## **6TL0FSSFBF** 25-07073

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Docume	Primary Crash Document #		Agency Crash Number 25-07073			Investigating Officer/Deputy  DEPUTY Z. DRILL		
	Crash Date <b>07/08/2025</b>	Crash Time 05:30 PM		Date Arrived		Time	Time Arrived			
SSF	Date Notified <b>07/08/2025</b>	Time Notified 05:33 PM					Tota <b>00</b>	I Injured Total Killed 00		i
9F	On Emergency Hi	t and Run	ane Closu		Ш	rk Zone		Trailer or T	owed	Reporting Threshold
6TL	Government Property	Active School Z	one	School E	Bus Relate	ed	Tags	•		
	<b>✓</b> Reportable	Crash Type NON-DOMESTICAT	ED ANIMA	AL W/ N	O INJUR	RY		Amended		Secondary Crash
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ì	Location									
·	ON CTHT WB					Latitude Longitude				le
	0.43 MI E					43.56643	38004	-89.7306607		660791
	OF CTHAEB					X Coordin	ate		Y Coordinate	
	IN THE TOWN OF DELTON IN SAUK COUNTY					279479.4	279479.46875 4827343			3
	IN SAUK COUNT		S			Structure Type			L	
L										
	Crash Scene									
	First Harmful Event						nful Event Lo	cation		
	NON DOMESTICATED ANIM	AL (ALIVE)				ON ROADWAY				
	Manner of Collision					Light Cond	dition			
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT								
	Road Surface Condition(s)					Roadway	Factor(s)			
ŀ	Environment Factor(s)									
	e									
	Weather Condition(s)									
ŀ	Animal Typo					Relation To Trafficway				
	Animal Type DEER				TRAFFICWAY - ON ROAD					
- 1	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
ŀ	Tribal Land					Access Control				Special Study
L	Unit Cummony									
	Unit Summary Unit Status		I Vehi	cle Onera	tina Δs C	lassification		Unit Type		
	IN TRANSIT D CLASS				erating As Classification		l	Unit Type AUTOMOBILE		
ŀ	Vehicle Type				Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE							opordang.	to Endoroor	nonto
ŀ	,			Total # Citations Issued		I Total Trail	otal Trailers		Total HazMat Types	
	1		0	in Ollatio	110 100000		0		0	)
ŀ		Direction Of Travel		Dro Co	bTi		Speed Lin	nit	Total Lane	es
_		WESTBOUND		Pre CrashTire		,				
LIND	Most Harmful Event: Collision With			Special Function			<u>'</u>		Emergency Motor Vehicle Use	
<b>⊃</b>	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION				NOT APP		
ŀ	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing	
				-						
ŀ	Surface Type			Road Curvature				Road Grade		

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	Truc	k Bus or HazMat							
	,	Vehicle							
		License Plate Number Plate Type St Country of Issuance							
		AGG5243	AUT	wı	UNITED STATES				
2	2	Vehicle Identification Number	Make	Year	Model				
0	0	2GNAXKEV4L6213455	CHEV	2020	EQUINOX				
		Color	Body Style		Bus Use				
		BLU - BLUE	UT - SPORT UTILITY VEHICLE						
	VEHICLE	Initial Contact Point	Vehicle Damage						
⊨		11 - LEFT FRONT CORNER	- 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  Vehicle Removed By  Vehicle Factors						
LIND	Ī	Extent Of Damage							
	Æ	FUNCTIONAL DAMAGE							
		Towed Due To Damage							
		NOT TOWED							
		What Driver Was Doing							
		7711at 2111at 11aa 2011.ig	Tomoro i dotoro						
		Driver Prior Action Other							
		Diver i noi Action Other							
		Driver Actions							
		Driver Actions NO CONTRIBUTING ACTION							
_	VEHICLE	NO CONTRIDUTING ACTION							
UNIT	<u>၁</u>								
5	프								
	5								
		Owner Name	Owner Address						
_	_								
2	9								
		Policy Holder							
LNO		Insurance Company INDIVIDUAL							
5		PROGRESSIVE-ADVANCED-INSURANCE-CO	ALANNA TOMLINSO	ON					
		Individual							
		DRIVER ALANNA TOMLINSON	Citations Issued	Sex	-				
	7	(608) 408-8990	0	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN					
	Ž	(000)	Date of Birth						
╘	DIVIDUAL			ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN					
E S	$\geq$	Address	Driver License Number						
-	Ĭ	1540 W PINE ST # 411   BARABOO, WI 53913,US	STATE: WISCONSIN	NITED STATES					
	_	BARABOO, WI 33913 , 03	OTATE: WOODNOW OODNING: ONLIED OTATED						
	Co	On Duty Crash	Safety Equipment						
	Sai	fety Equipment							
		Row Seat Position	SHOULDER & LAP	BELT					
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
_									
	5	Injury Severity	Airbag						
01	001	Injury NO APPARENT INJURY							
		Ejected Ejection Path	Trapped/Extricated						
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED							
		Hospital	Date of Death		Time of Death				

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Crash Date 07/08/2025

Crash Time 05:30 PM

ı			D:-ttd D C					
Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	INDIVIDUAL							
LNO	7							
5	≥							
	9							
	=							
		Action Other						To/From School
		Suspected Alcohol Use Suspected Drug Use						
	L	Orug & Alcohol	NO	NO NO				
İ	Alcohol Test Given Alcohol Test Type				Alcohol Test Results			
		<b>TEST NOT GIVEN</b>						
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results			
01	001	Drug Type						
	0							
		Individual Condition						
		APPEARED NORM	<b>Λ</b> ΔΙ					
		ALL LAKED HOKE						
l								