6TL0CVRP5Z 25-11104

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 25-11104			Investigating Officer/Deputy DEPUTY A. TEPLY			
2 5	Crash Date 10/24/2025	Crash Time 06:25 PM	Date Ar	Date Arrived		Time	Time Arrived			
L0CVRP	Date Notified 10/24/2025	Time Notified 06:28 PM	Total U 01	Total Units 01		Total 00	Total Injured Total Killed 00		I	
0	On Emergency H	it and Run Lan	e Closure	ure Work Zone			Trailer or Towed		Reporting Threshold	
6T L	Government Property	School NO	School Bus Related NO			Tags				
	✓ Reportable	ANIMAL W/ N	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.									
i	Location									
H	ON USH12 WB				Latitude Longitude			le		
	0.39 MI N				43.502008877		-89.78150103		501031	
	OF OLD HWY 33	•			X Coordinate			Y Coordinate		
	IN THE TOWN OF BARABOON IN SAUK COUNTY	J			275134.125 4820323.5					
	IN SAUR COUNTY				Structure	Гуре				
(Crash Scene									
	First Harmful Event				First Harmful Event Location					
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA	DWAY				
	Manner of Collision				Light Cond	dition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway I	Factor(s)				
	Environment Factor(s)									
	Environment Factor(s)									
	Weather Condition(s)									
	AsimalTona									
	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	PUBLIC PROPERTY					Access Control			Special Study	
	Tribal Land					Access Control				
	Unit Common and									
	Unit Summary Unit Status		I Vahiala Onar	otina Ao C	lassification		Lust			
				perating As Classification		Unit Type AUTOMOBILE				
	IN TRANSIT D CLASS Vehicle Type					Operating As Endorsements				
01	(SPORT) UTILITY VEHICLE						Operating	AS ENGUISE	nents	
	,			Total # Citations Issued Total		Total Traile	al Trailers Total		Mat Types	
	1	Train/Dao // Troobrada	0) 13 133UEC	•	0	510	0	Mat Typoo	
		Direction Of Travel		rashTire		Speed Lim	it	Total Lane	es	
_		NORTHBOUND		rasnine Nark	,	'				
UNIT	Most Harmful Event: Collision With		Special Function					Motor Vehicle Use		
	NON DOMESTICATED ANIM		NO SPECIAL FUNCTION			NOT APPLICABLE				
	Traffic Way	Traffic Contro	Traffic Control			Traffic Contro		ol Inoperative/Missing		
		1				,				
	Surface Type	Road Curvatu	Road Curvature			Road Grade				

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	Truc	k Bus or HazMat					. ,		
	Vehicle								
		License Plate Number		Plate Type St Country of Issuance					
10		784YZG		AUT	wı	UNITED STATES			
	_	Vehicle Identification Number		Make	Year	Model			
	2	1GKKNXLS7JZ234671		GMC	2018	ACADIA			
		Color		Body Style		Bus Use			
		BLK - BLACK	UT - SPORT UTILITY V	/EHICLE					
İ	ш	Initial Contact Point		Vehicle Damage					
LIND	VEHICLE	01 - RIGHT FRONT CORNER	₹				7 8 9 10 11		
		Extent Of Damage		01 - RIGHT FRONT CO	ORNER		6 12		
⊃		DISABLING DAMAGE			J		5 4 3 2 1		
ļ	>	Towed Due To Damage		Makiala Damanad Du					
				Vehicle Removed By					
ļ		NOT TOWED	VIII 5 1						
		What Driver Was Doing	Vehicle Factors	Vehicle Factors					
		Driver Prior Action Other							
		Driver Actions							
	щ	NO CONTRIBUTING ACTION							
⊨	겅								
L	Ĭ								
_	VEHICLE								
ŀ		Owner Name		Owner Address					
		owner Hame		Owner / Idarooc					
2	2								
-	_								
l⊨		Policy Holder							
LNO		Insurance Company	INDIVIDUAL						
⊃		PROGRESSIVE-UNIVERSAL	L-INSURANCE-COMP	DEBRA STAFFORD					
		ndividual							
	· ·	DRIVER		Citations Issued Sex					
		DEBRA STAFFORD		0 FEMALE					
	7			Race					
	DIMDUAL		Date of Birth	WHITE					
E N	9								
15	\leq	Address 1300 SPRINGBROOK DR BARABOO, WI 53913 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	Ĭ								
	Sai	On Duty Cr	Safety Equipment						
	Sai	rety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT				
İ		Helmet Use		Helmet Compliance					
İ		Eye Protection		Tint Compliance					
		<u> </u>		· ·					
_	Σ	Injury Severity NO APPARENT INJURY Ejected Ejection Path		Airbag Trapped/Extricated					
2	90								
				Trapped/Extric					
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED		Livio Agency Identifie		LINO INIII #			
		Hospital		Date of Death		Time of Death			
		i roopiidi		243 01 20411		Time of Beauti			

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Distracted By Source								
		Distracted By Action						
		Non Motorist Strik	ing Unit#	Location				
		Prior Action						
		Action						
L	UAL							
LNN	INDIVIDUAL							
	Z							
		Action Other						To/From School
								TOTTOTT SCHOOL
	L	Drug & Alcohol NO			Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN Alcohol Test Type		Alcohol Test F				
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test R			
5	001	Drug Type	l.					
		Individual Condition						
		APPEARED NORMAL						