## 6TL0DRXHLD 25-06723

## 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 25-06723			Investigating Officer/Deputy DEPUTY S. ELLICKSON						
ΓD	Crash Date 07/01/2025		Crash Time 12:46 PM	Date Arrived			Time Arrived						
<b>6TL0DRXHL</b>	Date Notified 07/01/2025	Time Notified 12:46 PM	Total Units 01			Total <b>00</b>		al Injured Total Killed 00					
ODF	On Emergency	Hit	and Run	Lane Closu			ork Zone		Trailer or To	owed	Reporting Threshold		
6TL	Government Property Active School Zo			hool Zone	School Bus Related			Та	Tags				
-	Crash Type NON-DOMESTICATE				ED ANIMAL W/ NO INJUR			Amende		ed Secondar Crash			
	✓ I, a sworn law enfor	nt officer, agre	JIS data in	S data in this report.									
ļ	Location												
•	ON MAN MOUND RD						Latitude				Longitude		
	45 FT W OF CEDARBERRY LN				L			43.488933972			9.702943418		
	IN THE TOWN OF GREENFIELD						281438.0	X Coordinate 281438.0625			Y Coordinate 4818662		
								Structure Type NO STRUCTURE					
(	Crash Scene 🗖												
1	First Harmful Event						First Harm	nful Event	Location				
	NON DOMESTICATED	ANIMA	AL (ALIVE)					ON ROADWAY					
	Manner of Collision						Light Con	Light Condition					
	00 - NO COLLISION W/	VEHIC	LE IN TRANS	PORT									
	Road Surface Condition(s)						Roadway	Roadway Factor(s)					
	Environment Factor(s)						_						
	Weather Condition(s)						-						
	Animal Type						Relation To Trafficway						
	DEER						TRAFFICWAY - ON ROAD						
•	Crash Classification - Location							Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPE	NO SPECIAL JURISDICTION							
	Tribal Land						Access Co	Access Control			Special Study		
l I	Unit Summary										I		
	Unit Status Vehicle Operating As C						Classification	Classification Unit Type					
	IN TRANSIT D CLASS							AUTOMOBILE					
-	Vehicle Type							Operating As Endorsements			nents		
0	PASSENGER VAN												
	Total Occs 1	T	rain/Bus # Record	ded Tota 0	Total # Citations Issue 0			d Total Tra 0		Total Haz 0	Mat Types		
⊢	Insurance? YES		irection Of Travel				re	e Speed Limit		nit Total Lanes			
UNIT	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)				Special Function NO SPECIAL FUNCTION					ergency Motor Vehicle Use			
	Traffic Way				Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type				Road Curvature				Road Grade				
]													

