6TL0FV1GG3 25-07203

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 25-07203			Investigating Officer/Deputy DEPUTY W. VERTEIN				
G3	Crash Date 07/11/2025	Crash Time 12:14 PM			Date Arrived		Tin	Time Arrived				
6TL0FV1GG	Date Notified 07/11/2025	Time Notified 12:17 PM			Total Units 01		To:	tal Injured	Injured Total Killed 00			
	On Emergency	Hit and Run	Lane Clos		ш	rk Zone		Trailer or	Γowed		Reporting Threshold	
6TI	Government Property	Crash Type	hool Zone	NO School	Bus Relate	ed	Та	gs				
	Reportable	TICATED ANIM	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 EAST ST/ STH33 WB					Latitude Longitude						
	0.48 MI W					43.64159	98184		-90.1964		6	
	OF DUMP RD					X Coordin	ate		Y Coordinate			
	IN THE TOWN OF WOODL	.AND				242179.375				4837033.5		
	IN SAUK COUNTY											
						Structure Type NO STRUCTURE						
(Crash Scene											
1	First Harmful Event						ful Event	Location				
	NON DOMESTICATED AN	IMAL (ALIVE)				ON ROA						
	Manner of Collision	:= (: :=: : =)				Light Condition						
	00 - NO COLLISION W/VE	HICLE IN TRANSI	PORT			Light Condition						
	Road Surface Condition(s)	THOLE IN TRAINS	OI(I			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 Tribal Land					NO SPECIAL JURISDICTION						
	Tibal Land					Access Control Special Study						
i	Unit Summary											
	Unit Status Vehicle Operating As C					lassification		Unit Type				
	IN TRANSIT D CLASS								AUTOMOBILE			
	Vehicle Type					Operating As Endorsements						
01	(SPORT) UTILITY VEHICLE							Operating	7 to Endorse	morno		
	Total Occs	•			al # Citations Issued Tot		Total Tra	al Trailers Tot		otal HazMat Types		
	2		0		3110 100000	issued (0		
	Insurance?	Direction Of Trave		-		Speed L	peed Limit T		Total Lanes			
LIND	YES	WESTBOUND										
	Most Harmful Event: Collision With			Special Function			1		Emergency Motor Vehicle Use)	
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			TION		NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type			David Commentum				Poad Grado				
	Surface Type			Road Curvature				Road Grade				
		l I										

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 3

Crash Date **07/11/2025**Crash Time **12:14 PM**

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	Truc	ck Bus or HazMat								
	,	Vehicle								
UNIT 01		License Plate Number ARN5993		Plate Type St Country of Issuance AUT WI UNITED STATES						
	VEHICLE 01	Vehicle Identification Number 1FMCU0GN4RUA93741		Make FORD	Year 2024	Model ESCAPE				
		Color WHI - WHITE Initial Contact Point		Body Style UT - SPORT UTILITY VEHICLE Vehicle Damage						
		12 - FRONT Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage TOWED DUE TO DISABLING DAI What Driver Was Doing	MAGE	Vehicle Removed By SHIELDS TOWING Vehicle Factors						
		Driver Prior Action Other								
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
5	5	Owner Name		Owner Address						
_	Policy Holder									
FNS		Insurance Company GERMANTOWN-MUTUAL-INS-CO	0	INDIVIDUAL SHELLEY STANEK						
	INDIVIDUAL	Individual								
		DRIVER SHELLEY STANEK (608) 797-4304		Citations Issued 0 Date of Birth	Sex FEMALE Race					
╘				Date of Birth	WHITE					
TINO		Address 909 N GLENDALE AVE TOMAH, WI 54660 , US		Driver License Number						
	Sai	On Duty Crash fety Equipment	Safety Equipment							
		Row Seat	t Position	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	00	Injury Severity NO APPARENT INJURY		Airbag						
		Ejected Ejection	Path			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		•						
İ		Action								
	4									
ı	Ž									
LIND	INDIVIDUAL									
	S									
		Action Other						To/From School		
		Suspected Alcohol Use			Suspected Drug Use					
		Drug & Alcohol	NO		NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given		Drug Test Type		Drug Test Results				
		TEŠT NOT GIVEN								
5	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								