

**6TL0F3SSJR**

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

|   |                                      |   |                                    |   |                                  |   |  |
|---|--------------------------------------|---|------------------------------------|---|----------------------------------|---|--|
| Document Number Override  |                                      | Primary Crash Document #                                  |                                    | Agency Crash Number<br><b>25-10615</b>    |                                  | Investigating Officer/Deputy<br><b>DEPUTY A. KING</b> |  |
| Crash Date<br><b>10/10/2025</b>   |                                      | Crash Time<br><b>07:02 AM</b>                             |                                    | Date Arrived                              |                                  | Time Arrived  |  |
| Date Notified<br><b>10/10/2025</b>  |                                      | Time Notified<br><b>07:03 AM</b>                          |                                    | Total Units<br><b>01</b>                  |                                  | Total Injured<br><b>00</b>                            | Total Killed<br><b>00</b>                |
| <input type="checkbox"/> On Emergency   | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure                     | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed |                                  | <input type="checkbox"/> Reporting Threshold          |  |
| <input type="checkbox"/> Government Property  |                                      | <input type="checkbox"/> Active School Zone               | School Bus Related<br><b>NO</b>    |   | Tags                             |   |  |
| <input checked="" type="checkbox"/> Reportable  |                                      | Crash Type<br><b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b> |                                    |   | <input type="checkbox"/> Amended |   | <input type="checkbox"/> Secondary Crash |
| <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |                                      |   |                                    |   |                                  |   |  |

|  |                     |                      |
|--|---------------------|----------------------|
| <b>ON CTHA NB</b><br><b>54 FT S</b><br><b>OF TRAP SHOOT RD</b><br><b>IN THE TOWN OF BARABOO</b><br><b>IN SAUK COUNTY</b> | Latitude            | Longitude            |
|  | <b>43.503340625</b> | <b>-89.738729931</b> |
|  | X Coordinate        | Y Coordinate         |
|  | <b>278596.90625</b> | <b>4820356.5</b>     |
| Structure Type   |                     |                      |


|  |   |               |
|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition   |               |
| Road Surface Condition(s)  | Roadway Factor(s)   |               |
| Environment Factor(s)  |   |               |
| Weather Condition(s)   |   |               |
| Animal Type<br><b>DEER</b>   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land  | Access Control  | Special Study |

|                |  |  |   |                            |  |  |
|----------------|--|--|---|----------------------------|--|--|
| 01<br><br>UNIT | Unit Status<br><b>IN TRANSIT</b>   |  | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|                | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                               |  |   |                            | Operating As Endorsements                            |  |
|                | Total Occs<br><b>1</b>   | Train/Bus # Recorded                     | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|                | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>NORTHBOUND</b> | <input type="checkbox"/> <b>Pre CrashTire Mark</b>    | Speed Limit                | Total Lanes  |  |
|                | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |  | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|                | Traffic Way  |  | Traffic Control                                       |                            | Traffic Control Inoperative/Missing                  |  |
|                | Surface Type   |  | Road Curvature  |                            | Road Grade   |  |

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WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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|   |            |  |   |  |   |  |
|---|------------|--|---|--|---|--|
|   |            | Truck Bus or HazMat  |   |  |   |  |
| UNIT<br>01                                  | VEHICLE    | <b>Vehicle</b>   |   |  |   |  |
|   |            | License Plate Number<br><b>AWR3602</b>                         | Plate Type<br><b>AUT</b>                        | St<br><b>WI</b>                              | Country of Issuance<br><b>UNITED STATES</b>   |  |
|   |            | Vehicle Identification Number<br><b>1FMZU73E52ZA87867</b>      | Make<br><b>FORD</b>                             | Year<br><b>2002</b>                          | Model<br><b>EXPLORER X</b>  |  |
|   |            | Color<br><b>BGE - BEIGE</b>                                    | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> | Bus Use                                      |   |  |
|   |            | Initial Contact Point<br><b>12 - FRONT</b>                     | Vehicle Damage                                  |  |  |  |
|   |            | Extent Of Damage<br><b>DISABLING DAMAGE</b>                    | <b>12 - FRONT</b>                               |  |   |  |
|   |            | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>    | Vehicle Removed By<br><b>CRAIGS TOWING</b>      |  |   |  |
|   |            | What Driver Was Doing  | Vehicle Factors                                 |  |   |  |
|   |            | Driver Prior Action Other                                      |   |  |   |  |
|   |            | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                |   |  |   |  |
| UNIT<br>01                                  | VEHICLE    | Owner Name   | Owner Address                                   |  |   |  |
|   |            |  |   |  |   |  |
| UNIT<br>01                                  | INDIVIDUAL | <b>Policy Holder</b>   |   |  |   |  |
|   |            | Insurance Company<br><b>CINCINNATI-INS-CO,-THE</b>             | INDIVIDUAL<br><b>DEAN DOUGLAS</b>               |  |   |  |
| UNIT<br>01                                  | INDIVIDUAL | DRIVER<br><b>DEAN DOUGLAS</b><br><b>(608) 963-7031</b>         |   | Citations Issued<br><b>0</b>                 | Sex<br><b>MALE</b>  |  |
|   |            |  |   | Date of Birth                                | Race<br><b>WHITE</b>  |  |
|   |            | Address<br><b>710 11TH ST</b><br><b>BARABOO, WI 53913 , US</b> |   | Driver License Number                        |   |  |
|   |            |  |   |  |   |  |
|   |            | <b>Safety Equipment</b>  |   | On Duty Crash                                |   |  |
|   |            | Row  |   | Seat Position                                | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                                  |  |
|   |            | Helmet Use   |   | Helmet Compliance                            |   |  |
|   |            | Eye Protection   |   | Tint Compliance                              |   |  |
|   |            | <b>Injury</b>  |   | Injury Severity<br><b>NO APPARENT INJURY</b> | Airbag  |  |
|   |            | Ejected  |   | Ejection Path                                | Trapped/Extricated  |  |
| Medical Transport<br><b>NOT TRANSPORTED</b> |            | EMS Agency Identifier  | EMS Run #                                       |  |   |  |
| Hospital                                    |            | Date of Death  | Time of Death                                   |  |   |  |

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|   |   |                                    |                                 |                      |
|---|---|------------------------------------|---------------------------------|----------------------|
| UNIT<br><br>INDIVIDUAL<br><br><br><br><br><br><br><br><br><br>01<br>001 | <b><i>Distracted By</i></b>                 |                                    | Distracted By Source            |                      |
|   | Distracted By Action                        |                                    |                                 |                      |
|   | <b><i>Non Motorist</i></b>                  | Striking Unit #                    | Location                        |                      |
|   | Prior Action                                |                                    |                                 |                      |
|   | Action                                      |                                    |                                 |                      |
|   | Action Other                                |                                    |                                 | To/From School       |
|   | <b><i>Drug &amp; Alcohol</i></b>            | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |                      |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                  |                                 | Alcohol Test Results |
|   | Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type                     | Drug Test Results               |                      |
|   | Drug Type                                   |                                    |                                 |                      |
| Individual Condition<br><br><b>APPEARED NORMAL</b>                      |   |                                    |                                 |                      |