**6TL0FQBC3Z** 25-11659

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 25-11659			Investigating Officer/Deputy DEPUTY J. MACASKILL			
32	Crash Date 11/08/2025	Crash Time 10:30 AM			Date Arrived		Tim	Time Arrived			
BC	Date Notified 11/08/2025	Time Notified 10:32 AM			Total Units <b>01</b>		Total <b>00</b>		Injured Total Killed		
<b>6TL0FQBC</b>	On Emergency	Hit and Run	Lane Closu		Ш	k Zone		Trailer or 1	Towed		Reporting Threshold
	Government Active School Zone			School Bus Related NO			Тас	Tags			
	Reportable 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.										
	Location <b>——</b>										
	ON CTHP EB					Latitude Longitude					
	1120 FT E			43.		43.59064	13174		-89.843	310936 <sup>,</sup>	1
	OF LYNDON RD				X Coordinate				Y Coord	linate	
	IN THE TOWN OF DELLON	IA				270490.0			4830336		
	IN SAUK COUNTY								+0000		
						Structure 7	Туре				
(	Crash Scene										
1	First Harmful Event	First Harm	ful Event I	ocation							
	NON DOMESTICATED ANI	MAL (ALIVE)				ON ROA		Location			
	Manner of Collision	IVIAL (ALIVL)									
	00 - NO COLLISION W/VEH	JICI E IN TRANSI	ODT			Light Condition					
	***	TICLE IN TRANSP	OKI			Dandon	T4/-\				
	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 Control Special Study					
i	Unit Summary										
	Unit Status Vehicle Operating As C					Classification Unit Type					
								AUTOMOBILE		:	
	IN TRANSIT D CLASS					.33			Operating As Endorser		
01	Vehicle Type							Operating	AS Elidoise	ments	
•	(SPORT) UTILITY VEHICLE					1	,	L Total HazMat Types			
	Total Occs 1	Train/Bus # Record	1 ota	Total # Citations Issued			0			Total HazMat Types  0	
	Insurance?	Direction Of Travel		0					Total Lanes		
_	YES	WESTBOUND		Pre CrashTire Mark				Total La			
UNIT	Most Harmful Event: Collision With			Special Function			<u> </u>		Emergency Motor Vehicle Use		
5	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION			TION		NOT APPLICABLE		
•	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			
	~							-			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 11/08/2025
Crash Time 10:30 AM

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Wisconsin Motor Vehicle Crash Form DT4000

## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

Crash Time 10:30 AM

	Truc	ck Bus or HazMat								
		Vehicle								
UNIT 01	VEHICLE 01	License Plate Number AZV1481		Plate Type <b>AUT</b>	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number 1GNKVGKDXHJ119481		Make CHEV	Year 2017	Model TRAVERSE				
		Color BLU - BLUE		Body Style UT - SPORT UTILITY	VEHICLE	Bus Use				
		Initial Contact Point  11 - LEFT FRONT CORNER  Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage  08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT  7 8 9 10 11 6 12 12 5 4 3 2 1						
		Towed Due To Damage NOT TOWED		Vehicle Removed By  OPERATOR						
		What Driver Was Doing		Vehicle Factors						
		Driver Prior Action Other		7						
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACT	TION							
5	2	Owner Name		Owner Address						
<b> </b>		Policy Holder		_						
FIN		Insurance Company GEICO-GENERAL-INS-C	0	INDIVIDUAL ANDREW RAUCH						
		Individual		·						
	INDIMDUAL		ER-RAUCH	Citations Issued  0	Sex FEMALE					
Ļ		(608) 415-9042		Date of Birth	Race WHITE					
LNO		Address S1717 MENCHOFF RD LA VALLE, WI 53941 , US		Driver License Number						
	On Duty Crash Safety Equipment			Safety Equipment						
	001	Row	Seat Position	SHOULDER & LAF	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance						
10		Eye Protection		Tint Compliance						
		Injury Seventy NO APPARENT INJURY		Airbag						
		Ejected	Ejection Path	Trapped/Extricated						
		Medical Transport NOT TRANSPORTED	l	EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death				
Wisco	nsin	Motor Vehicle Crash	This	report does not include any C	JIS data.	Crash Date	11/08/2025			

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Distracted By Source								
		Distracted By Action						
		Non Motorist Striking Unit #	Location					
		Prior Action						
		Action						
L	UAL							
L	INDIVIDUAL							
	N N							
		A stier Others					I Ta/Faara Cabaal	
		Action Other					To/From School	
	L	Drug & Alcohol NO	iol Use	Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Resu		s		
2	001	Drug Type						
		Individual Condition						
		APPEARED NORMAL						