

25-11397

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

Document Number Override		Primary Crash Document #		Agency Crash Number 25-11397		Investigating Officer/Deputy DEPUTY B. SONN	
Crash Date 11/01/2025		Crash Time 07:42 PM		Date Arrived		Time Arrived	
Date Notified 11/01/2025		Time Notified 07:42 PM		Total Units 01		Total Injured 00	Total Killed 00
☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed		☐ Reporting Threshold	
☐ Government Property		☐ Active School Zone	School Bus Related NO		Tags		
☒ Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY			☐ Amended		☐ Secondary Crash

Location

Crash Scene

Unit Summary

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.

1 of 3

Crash Date **11/01/2025**
Crash Time **07:42 PM**

6TL0DQPGJ3

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Truck Bus or HazMat					
01	UNIT	VEHICLE	Vehicle				
			License Plate Number CB59744	Plate Type	St IL	Country of Issuance UNITED STATES	
			Vehicle Identification Number 2C4RC1L71PR500763	Make CHRY	Year 2023	Model PACIFICA	
			Color GRY - GRAY	Body Style VN - VAN	Bus Use		
			Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 11 - LEFT FRONT CORNER, 12 - FRONT			
			Extent Of Damage DISABLING DAMAGE				
			Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIG'S TOWING			
			What Driver Was Doing	Vehicle Factors			
			Driver Prior Action Other				
			01	UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
Owner Name							
Owner Address							
01	UNIT	Policy Holder					
		Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		INDIVIDUAL RYAN TORNQUIST			
		Individual					
01	UNIT	INDIVIDUAL	DRIVER RYAN TORNQUIST (563) 639-3444		Citations Issued 0	Sex MALE	
					Date of Birth	Race	
			Address 1400 6TH STREET A ORION, IL 61273 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
01	UNIT	001	Safety Equipment		On Duty Crash		Safety Equipment
			Row	Seat Position	SHOULDER & LAP BELT		
			Helmet Use		Helmet Compliance		
			Eye Protection		Tint Compliance		
			Injury		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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UNIT INDIVIDUAL 01 001	Distracted By		Distracted By Source	
	Distracted By Action			
	Non Motorist		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			
	To/From School			
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use 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
Drug Type				
Individual Condition APPEARED NORMAL				