6TL0FZQKRK

25-11257

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 25-11257			Investigating Officer/Deputy DEPUTY S. MESSNER				
RK	Crash Date 10/29/2025	Crash Time 08:27 AM			Date Arrived		Tin	Time Arrived				
6TL0FZQKRK	Date Notified 10/29/2025	Time Notified 10:03 AM			Total Units 01		Tot	al Injured	Total Killed 00			
.0FZ	On Emergency	Hit and Run	Lane Closu	sure Wor		rk Zone		Trailer or	or Towed		Reporting Threshold	
6TL	Government Active School Zone Crash Type			School Bus Related NO			Ta	Tags				
	✓ Reportable	TICATED ANIM	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											
-	INTERSECTION					Latitude Longitude						
	ON STH136 EB					43.49039	4333	-89.92		23889909		
	AT ABLEMAN RD					X Coordin	ate		Y Coordinate			
	IN THE TOWN OF EXCEL	SIOR				263577.0625			481942	4819428		
	IN SAUK COUNTY					Structure Type						
						NO STR	,,					
	Crash Scene					I						
	First Harmful Event					First Harm	ful Event	ocation				
	NON DOMESTICATED AN	JIMAL (DEAD)						Location				
	Manner of Collision	HINAL (DLAD)				ON ROADWAY						
	00 - NO COLLISION W/VE	HICLE IN TRANSF	PORT			Light Condition						
	Road Surface Condition(s)	INOLE IN TRANSI	O.K.I			Roadway	Factor(s)					
	()					(-)						
	Environment Factor(s)											
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION					-1 04		
	Thoat Land				Access Control Special Study							
	Unit Summary											
	Unit Status Vehicle Operating As C					Classification Unit Type						
					CLASS			AUTOMOBILE				
	Vehicle Type								As Endorse	ments		
01	(SPORT) UTILITY VEHICLE											
	Total Occs				Citations Issued Total			railers Total HazMat			es	
	1		0			0				0		
	Insurance?	Direction Of Travel					Speed L				tal Lanes	
⊢	YES	EASTBOUND										
UNIT	Most Harmful Event: Collision With			Special Function			TION		Emergency Motor Vehicle Use			
ר	NON DOMESTICATED ANIMAL (DEAD)			NO SPECIAL FUNCTION			TION		NOT APPLICABLE			
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing			sing		
	Surface Type			Road Curvature				Road Grade				
	- Сипасо Турс			Road Curvature				Toda Grado				
J												

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 10/29/2025
Crash Time 08:27 AM

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Wisconsin Motor Vehicle Crash Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/29/2025
Crash Time 08:27 AM

	Truc	k Bus or HazMat									
	Vehicle										
2	10	License Plate Number C29211	Plate Type MUN	St	Country of Issuance						
		Vehicle Identification Number 1GNEVKRS1SJ139047	Make CHEV	Year 2025	Model TRAVERSE						
	ш	Color WHI - WHITE Initial Contact Point	Body Style UT - SPORT UTILITY VEHICLE Vehicle Damage								
FIN	VEHICLE	10 - LEFT SIDE FRONT Extent Of Damage MINOR DAMAGE	7 8 9 10 11 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT 6 7 8 9 10 11 5 4 3 2 1								
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR								
		What Driver Was Doing	Vehicle Factors								
		Driver Prior Action Other Driver Actions									
LIND	VEHICLE	NO CONTRIBUTING ACTION									
5	2	Owner Name	Owner Address								
L	1	Policy Holder									
PND		Insurance Company COMMUNITY-INSURANCE-CORPC/O-WISCONSI GOVERNMENT CESA #5									
	INDIMIDIAL	Individual DRIVER Citations Issued Sex									
		DANA HEAVNER	0 Date of Birth	Sex FEMALE Race	ALE						
Į.		Address	Driver License Number	WHITE							
>	N	S2333 MEADOWVIEW RD REEDSBURG, WI 53959 , US									
	Sat	On Duty Crash fety Equipment	Safety Equipment								
		Row Seat Position	SHOULDER & LAP BELT								
	001	Helmet Use	Helmet Compliance								
		Eye Protection	Tint Compliance								
2		Injury Severity NO APPARENT INJURY	Airbag								
		Ejected Ejection Path			Trapped/Extricated						
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier		EMS Run #						
		Hospital	Date of Death		Time of Death						

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This report does not include any CJIS data.

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_		-	Distracted By Source						
		Distracted By							
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action		•					
İ		Action							
	Ļ								
⊨	Ž								
LIND	INDIVIDUAL								
		Action Other						To/From School	
		Suspected Alcohol Use			Suspected Drug Use				
		Drug & Alcohol	NO		NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
2	001	Drug Type		•					
		Individual Condition							
		APPEARED NORMAL							

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 3 of 3

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