapped/Extricated						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifie	EMS Agency Identifier EMS Run #							
		Hospital										

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		Distracted By	Distracted By Source	9						
		Distracted By Action								
	1	Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	AL									
LINU	INDIVIDUAL									
5	DIV									
	R									
		Action Other						To/From School		
		Action Other						TO/From School		
	L	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use			1		
		Alcohol Test Given Alcohol Test T TEST NOT GIVEN			I		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
6	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								