6TL0D942CL 25-07221

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 SC25-07221			Investigating Officer/Deputy DEPUTY M. PETERSON				
긙	Crash Date 07/11/2025	Crash Time 06:48 PM		Date Arrived		Time	Time Arrived				
42(Date Notified Time Notified			Total Units				al Injured Total Killed		i	
8	07/11/2025	06:51 PM		01			00		00		Reporting
9	On Emergency Hi	t and Run	Lane Closu		Ш	k Zone		Trailer or To	owed		Threshold
6TL0D942CI	Government Property	Active School	l Zone	School B NO	Bus Relate	ed	Tags	3			
	▼ 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 CTHV EB 986 FT W				Latitude 43 57852	Latitude Longitude 43.57852484 -90.095887876			6		
	OF STRUTZ RD	OF STRUTZ RD				X Coordinate			Y Coordinate		
	IN THE TOWN OF LA VALLE IN SAUK COUNTY	IN THE TOWN OF LA VALLE IN SAUK COUNTY				I I				829720	
					Structure Type NO STRUCTURE						
	Crash Scene										
						First Harm	ful Event Lo	ocation			
	NON DOMESTICATED ANIMAL (ALIVE) Manner of Collision					ON ROADWAY					
						Light Condition					
	00 - NO COLLISION W/VEHIO	CLE IN TRANSPOR	T			Poodwoy I	Footor(s)				
	Road Surface Condition(s)				Roadway Factor(s)						
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type DEER				Relation To Trafficway TRAFFICWAY - ON ROAD						
	Crash Classification - Location				Crash Classification - Jurisdiction						
	PUBLIC PROPERTY Tribal Land			NO SPECIAL			CIAL JUR	L JURISDICTION Special S			
				Access Control		ntrol	al Study				
	Unit Summary										
	Unit Status Vehicle Operating As Cl				Classification Unit Type						
	IN TRANSIT D CLASS				AUTOMO						
2	Vehicle Type PASSENGER CAR				Operating As Endorsements						
-					al # Citations Issued Tota		Total Trail	al Trailers Total Ha		azMat Types	
	1		0	Oldiono loddod			0		0		
		Direction Of Travel EASTBOUND		Pre CrashTire Mark		Speed Lin	ed Limit Total Lar		es		
FIN	Most Harmful Event: Collision With			Special Function				Emergency Motor Vehicle Use			
Ē	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT		TION		NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	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 **07/11/2025**Crash Time **06:48 PM**

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	Truc	ck Bus or HazMat								
	Vehicle									
UNIT 01		License Plate Number ARJ5604	Plate Type AUT	St WI	Country of Issuance UNITED STATES					
	VEHICLE 01	Vehicle Identification Number KL7CJPSB5GB657034	Make CHEV	Year 2016	Model TRAX					
		Color SIL - SILVER (ALUMINUM) Initial Contact Point		Body Style UT - SPORT UTILITY VEHICLE Vehicle Damage						
		01 - RIGHT FRONT CORNER Extent Of Damage	01 - RIGHT FRONT (01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT						
		Towed Due To Disabling Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By	3 4 3 2 1						
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
5	5	Owner Name	Owner Address	Owner Address						
<u></u> ⊨	Policy Holder									
FN0		PROGRESSIVE-CLASSIC-INS-CO	INDIVIDUAL RYAN BUCHHOLZ	!						
	INDIVIDUAL	Individual DRIVER	Citations Issued	Sex						
		KRISTIANA BUCHHOLZ	Citations Issued 0	FEMALE Race						
LIND		Address	Date of Birth Driver License Number	WHITE						
5		S1157 MOHAWK CT LA VALLE, WI 53941 , US	Division Name							
	Sa	fety Equipment On Duty Crash	Safety Equipment	Safety Equipment						
	001	Row Seat Position		SHOULDER & LAP BELT						
		Helmet Use	·	Helmet Compliance						
		Eye Protection		Tint Compliance						
2		Injury Seventy NO APPARENT INJURY Ejected Ejection Path	Airbag	Airbag Trapped/Extricated						
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run#					
		Hospital	Date of Death		Time of Death					

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $2 \quad \text{of} \quad 3$

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Distracted By Source							
		Distracted By Action					
		Non Motorist Striking Unit	# Location				
		Prior Action					
		Action					
	UAL						
LIND	INDIVIDUAL						
	N N						
							I.T. /5
		Action Other					To/From School
	1	Drug & Alcohol NO	Alcohol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Resul				
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
۶	001	Drug Type	1				
		Individual Condition					
		APPEARED NORMAL					