6TL0FZQKRH 25-10951

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 25-10951			Investigating Officer/Deputy DEPUTY S. MESSNER			
RH	Crash Date 10/20/2025	Crash Time 06:50 AM	Date An	Date Arrived		Time	Time Arrived			
0FZQKR	Date Notified 10/20/2025	Time Notified 06:59 AM	Total Ur 01	otal Units 1		Total 00	al Injured Total Killed 00		I	
.0FZ	On Emergency H	it and Run Lane	Closure	ure Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Property	School I	School Bus Related NO			Tags				
	✓ Reportable	ANIMAL W/ N	RY		Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
Ī	Location									
- {	ON STH33 EB				Latitude Longitude					
	109 FT W				43.51474	8383		-89.798422734		
	OF SAND RD				X Coordina	ate		Y Coord	inate	
	IN THE TOWN OF DELTON IN SAUK COUNTY				273813.6	875		482178	4	
	IN SAUK COUNTY				Structure 7	Гуре				
						NO STRUCTURE				
	Crash Scene									
,					T=					
	First Harmful Event				First Harmful Event Location					
	NON DOMESTICATED ANIM Manner of Collision	IAL (ALIVE)			ON ROADWAY					
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT			Light Condition					
-		CLE IN TRANSPORT			Roadway Factor(s)					
	Road Surface Condition(s)				Roadway	-acior(s)				
Ì	Environment Factor(s)									
	Weather Condition(s)									
ŀ	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction					
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION					
ŀ	Tribal Land			Access Control				Special Study		
ı	Unit Summary									
`	Unit Status		Vehicle Opera	ating As C	lassification		Unit Type			
	IN TRANSIT D CLASS						TRUCK			
ŀ	Vehicle Type					Operating As Endorsements				
0	UTILITY TRUCK/PICKUP TRUCK						-			
ŀ	Total Occs	Total # Citatio	Total # Citations Issued		Total Traile		Total Haz	Mat Types		
	1		0			0		0	••	
ŀ	Insurance?	Direction Of Travel	Pre C	rashTire	,	Speed Lim	it	Total Lane	es	
⊢	UNKNOWN	EASTBOUND	Mark							
LIND	Most Harmful Event: Collision Wit	Special Funct			Emergency Motor Vehicle Use					
→	NON DOMESTICATED ANIM	NO SPECIA	NO SPECIAL FUNCTION			NOT APPLI		ICABLE		
ŀ	Traffic Way	Traffic Contro	Traffic Control			Traffic Control Inoperative/Missing				
l	Surface Type	Road Curvatu	Road Curvature			Road Grade				

Crash Date 10/20/2025

Wisconsin Motor Vehicle Crash Form DT4000

Crash Time 06:50 AM

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Crash Date 10/20/2025

Crash Time 06:50 AM

	Truc	k Bus or HazMat					. ,		
	,	Vehicle							
		License Plate Number Plate Type St Country of Issuance							
						=			
		PE7970		LTK	WI	UNITED STATES			
01	2	Vehicle Identification Number		Make	Year	Model			
٦		1GCEK19Z87Z115409		CHEV	2007	SILVERADO			
		Color		Body Style Bus Use					
	VEHICLE	DBL - BLUE, DARK		PK - PICKUP					
۱.		Initial Contact Point		Vehicle Damage 7 8 9 10 11					
UNIT		12 - FRONT		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE					
		Extent Of Damage		CORNER, 12 - FRONT, 14 - UNDERCARRIAGE					
		DISABLING DAMAGE							
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions NO CONTRIBUTING ACTION							
	쁘	NO CONTRIBUTING ACTION							
UNIT	<u> </u>								
5	VEHICLE								
	5								
		Owner Name	Owner Address	Owner Address					
2	7								
٦	0								
		ndividual							
		DRIVER TYLER NEWLUN		Citations Issued Sex 0 MALE					
	NDIMDUAL			0					
				Date of Birth	Race WHITE				
╘	5								
EN S	\geq	Address 134 CUNNINGHAM RIDGE RD CAZENOVIA, WI 53924 , US		Driver License Number					
_	Ħ			STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	On Duty Cr fety Equipment	Safety Equipment						
				CHOIL DED & LAD BELT					
		Row	Seat Position	SHOULDER & LAP	BELI				
		Helmotiles		Helmat Compliance					
		Helmet Use		Helmet Compliance					
		Evo Protoction		Tint Compliance					
		Eye Protection Injury Severity		Tint Compliance					
				Airbag					
01	00	Injury Seventy NO APPARENT INJURY Ejected Ejection Path		, MIDAUS					
				Trapped/Extricated					
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED		2					
		Hospital		Date of Death		Time of Death			
		. **							
		Distracted 6	By Source	l		1			
		Distracted By							

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		Distracted By Action						
		Non Motorist Striking Unit #	Location					
		Prior Action						
		Action						
	JAL							
LNN	INDIVIDUAL							
	INDI							
		Action Other					To/From School	
	L	Drug & Alcohol NO	ed Alcohol Use Suspecte NO				1	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results		
		Drug Test Given Drug Test T			Drug Test Results			
2	001	Drug Type						
		Individual Condition						
		APPEARED NORMAL						