# **6TL0F51TLM** 25-10815

# 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 25-10815			Investigating Officer/Deputy SERGEANT E. KNULL				
Σ	Crash Date <b>10/16/2025</b>	Crash Time 06:45 AM		Date Arrived		Tin	Time Arrived					
<b>6TL0F51TL</b>	Date Notified 10/16/2025	Time Notified 06:45 AM			Total Units <b>01</b>			,		Total Killed <b>00</b>		
-0F	On Emergency H	it and Run	Lane Closi			rk Zone		Trailer or	Towed		Reporting Threshold	
eTI	Government Property	Active Sc	hool Zone	NO School	Bus Relate	ed	Та	gs		1		
	Reportable Crash Type NON-DOMESTICATED A			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 USH12 WB					Latitude			Longitud	de		
	0.57 MI N			43.4		43.43139	43.431393231		_	-89.774964904		
	OF LEHMAN RD											
	IN THE TOWN OF BARABO	0				X Coordin				Y Coordinate		
	IN SAUK COUNTY					275401.0	)3125		481246	4812463		
						Structure 7	Туре		•			
						NO STR	UCTURE	i				
	Crash Scene											
	First Harmful Event					First Harm	ful Event	Location				
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROA	DWAY					
	Manner of Collision					Light Cond	dition					
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	PORT									
	Road Surface Condition(s)					Roadway	Factor(s)					
	Environment Factor(s)											
	144 (I O EE ( )											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER					TRAFFICWAY - ON ROAD						
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION						
	Tribal Land			Access Con						al Study		
				7.00000 00.11.00						,		
										I		
	Unit Summary ————————————————————————————————————											
	Unit Status			•	ating As C	Classification Unit Type						
	IN TRANSIT				D CLASS				AUTOMOBILE			
1	Vehicle Type							Operating	As Endorse	ments		
01	(SPORT) UTILITY VEHICLE											
	Total Occs Train/Bus # Recorded To			Total # Citations Issued			Total Traile		Total Haz	Total HazMat Types		
	1		0	0		0		j		0		
	Insurance?	Direction Of Travel					Speed L	eed Limit Tot		tal Lanes		
_	YES	WESTBOUND		Mark			] '					
UNIT	Most Harmful Event: Collision With			cial Funct		1		Emergenc	Emergency Motor Vehicle Use			
$\neg$	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA	AL FUNC	TION		NOT APPLICABLE				
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing			
				Traine Control					John insperditioning			
	Surface Type			Road Curvature				Road Grade				
	75-			1.000 Cui valui 6				Tiona Grand				

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 10/16/2025
Crash Time 06:45 AM

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	Truc	k Bus or HazMat					, ,			
	Vehicle									
UNIT 01	7	License Plate Number AZC8238  Vehicle Identification Number		Plate Type AUT Make	St WI Year	Country of Issuance UNITED STATES Model				
	VEHICLE 0	1FMCU9PZ6RUB26732  Color  RED - RED  Initial Contact Point 01 - RIGHT FRONT CORNER  Extent Of Damage  DISABLING DAMAGE  Towed Due To Damage		FORD 2024 ESCAPE  Body Style UT - SPORT UTILITY VEHICLE  Bus Use						
				Vehicle Damage  01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT  12 - FRONT  14 3 2 1						
		TOWED DUE TO DISABLING I	DAMAGE	Vehicle Removed By CRAIGS TOWING  Vehicle Factors						
		Driver Prior Action Other								
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION								
5	2	Owner Name		Owner Address						
<b> </b>	Policy Holder									
FNS		Insurance Company GERMANTOWN-MUTUAL-INS	со	INDIVIDUAL PAMELA HOLTON						
		Individual								
	AL.	DRIVER PAMELA HOLTON (608) 432-2987	Citations Issued  O  Date of Birth	Sex FEMALE Race						
⊨	ᅙ				WHITE					
LNO	INDIMDUAL	Address S793 BIRCHWOOD RD WISCONSIN DELLS, WI 53965, US		Driver License Number						
	Sai	On Duty Crast fety Equipment	Safety Equipment							
		Row	eat Position	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	00	Injury Seventy NO APPARENT INJURY		Airbag						
		Ejected Eject	ion Path		Trapped/Extricated					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital	Date of Death		Time of Death					

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Distracted By Source								
		Distracted By Action						
		Non Motorist Striking Unit #	Location					
		Prior Action						
		Action						
L	UAL							
L	INDIVIDUAL							
	N N							
		A stier Others					LT-/Fram Cabasi	
		Action Other					To/From School	
	L	Drug & Alcohol NO	ol Use	Suspected Drug Use NO				
	Alcohol Test Given TEST NOT GIVEN Alcohol Test T			pe Alcohol Test Resu			s	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Resul				
2	001	Drug Type						
		Individual Condition						
		APPEARED NORMAL						