6TL0FXHJNB

25-08232

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 25-08232			Investigating Officer/Deputy DEPUTY J. DAVIS			
NB	Crash Date 08/06/2025	Crash Time 06:58 PM	Date An	Date Arrived		Time	Time Arrived			
0FXHJNB	Date Notified 08/06/2025	Time Notified 07:00 PM	Total Ur 01	Total Units 01		Total 00	Total Injured Total Killed 00		I	
.0F)	On Emergency	it and Run Lane	Closure	re Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	School I	School Bus Related NO			Tags				
	✓ Reportable	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.									
Ī	Location									
ł	ON CTHG NB			Latitude					Longitude	
	968 FT N				43.37656	7721	-90.122649		649263	
	OF PROUTY RD	FFI				X Coordinate		Y Coord	Y Coordinate	
	IN THE TOWN OF BEAR CR	EEN			247030.5625			480737	4807370	
	IN SAUK COUNTY				Structure Type					
					NO STRI	JCTURE				
	Crash Scene				ı					
ì					First Harm	ful Fuent Le	aatian			
	First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)					First Harmful Event Location ON ROADWAY				
	Manner of Collision	MAL (ALIVE)			Light Condition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			Light Condition					
	Road Surface Condition(s)	CLL III TRANSFORT			Roadway I	Factor(s)				
	rtoad ourlace condition(s)				1 (Oadway I	actor(s)				
	Environment Factor(s)									
	Weather Condition(s)									
	Animal Type				Relation To Trafficway					
	DEER						FICWAY - ON ROAD			
	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURISDICTION						
	Tribal Land	Α		Access Control				Special Study		
i	Unit Summary									
	Unit Status		Vehicle Opera	ating As C	Classification Unit Type					
				D CLASS			AUTOMOBILE			
_	Vehicle Type				Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE									
	Total Occs Train/Bus # Recorded		Total # Citations Issued		Total Traile		ers Total Haz		Mat Types	
	4		0			0		0		
		Direction Of Travel	Pre C	rashTire)	Speed Lim	it	Total Lane	es	
╘	YES NORTHBOUND		Mark				L. C.			
UNIT	Most Harmful Event: Collision With	Special Funct		TION		Emergency Motor Vehicle Use NOT APPLICABLE		cle Use		
_	NON DOMESTICATED ANIM									
	Traffic Way	Traffic Contro	I			Traffic Control Inoperative/Missing				
	Surface Type	Dood Come t	D 10 1			Road Crada				
	ounace Type		Road Curvatu	IE			Road Grade			
						1				

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	Truc	Truck Bus or HazMat							
	<u> </u>	Valida.							
		Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance UNITED STATES				
		AMB9391 Vehicle Identification Number	AUT Make	WI Year	Model Model				
2	2	1C4RJFBG4KC745904	JEEP	2019	GRAND CHER				
		Color	Body Style	2019	Bus Use				
		WHI - WHITE	UT - SPORT UTILITY VEHICLE						
	VEHICLE	Initial Contact Point	Vehicle Damage						
╘		11 - LEFT FRONT CORNER			7 8 9 10 11				
LIND		Extent Of Damage	11 - LEFT FRONT CO	RNER	6 8 12				
_		DISABLING DAMAGE			5 4 3 2 1				
		Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE							
		What Driver Was Doing	Vehicle Factors						
			_						
		Driver Prior Action Other							
		Driver Actions							
	ш	Driver Actions NO CONTRIBUTING ACTION							
 	VEHICLE								
L	呈								
_ ر	回								
		Owner Name	Owner Address						
_	_								
2	2								
-		Policy Holder							
LND		Insurance Company	INDIVIDUAL						
_ ر		TRICOR LLC	KARI RUF-LAMONT	<u> </u>					
		ndividual							
		DRIVER KARI RUF-LAMONT	Citations Issued						
	7	RARI RUF-LAWION I	0	FEMALE Race					
١.	DIVIDUAL		Date of Birth	Race					
L N N		Address	Driver License Number						
⋽		11190 BRENIGER LN	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z	DARLINGTON, WI 53530 , US							
		On Duty Crash	Safety Equipment						
	Sai	fety Equipment							
		Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
	001	Fire Destantion	T. 10						
		Eye Protection	Tint Compliance						
_		Injury Severity	Airbag						
2		Injury NO APPARENT INJURY	9						
		Ejected Ejection Path	1	Trapped/Extricated					
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED							
		Hospital	Date of Death		Time of Death				
			1						

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Crash Date 08/06/2025

Crash Time 06:58 PM

Distracted By Source								
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNN	INDIVIDUAL							
	NDI							
		Action Other						To/From School
	L	Drug & Alcohol	Suspected Alcohol Us	se	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results		
		TEŠT NOT GIVEN				·		
01	001	Drug Type						
		Individual Condition						
		APPEARED NORM	//AL					