6TL0F1BQ9M

25-11333

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Do	-		Agency Crash Number 25-11333			Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI				
9М	Crash Date 10/31/2025	Crash Time 07:16 AM	· ·		Date Arrived		Tin	Time Arrived				
6TL0F1BQ9M	Date Notified 10/31/2025	Time Notified 07:16 AM			Total Units 01			Total Injured Tota 00 00		otal Killed		
.0F1	On Emergency	lit and Run	Lane Closu			rk Zone		Trailer or 1	Towed		Reporting Threshold	
eTL	Government Property	Crash Type	ool Zone	NO School	Bus Relate	ed	Tag	gs .		1		
	✓ Reportable	ICATED 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											
	ON USH12 EB					Latitude Longitude						
	0.45 MI N					43.32451			_	-89.759092252		
	OF CTHZ SB											
	IN THE TOWN OF SUMPTE	R				X Coordin			Y Coord			
	IN SAUK COUNTY	-				276292.9	0625		48005	00550.5		
						Structure 7	Туре		1			
						NO STR	UCTURE					
Į.												
(Crash Scene											
	First Harmful Event					First Harm	ıful Event l	_ocation				
	NON DOMESTICATED ANII	MAL (ALIVE)				ON ROA	DWAY					
	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VEH	ICLE IN TRANSP	ORT									
	Road Surface Condition(s)					Roadway	Factor(s)					
	, ,					Troubles (6)						
	Environment Factor(s)											
	Weather Condition(s)											
	Animal Tura					D 1 6 T T 6						
	Animal Type				Relation To Trafficway							
	DEER				TRAFFICWAY - ON ROAD							
	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
	Tribal Land			Access Contr		ontrol	ol			al Study		
ı	Unit Summary											
	Unit Status Vehicle Operating As C					Classification Unit Type						
	IN TRANSIT		DC	D CLASS			1		AUTOMOBILE			
	Vehicle Type						Operating	As Endorse	ments			
01	PASSENGER CAR							' "				
				Total # Citations Issued		Total Traile		ilers	Total HazMat Types		es	
	1		// Олино	# Citations issued					0			
	Insurance?	Direction Of Travel				-	-		Total Lanes			
_	YES	EASTBOUND		Pre CrashTire Mark				-	. Total Earlos			
UNIT	Most Harmful Event: Collision With			Special Function			l	Emergency Motor Vehicle Use				
5				NO SPECIAL FUNCTION			TION		NOT APPLICABLE			
	NON DOMESTICATED ANIMAL (ALIVE)											
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type			Pood Curvature				Road Grade				
	Currace Type			Road Curvature				Road Grade				

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 3

Crash Date 10/31/2025
Crash Time 07:16 AM

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	Truc	k Bus or HazMat				` '			
	Vehicle								
2		License Plate Number ATA4698	Plate Type AUT	St WI	Country of Issuance UNITED STATES				
	2	Vehicle Identification Number 1N4BL2AP4CN414287 Color	Make NISS	Year 2012	Model ALTIMA Bus Use				
	щ	SIL - SILVER (ALUMINUM) Initial Contact Point	SD - SEDAN Vehicle Damage						
FIN	VEHICLE	01 - RIGHT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE	01 - RIGHT FRONT CORNER						
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG What Driver Was Doing	Vehicle Removed By Vehicle Factors						
		Driver Prior Action Other							
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
5	5	Owner Name	Owner Address						
FIND		Policy Holder Insurance Company	INDIVIDUAL						
⋾		STATE-FARM-CLASSIC-INS-CO	GABRIELLE BULIN						
	INDIMDUAL	DRIVER GABRIELLE BULIN (608) 434-2276	Citations Issued 0	0 FEMALE					
Į.		Address	Date of Birth Driver License Number	WHITE					
5		535 1ST ST BARABOO, WI 53913 , US							
	Sa	fety Equipment	Safety Equipment						
	001	Row Seat Position	SHOULDER & LAP BELT						
		Helmet Use	Helmet Compliance						
		Eye Protection Injury Severity	Tint Compliance Airbag						
2		Injury Seventy NO APPARENT INJURY Ejected Ejection Path	Trapped/Extricated						
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED Hospital	Date of Death		Time of Death				
		· oopnui	Date of Death		io oi boddi				

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $2 \quad \text{of} \quad 3$

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Ī			Distracted By Source	e					
			Distracted By						
İ			Distracted By Action						
			Non Motorist Striking Unit #	Location					
			Prior Action	•					
İ			Action						
١									
١		INDIVIDUAL							
١	LIND	2							
١	5	Σ							
١		2							
		_							
1									
			Action Other					To/From School	
1		Suspected Alcohol Use Suspected Drug Use							
		L	Drug & Alcohol NO	,,,,	NO				
İ		Alcohol Test Given Alcohol Test			pe Alcohol Test Re			sults	
١			TEST NOT GIVEN						
			Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
İ	7	001	Drug Type	II.		I.			
	0	ō							
l			Individual Condition						
١			APPEARED NORMAL						
			ALL LANCE HORWAL						