Wisconsin Motor Vehicle Crash Form DT4000 
 Crash Date
 07/01/2025

 Crash Time
 12:46 PM

## 6TL0DRXHLD 25-06723

L

## WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

ruck	k Bus or HazMat										
Vehicle											
	License Plate Number C23175	Plate Type MUN	St	Country of Issuance							
10	Vehicle Identification Number 2C4RC1CG4NR224463	Make CHRY	Year 2022	Model VOYAGER							
	Color WHI - WHITE		Body Style VN - VAN								
EHICLE	01 - RIGHT FRONT CORNER Extent Of Damage	t	Vehicle Damage 00 - NO DAMAGE			7     8     9     10     11       6     1     1     12       5     4     3     2     1					
>	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR									
	What Driver Was Doing	Vehicle Factors									
Driver Prior Action Other											
VEHICLE	Driver Actions NO CONTRIBUTING ACTION										
1	Owner Name		Owner Address								
ο											
I	Policy Holder										
		URANCE-CO	ORGANIZATION/COMPANY ABBYS VAN INC								
		Citations Issued	Sex								
NAL	(608) 566-3363	Date of Birth	Race								
	Address										
INDI	1440 WALNUT ST # 2 BARABOO, WI 53913, US										
On Duty Crash Safety Equipment			Safety Equipment								
	Row	Seat Position	SHOULDER & LAP	BELT							
	Helmet Use		Helmet Compliance								
	Eye Protection		Tint Compliance								
5	Injury NO APPA	RENT INJURY									
	,	ection Path									
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #							
	Hospital		Date of Death Time of Death								
		License Plate Number C23175 Vehicle Identification Number 2C4RC1CG4NR224463 Color WHI - WHITE Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage NO DAMAGE Towed Due To Damage NO TOWED What Driver Was Doing Driver Prior Action Other Driver Actions NO CONTRIBUTING ACTION Owner Name Policy Holder Insurance Company GRINNELL-MUTUAL-REINSI Individual DRIVER JOHN PAULY (608) 566-3363 Address 1440 WALNUT ST # 2 BARABOO, WI 53913 , US Safety Equipment Row Helmet Use Eye Protection Injury Sever NO APPA Ejected Injury Injury Sever NO APPA	Vehicle         License Plate Number         C23175         Vehicle Identification Number         2CARC1CG4NR224463         Color         WHI - WHITE         Initial Contact Point         01 - RIGHT FRONT CORNER         Extent Of Damage         NO DAMAGE         Towed Due To Damage         NO TOWED         What Driver Was Doing         Driver Prior Action Other         Driver Actions         NO CONTRIBUTING ACTION         Owmer Name         Owmer Name         DRIVER         DRIVER         JOHN PAULY         (608) 566-3363         Address         1440 WALNUT ST # 2 BARABOO, WI 53913 , US         Cate Position         Medical Transport	Vehicle       Plate Type         Calorse Plate Number       MuN         Vehicle Identification Number       Make         Calor       Body Style         VHI - WHTE       VN - VAN         Initial Contact Point       Vehicle Damage         01 - RIGHT FRONT CORNER       Vehicle Damage         01 - RIGHT FRONT CORNER       0 - NO DAMAGE         Towed Due To Damage       Vehicle Removed By         NOT TOWED       OPERATOR         What Driver Was Doing       Vehicle Factors         Driver Prior Action Other       Orner Address         Driver Actions       Owner Address         NO CONTRIBUTING ACTION       Owner Address         Owner Name       Owner Address         Driver Rame       Owner Address         Driver Ploid Holder       ORGANIZATION/COM ABBYS VAN INC         Individual       OWNER Address         Driver I L-MUTUAL-REINSURANCE-CO       ORGANIZATION/COM ABBYS VAN INC         Individual       Driver I leanes Mumber         JOHN       PAULY (608) 566-3363       Driver I leanes Mumber         Address       Driver I leanes Mumber       Driver I leanes Mumber         Row       Seat Position       Safety Equipment         Row       Seat Position <th>Vehicle       St       St         License Plate Number       MuN       St         Vehicle Identification Number       Make       Year         2C4RC1CG4NR224463       CHRY       2022         Color       Body Style       VH - VAN         Initial Contact Point       Vehicle Damage       00 - NO DAMAGE         Initial Contact Point       Vehicle Removed By       OPERATOR         Vehicle To Damage       OPERATOR       Vehicle Factors         Driver Dior ToweD       OPERATOR       Vehicle Factors         Driver Prior Action Other       Obriver Actions       NO CONTRIBUTING ACTION         Owner Name       Owner Address       Organization Company         GRINNELL-MUTUAL-REINSURANCE-CO       ORGANIZATION/COMPANY         Indiversity       Outages and the sectors       MALE         JOHN       Policy Holder       On Duty Crash       