6TL0DQPGJ3

25-11397

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Docume	,		·9-··-) -·			vestigating Officer/Deputy EPUTY B. SONN		
3J3	Crash Date 11/01/2025	Crash Time 07:42 PM			Date Arrived		Time	Time Arrived		
QPG	Date Notified Time Notified 11/01/2025 07:42 PM		Total Units 01		nits	Total 00		l Injured	ijured Total Killed 00	
	On Emergency H	and Run Lane Closu		re Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Active School Zone			School Bus Related NO			Tags	Гags		
	Crash Type NON-DOMESTICATED A			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 EB					Latitude Longitude			de	
	0.48 MI N					43.34717	78337	-89.759154		154545
	OF WATERBURY RD	•				X Coordin	ate		Y Coordinate	
	IN THE TOWN OF SUMPTER IN SAUK COUNTY	₹				276371.0	276371.09375 4803067			37
	IN SAUK COUNT					Structure ⁻	Туре		L	
(Crash Scene									
	First Harmful Event						nful Event Lo	ocation		
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROADWAY				
	Manner of Collision					Light Cond	dition			
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)					Roadway	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					NO SPECIAL JURISDICTION				
	Tribal Land					Access Co	ontrol		Special Stu	
ı	Unit Summary									
	Unit Status Vehicle Operating As				iting As C	lassification		Unit Type		
				D CLASS				AUTOMOBILE		
10	Vehicle Type							Operating A	As Endorser	ments
0	PASSENGER VAN									
	Total Occs	Train/Bus # Recorded		l # Citatio	ns Issued		Total Trail	ers		Mat Types
	1	D: (' O(T)	0				0	.,	0	
_	Insurance? YES	Direction Of Travel SOUTHBOUND		Pre CrashTire Mark		Speed Lim		nit Total Lane		es
UNIT	Most Harmful Event: Collision With			Special Function			<u> </u>		Emergency Motor Vehicle Use	
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCT			TION		NOT APPLICABLE	
	Traffic Way			Traffic Control					Traffic Control Inoperative/Missing	
	Surface Type			Road Curvature				Road Grade		
		I								

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	Truc	uck Bus or HazMat							
		Vahiala							
		Vehicle License Plate Number Plate Type St Country of Issuance							
		CB59744	Plate Type	IL	UNITED STATES				
		Vehicle Identification Number	Make	Year					
2	2	2C4RC1L71PR500763	CHRY	2023	Model PACIFICA				
_	VEHICLE (Color	Body Style	2023	Bus Use				
		GRY - GRAY	VN - VAN		Dus Ose				
		Initial Contact Point	Vehicle Damage						
╘		01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 04 - RIGHT SIDE REAR, 11 - LEFT FRONT CORNER, 12 - FRONT						
UNIT		Extent Of Damage							
		DISABLING DAMAGE							
		Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	CRAIG'S TOWING						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions							
	111	Driver Actions NO CONTRIBUTING ACTION							
 	VEHICLE								
L	₹								
>	回								
		Owner Name	Owner Address						
_	_								
6	2								
╘		Policy Holder							
LNN		Insurance Company INDIVIDUAL							
-		PROGRESSIVE-UNIVERSAL-INSURANCE-COMP RYAN TORNQUIST							
		Individual							
		DRIVER RYAN TORNQUIST	Citations Issued						
	7	(563) 639-3444	0	MALE Race					
	Ž	(***,****	Date of Birth	Race					
Ĭ S	IDIMDUAL	Address	Driver License Number						
5		1400 6TH STREET A	STATE: ILLINOIS COUNTRY: UNITED STATES						
	Z	ORION, IL 61273 , US							
		On Duty Crash	Safety Equipment						
	Sai	fety Equipment							
		Row Seat Position	SHOULDER & LAP	BELT					
	001	Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
		Eye Protection	Tint Compliance						
_		Injury Severity	Airbag						
01		Injury NO APPARENT INJURY							
		Ejected Ejection Path	Trapped/Extricated						
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	15						
		Hospital	Date of Death		Time of Death				
l			Ī						

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

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Crash Date 11/01/2025

Crash Time 07:42 PM

		Distracted By Source							
	Distracted By Action								
		Non Motorist Striking Unit #	Location						
		Prior Action							
		Action							
	UAL								
LNO	INDIVIDUAL								
	N D								
		Action Other					To/From School		
	L	Drug & Alcohol NO	Use	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Resu				
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results				
2	001	Drug Type	_ I		<u> </u>				
		Individual Condition							
		APPEARED NORMAL							
		AFFEARED NORMAL							