

25-11362

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

Document Number Override		Primary Crash Document #		Agency Crash Number 25-11362		Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 10/31/2025		Crash Time 11:18 PM		Date Arrived		Time Arrived	
Date Notified 10/31/2025		Time Notified 11:18 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.

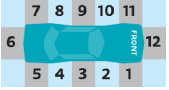
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Crash Date **10/31/2025**
Crash Time **11:18 PM**

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25-11362

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
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		Truck Bus or HazMat					
UNIT 01	VEHICLE	Vehicle					
		License Plate Number ALE8174		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1C4RJFAG5CC316080		Make JEEP	Year 2012	Model GRAND CHER	
		Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage DISABLING DAMAGE					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By			
		What Driver Was Doing		Vehicle Factors			
		Driver Prior Action Other					
		Driver Actions NO CONTRIBUTING ACTION					
UNIT 01	VEHICLE	Owner Name		Owner Address			
UNIT 01	INDIVIDUAL	Policy Holder					
		Insurance Company ALLSTATE-INS-CO		INDIVIDUAL CHARLES HUFFSTUTLER			
UNIT 01	INDIVIDUAL	DRIVER CHARLES HUFFSTUTLER (608) 495-3740		Citations Issued 0	Sex MALE		
				Date of Birth	Race WHITE		
		Address 1130 HIGH ST REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 01	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				