Sectors         Motional       On Duty Crash       Safety Equipment       Sectors         Modress       Policy Holder       Interver Increase Number       Maltes         Motor Sectors       On Duty Crash       Safety Equipment       Sectors         Modress       Policy Holder       Interver Increase Number       Maltes         Safety Equipment</th> <th>Vehicle     State     Country of Issuance       Vehicle Identification Number     Make     Year     Model       Vehicle Identification Number     Make     Year     Model       Vehicle Identification Number     Body Style     Bus Use     VoYAGER       Color     Body Style     Bus Use     VoYAGER       Color     Body Style     Bus Use     VoYAGER       The Ident FRONT CORNER     Vehicle Damage     00 - NO DAMAGE     VoYAGER       No DAMAGE     Vehicle Removed By     OPERATOR     Vehicle Factors       Towed Due To Damage     Vehicle Factors     OPERATOR       Vhat Driver Was Doing     Vehicle Factors     OPERATOR       Driver Action Other     Driver Action Other     Driver Action Concer       Driver Name     Owner Address     Ser       Olicy Holder     Insurance Company GRINELL MUTUAL-REINSURANCE-CO     ABBYS VAN INC       Insurance Company GRINEL_MUTUAL-REINSURANCE-CO     ABBYS VAN INC       Idees     Pate of Bith     Race       1440 WALNUT ST # 2     Barlas of Bith     Race       Idees     Heimet Compliance     Face       1440 WALNUT ST # 2     Seat Position     Seat Position       1440 WALNUT ST # 2     Epection Path     Trapped/Excloated       140 WALNUT ST # 2     Epectedin     <t< th=""></t<></th>	Vehicle       St       St         License Plate Number       MuN       St         Vehicle Identification Number       Make       Year         2C4RC1CG4NR224463       CHRY       2022         Color       Body Style       VH - VAN         Initial Contact Point       Vehicle Damage       00 - NO DAMAGE         Initial Contact Point       Vehicle Removed By       OPERATOR         Vehicle To Damage       OPERATOR       Vehicle Factors         Driver Dior ToweD       OPERATOR       Vehicle Factors         Driver Prior Action Other       Obriver Actions       NO CONTRIBUTING ACTION         Owner Name       Owner Address       Organization Company         GRINNELL-MUTUAL-REINSURANCE-CO       ORGANIZATION/COMPANY         Indiversity       Outages and the sectors       MALE         JOHN       Policy Holder       On Duty Crash       Sectors         Motional       On Duty Crash       Safety Equipment       Sectors         Modress       Policy Holder       Interver Increase Number       Maltes         Motor Sectors       On Duty Crash       Safety Equipment       Sectors         Modress       Policy Holder       Interver Increase Number       Maltes         Safety Equipment	Vehicle     State     Country of Issuance       Vehicle Identification Number     Make     Year     Model       Vehicle Identification Number     Make     Year     Model       Vehicle Identification Number     Body Style     Bus Use     VoYAGER       Color     Body Style     Bus Use     VoYAGER       Color     Body Style     Bus Use     VoYAGER       The Ident FRONT CORNER     Vehicle Damage     00 - NO DAMAGE     VoYAGER       No DAMAGE     Vehicle Removed By     OPERATOR     Vehicle Factors       Towed Due To Damage     Vehicle Factors     OPERATOR       Vhat Driver Was Doing     Vehicle Factors     OPERATOR       Driver Action Other     Driver Action Other     Driver Action Concer       Driver Name     Owner Address     Ser       Olicy Holder     Insurance Company GRINELL MUTUAL-REINSURANCE-CO     ABBYS VAN INC       Insurance Company GRINEL_MUTUAL-REINSURANCE-CO     ABBYS VAN INC       Idees     Pate of Bith     Race       1440 WALNUT ST # 2     Barlas of Bith     Race       Idees     Heimet Compliance     Face       1440 WALNUT ST # 2     Seat Position     Seat Position       1440 WALNUT ST # 2     Epection Path     Trapped/Excloated       140 WALNUT ST # 2     Epectedin <t< th=""></t<>					

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 2 of 3

Crash Date 07/01/2025 Crash Time 12:46 PM

## 6TL0DRXHLD 25-06723

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Distracted By	Distracted By Source	9						
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	UAL									
UNIT	INDIVIDUAL									
	DN									
		Action Other						To/From School		
		Drug & Alcohol NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type Alcohol Test F			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
2	001	Drug Type								
	-	Individual Condition								
		APPEARED NORM	/IAL							

Wisconsin Motor Vehicle Crash Form DT4000 Crash Date 07/01/2025 Crash Time 12:46 PM