6TL0D6N07D 25-11506

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document	t# Agend	Agency Crash Number			Investigating Officer/Deputy DEPUTY B. BRUNKEN			
7 D	Crash Date 11/04/2025	Crash Time 05:17 PM	Date /	Date Arrived		Time	Time Arrived			
6TL0D6N07 D	Date Notified 11/04/2025	Time Notified 05:17 PM	Total 01	Total Units 01		Total 00	tal Injured Total Killed 00		I	
<u>-0</u>	On Emergency Hi	t and Run Lai	ne Closure	ure Work Zone			Trailer or Towed		Reporting Threshold	
6TI	Government Property	ne School				Tags				
	✓ Reportable	D ANIMAL W/	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 LIME RIDGE RD/ CTHK \		Latitude					Longitude		
	0.56 MI E					43.518147385		-90.082628688		
	OF THOMAS RD IN THE TOWN OF IRONTON				X Coordinate			Y Coordinate		
	IN SAUK COUNTY			250855.21875			482297		4	
	IN SAUK COUNTY				Structure Type					
(Crash Scene									
	First Harmful Event					ful Event Lo	cation			
	NON DOMESTICATED ANIMAL (ALIVE)				ON ROADWAY					
	Manner of Collision	0. 5 W. TDANGDODT			Light Cond	dition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway	Factor(s)				
	Environment Factor(s)				1					
					_					
	Weather Condition(s)									
	Animal Type				Relation To Trafficway					
	DEER Crash Classification - Location				TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
	PUBLIC PROPERTY			NO SPECIAL JURISDICTION						
	Tribal Land			Ac		Access Control			Special Study	
i	Unit Summary				Į.					
Ì	Unit Status		Vehicle Ope	erating As C	Classification		Unit Type			
	IN TRANSIT D CLASS			J			AUTOMOBILE			
_	Vehicle Type						Operating A	As Endorser	nents	
01	(SPORT) UTILITY VEHICLE									
	Total Occs Train/Bus # Recorded		Total # Cita	Total # Citations Issued		Total Traile		Total Haz	Mat Types	
	1		0			0		0		
		Direction Of Travel WESTBOUND	Pre	CrashTire)	Speed Lim	it	Total Lane	es	
UNIT		Special F	Mark Special Function			Emergency		Motor Vehicle Use		
5	Most Harmful Event: Collision With		Special Function NO SPECIAL FUNCTION					Motor Vehicle Use		
	NON DOMESTICATED ANIMAL (DEAD) Traffic Way									
	rramo vvay	Hamic Cont	Traffic Control			Traffic Control Inoperative/Missing				
	Surface Type	Road Curva	Road Curvature			Road Grade				
	, ,									

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	Truc	k Bus or HazMat					. ,		
Vehicle									
		License Plate Number		Plate Type	St	Country of Issuance			
01		LXH8162			NY	UNITED STATES			
	_	Vehicle Identification Number		Make	Year	Model			
	2	1FMCU9NA7SUB23759		FORD	2025	ESCAPE			
		Color			Body Style Bus Use				
	VEHICLE	BLK - BLACK		UT - SPORT UTILITY VEHICLE					
_		Initial Contact Point		Vehicle Damage			7 8 9 10 11		
LIND		12 - FRONT Extent Of Damage		42 EDONT			6 7 12		
		DISABLING DAMAGE		12 - FRONT			5 4 3 2 1		
		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLE	NG DAMAGE	AUTO MEDIC					
		What Driver Was Doing		Vehicle Factors					
		ŭ			13/13/6 / 25/6/5				
		Driver Prior Action Other							
		Driver Actions							
	щ	NO CONTRIBUTING ACTION							
LNO	\overline{c}								
5	VEHICLE								
	5								
		Owner Name		Oumar Address					
		Owner Name		Owner Address					
0	5								
		ndividual							
	'	DRIVER Citations Issued Sex							
		APRIL JENNINGS		0	FEMALE				
	Ζ			Date of Birth					
—	7				WHITE				
	NDIMDUAL	Address		Driver License Number					
_	2	10367 NORWEGIAN CHURCH DR		STATE: WISCONSIN COUNTRY: UNITED STATES					
	_	LA VALLE, WI 53941 , US							
	Sat	On Duty fety Equipment	Safety Equipment	Safety Equipment					
				SHOULDER & LAP BELT					
		Row	Seat Position	SHOULDER & LAP	DELI				
		Helmet Use		Helmet Compliance					
		Tiomot 000		Tromot Compilation					
	001	Eye Protection Injury Seventy		Tint Compliance	Tint Compliance				
5				Airbag					
0	8		PARENT INJURY						
		Ejected	Ejection Path			Trapped/Extricated			
		Madical Transport		TEMO A		EMC Pour #			
		Medical Transport		EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED Hospital		Date of Death		Time of Death			
		η ισομιαι		Date of Death		Time of Death			
		Distracte	ed By Source						
		Distracted By	•						

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Crash Date 11/04/2025

Crash Time 05:17 PM

Distracted By Action						
!	Non Motorist Striking Unit #	Location				
	Prior Action					
	Action					
JAL						
VIDI						
ND						
	Action Other					To/From School
L	Orug & Alcohol NO	Use	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		
001	Drug Type					
	Individual Condition					
	APPEARED NORMAL					
	001 INDIVIDUAL	Prior Action Action Action Other Drug & Alcohol Alcohol Test Given TEST NOT GIVEN Drug Type Individual Condition	Non Motorist	Prior Action Action Action Action Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition	Non Motorist Striking Unit # Location	Non Motorist