

6TL0DRXHLD  
25-06723

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>25-06723</b>		Investigating Officer/Deputy <b>DEPUTY S. ELLICKSON</b>	
Crash Date <b>07/01/2025</b>		Crash Time <b>12:46 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>07/01/2025</b>		Time Notified <b>12:46 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 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 MAN MOUND RD 45 FT W OF CEDARBERRY LN IN THE TOWN OF GREENFIELD IN SAUK COUNTY</b>	Latitude <b>43.488933972</b>	Longitude <b>-89.702943418</b>
	X Coordinate <b>281438.0625</b>	Y Coordinate <b>4818662</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>WESTBOUND</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>C23175</b>	Plate Type <b>MUN</b>	St	Country of Issuance		
		Vehicle Identification Number <b>2C4RC1CG4NR224463</b>	Make <b>CHRY</b>	Year <b>2022</b>	Model <b>VOYAGER</b>		
		Color <b>WHI - WHITE</b>	Body Style <b>VN - VAN</b>	Bus Use			
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage				
		Extent Of Damage <b>NO DAMAGE</b>	<b>00 - NO 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				
		<b>Policy Holder</b>					
		Insurance Company <b>GRINNELL-MUTUAL-REINSURANCE-CO</b>	ORGANIZATION/COMPANY <b>ABBYS VAN INC</b>				
		<b>Individual</b>					
		DRIVER <b>JOHN - PAULY</b> <b>(608) 566-3363</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>			
			Date of Birth	Race <b>WHITE</b>			
		Address <b>1440 WALNUT ST # 2</b> <b>BARABOO, WI 53913 , US</b>	Driver License Number				
		UNIT 01	INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	
Row	Seat Position			<b>SHOULDER &amp; LAP BELT</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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## CRASH REPORT

**(608) 356-4895**

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