6TL0CX0QF8 25-08952

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Crash Date 08/25/2025 Date Notified 08/25/2025 On Emergency Government	Primary Crash Document # Crash Time 10:35 PM Time Notified 10:59 PM t and Run Lane Closu				Investigating Officer/Deputy DEPUTY K. MCCARTY Time Arrived 11:45 PM Total Injured Total Killed 00 Trailer or Towed Reporting Threshold		
Government Property Reportable	Crash Type	School Zone NO NDARD CRASH)		Bus Related	Tags Amended		Secondary Crash
Diagram Diagram		ro	ck from uck	ale		Photos By Additional Info	

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OF USH12 EB IN THE TOWN OF DELTON IN SAUK COUNTY X Coordinate 275372.90625 Structure Type Crash Scene First Harmful Event First Harmful Event Location	1107417 dinate				
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First Harmful Event First Harmful Event Location					
First Harmful Event First Harmful Event Location					
1 1 1 1 1 1 1 1 1 1					
OTHER NON-COLLISION ON ROADWAY					
Manner of Collision Light Condition					
00 - NO COLLISION W/VEHICLE IN TRANSPORT DARK/LIGHTED					
Road Surface Condition(s) Roadway Factor(s)					
DRY					
Environment Factor(s)					
NONE					
Weather Condition(s)					
CLEAR					
Animal Type Relation To Trafficway					
TRAFFICWAY - ON ROAD					
Crash Classification - Location PUBLIC PROPERTY Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
Tribal Land Access Control	Special Study				
NO CONTROL					
Within Interchange Area Junction Location Intersection Type					
NO NON-JUNCTION NOT AN INTERSECTION					
Unit Summary					
Unit Status Vehicle Operating As Classification Unit Type					
one states					
IN TRANSIT D CLASS AUTOMOBILE					
IN TRANSIT Vehicle Type D CLASS AUTOMOBILE Operating As Endorse	ments				
IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE OD CLASS AUTOMOBILE Operating As Endorse					
IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total Haz	ments zMat Types				
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IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded 1 0 1 Insurance? YES EASTBOUND Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT DICLASS AUTOMOBILE Operating As Endorse Total # Citations Issued 0 0 0 0 0 Speed Limit Fotal Lar Mark Special Function NO SPECIAL FUNCTION DIFFERM SPEED OF TOTAL PROPERTY OF TOTAL PROPERT	zMat Types nes nicle Use				
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IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total Haz Total Trailers Total Haz Total Free Free CrashTire Mark Most Harmful Event: Collision With CARGO/EQUIPMENT LOSS OR SHIFT Traffic Way DIVIDED HWY W/TRAFFIC BARRIER NO CONTROL Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number AUM8684 AUT Will UNITED STATES Make Year Model TCARJFCG9LC331369 JEEP Soperal Function NO CONTROL NO STRAIGHT STRAIGHT Vehicle Identification Number TCARJFCG9LC331369 JEEP License Plate Number AUM Will UNITED STATES Make Year Model TCARJFCG9LC331369 JEEP Sody Style WHI - WHITE UT - SPORT UTILITY VEHICLE	zMat Types nes nicle Use				
IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded Insurance? Direction Of Travel EASTBOUND Insurance? Traffic Control NO SPECIAL FUNCTION NOT APPLICABLE Traffic Way DIVIDED HWY W/TRAFFIC BARRIER NO CONTROL Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat NO Vehicle License Plate Number AUM8684 AUT Make Plate Type AUM8684 AUT Will UNITED STATES Make Vehicle Identification Number 1C4RJFCG9LC331369 JEEP Color WHI - WHITE Initial Contact Point Vehicle Damage	zMat Types nes nicle Use itive/Missing				

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		Towed Due To Damage		Vehic	cle Removed By				
		NOT TOWED		OPE	OPERATOR				
		What Driver Was Doing		Vehic	Vehicle Factors				
		GOING STRAIGHT							
		Driver Prior Action Other		NOT	APPLICABLE				
		Driver Actions							
	щ	NO CONTRIBUTING ACT	ION						
╘	VEHICLE								
LNO	Ì	Ĭ							
_	VE								
		Owner Name			Owner Address				
5	01	JOLENE LYNCH			430 HERMAN ST PORTAGE, WI 53901 , US				
_	•				, , , , , , , , , , , , , , , , , , , ,				
		Saguence Of Evente							
		Sequence Of Events Event							
	01	CARGO/EQUIPMENT LOSS OR SHIFT							
	02	Event							
	03	Event							
	04	Event							
_	i	Policy Holder							
LIND		Insurance Company			INDIVIDUAL				
_		STATE-FARM-CLASSIC-INS-CO			JOLENE LYNCH				
	l	Individual							
		DRIVER			tations Issued	Sex			
	4	DANTE DEAN		0	1 (D: II	MALE Race			
-	INDIVIDUAL				ate of Birth		LACK/AFRICAN AMERICAN		
LNO	Σ	Address		Dr	Driver License Number				
_		5602 BLACK ONYX DR # 311 MADISON, WI 53718 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
		WADISON, WI 337 10 , OC	ON, WI 337 10 , 33		OTATE. WIGOGRAM GOORTKI. SWITED STATES				
		On Dut	v Crook		-f-4 - Fi				
	Sat	On Duty Crash fety Equipment		Safety Equipment					
		Row	Seat Position	R	ESTRAINT USE UI	NKNOWN			
		01 - FRONT ROW	07 - LEFT						
		Helmet Use	I		Helmet Compliance				
		Eye Protection			Tint Compliance				
_	Ξ	Injury Severity			Airbag				
2	90	Injury NO APPARENT INJURY			NON DEPLOYED				
		Ejection Path				Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT APP					NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED Hospital			Date of Death Time of Death				
		Distracted By NOT A	ted By Source	TRACTE	 ED)				
		Distracted By Action	(,				
		NOT DISTRACTED							

Crash Date 08/25/2025 Crash Time 10:35 PM

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Crash Time 10:35 PM

		Non Motorist	Striking Unit #	Location				
		Prior Action						
LIND	INDIVIDUAL	Action						
		Action Other						To/From School
	Ĺ	Orug & Alcohol	Suspected Alcohol U NO	Jse	Suspected Drug Use NO			1
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
٤	001	Drug Type						
		Individual Condition						
		APPEARED NORM	/IAL					