#### 6TL0FJ55K0 25-08010

# 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 25-08010			Investigating Officer/Deputy SERGEANT M. TATE				
<b>6</b>	Crash Date <b>07/31/2025</b>	Crash Time 08:08 PM			Date Arrived		Tim	Time Arrived				
<b>J</b> 55K0	Date Notified <b>07/31/2025</b>	Time Notified 08:08 PM			Total Units <b>01</b>		Total		I Injured Total Killed			
0F	On Emergency	it and Run	Lane Closi	ıre Work		rk Zone		Trailer or To		wed Reporting Threshold		
6TL	Government Property	hool Zone	School Bus Related NO			Tag	Tags					
	<b>✓</b> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			RYAmended				condary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
i	Location											
i	ON CTHBD NB					Latitude			Longitud	le		
	994 FT N					43.482531827			-89.771257193			
	OF LOG LODGE CT					X Coordin	ate		Y Coordinate			
	IN THE VILLAGE OF WEST	BARABOO				275890.25				4818132.5		
	IN SAUK COUNTY								10.0.0			
							Structure Type NO STRUCTURE					
(	Crash Scene											
ı								ocation				
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROADWAY						
	Manner of Collision	, ,				Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	PORT									
	Road Surface Condition(s)					Roadway	Factor(s)					
	Road Garlace Gonditon(g)					ĺ	( )					
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type	e				Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION						
	Tribal Land						Access Control Special Study					
	Unit Summary											
	Unit Status		I Veh	icle Operat	ing As C	lassification		Unit Type				
	IN TRANSIT			•	g 7.5 O	iassinoation		AUTOMOBILE				
	IN TRANSIT D CLASS  Vehicle Type					Operating As Endorsements						
01	PASSENGER CAR							Operating /	45 LIIUUISEI	Hellis		
							Total Trai	lara	I Total I laz	Mat Times		
	Total Occs Train/Bus # Recorded 2			Total # Citations Issued		Total Trai		o local Haz		Mat Types		
	Insurance?	Direction Of Trave	" OF T				Speed Lir			Lanes		
	NO	NORTHBOUND		Pre CrashTire		1	орова Епіп		Total Lanes			
١	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use			
UNIT				SPECIAI	TION		NOT APPLICABLE					
	NON DOMESTICATED ANIMAL (ALIVE) Traffic Way											
	Traine Way			Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type			Road Curvature			Road Grade					

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Crash Time 08:08 PM

	Truc	k Bus or HazMat					. ,			
	٠,	Vehicle								
		License Plate Number Plate Type St Country of Issuance								
		ALG4988		AUT	wı	UNITED STATES				
		Vehicle Identification Number		Make	Year	Model				
01	VEHICLE 01	3MZBN1K7XHM150889		MAZD	2017	3				
					2017					
		Color		Body Style		Bus Use				
		RED - RED		HB - HATCHBACK						
_		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage			7 8 9 10 11			
UNIT					00NED 40 E	DONE	6 2 12			
		Extent Of Damage		01 - RIGHT FRONT CORNER, 12 - FRONT						
		FUNCTIONAL DAMAGE								
		Towed Due To Damage		Vehicle Removed By	Vehicle Removed By					
		NOT TOWED								
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions NO CONTRIBUTING ACTION								
_	쁘	NO CONTRIBUTING ACTION								
UNIT	VEHICLE									
5	픎									
	>									
		Owner Name	Owner Address							
2	5									
٥	0									
		Individual								
		DRIVER		Citations Issued Sex						
	_	JAMESON VALDEZ		0	MALE					
	INDIVIDUAL			Date of Birth	Race					
ı⊨	₫				WHITE	WHITE				
L N N	≥	Address		Driver License Number						
_		427 CHESTNUT ST BARABOO, WI 53913 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	=									
	Sa	On Duty Cr	Safety Equipment	Safety Equipment						
	Safety Equipment									
		Row	Seat Position	SHOULDER & LAP	BELT					
		Helmet Use		Helmet Compliance						
	001	Eye Protection		Tint Compliance						
2		Injury Severity NO APPARENT INJURY Ejected Ejection Path		Airbag						
_										
						Trapped/Extricated				
		Madical Transport				EMO Dure #				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	D + (E ;;		Time of Dooth					
		Hospital	Date of Death		Time of Death					
		Distracted 5	Distracted By Source							
		Distracted By	Jy Journe							

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		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	UAL							
LNO	INDIVIDUAL							
	IND							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol U <b>NO</b>	Jse	Suspected Drug Use NO			
		Alcohol Test Given Alcohol Test Type TEST NOT GIVEN				Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
2	100	Drug Type						
		Individual Condition						
		APPEARED NORM	ΔΙ					
		A I LAKED NORM						