6TL0D2XVTH

25-11594

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 25-11594 | | | Investigating Officer/Deputy DEPUTY B. GOODREAU | | | | |
|-------------|---|------------------------|--------------------------|--------------------------|---|-------------------------------------|-------------------|---|-----------------------------|--------------------|------------------------|---|
| TH | Crash Date 11/06/2025 | Crash Time 08:31 PM | - | | Date Arrived | | Tim | Time Arrived | | | | |
| 6ТС0D2XVTH | Date Notified 11/06/2025 | Time Notified 08:32 PM | | | Total Units 01 | | Tot. 00 | al Injured | Total Killed | | | |
| -0D | On Emergency | Hit and Run | Lane Closi | | | rk Zone | | Trailer or 1 | owed | | Reporting Threshold | |
| 6T l | Government Property | Crash Type | hool Zone | NO School | Bus Relate | ed | Tag | js | | 1 | | |
| | Reportable | TICATED ANIM | 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 | | | | | | | | | | | |
| | ON E8794 STH33 EB | | | | | Latitude | | | Longitu | de | | _ |
| | 0.29 MI E | | | | | 43.53127 | 7901 | | | 38604579 | | |
| | OF STH23 WB | | | | | X Coordin | ate | | Y Coordina | | | _ |
| | (FIRE E8794) | | | | | 266794.8 | | | 4823862 | | | |
| | IN THE TOWN OF EVOE | NOD | | | | | | | 40200 | | | _ |
| | IN THE TOWN OF EXCELSIOR IN SAUK COUNTY | | | | | Structure Type FIRE | | | | | | |
| (| Crash Scene | | | | | | | | | | | |
| 1 | First Harmful Event | | | | | | nful Event L | ocation | | | | _ |
| | NON DOMESTICATED AN | IMAL (ALIVE) | | | | ON ROA | | | | | | |
| | Manner of Collision | | | | | Light Condition | | | | | | |
| | 00 - NO COLLISION W/VE | HICLE IN TRANSI | PORT | | | Light Condition | | | | | | |
| | Road Surface Condition(s) | INOLL IN TRANS | OKI | | | 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 Tribal Land | | | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | | | |
| | | | | | | 7 to cost some stady | | | | | | |
| ĺ | Unit Summary | | | · · · · · | | | · · · · · | | · · · · · | | | |
| | Unit Status Vehicle Operating As C | | | | | lassification | ļ | Unit Type | | | | _ |
| | | | | | D CLASS | | | AUTOMOBIL | | LE | | |
| | Vehicle Type | | | | | | | Operating | As Endorse | ments | | _ |
| 01 | (SPORT) UTILITY VEHICLE | | | | | | | | | | | |
| | Total Occs Train/Bus # Recorded | | | Total # Citations Issued | | Total T | | ilers Total Haz | | zMat Types | | _ |
| | 1 | 0 | | | 0 | | | | 0 | | | |
| | Insurance? | Direction Of Trave | ı | Pre CrashTire | | | Speed Limit | | Total Lanes | | | _ |
| _ | YES WESTBOUND | | | Mark | | | | | | | | |
| UNIT | Most Harmful Event: Collision With | | | Special Function | | | | | Emergency Motor Vehicle Use | | 1 | - |
| \supset | NON DOMESTICATED ANIMAL (ALIVE) | | | NO SPECIAL FUNCTIO | | | 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.

1 of 3

Crash Date 11/06/2025
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| | Truc | ck Bus or HazMat | | | | | | | | |
|----------------|--------------------------------|---|---------|---|------------------|---|--|--|--|--|
| Vehicle | | | | | | | | | | |
| UNIT 01 | | License Plate Number AUE3077 Vehicle Identification Number | | Plate Type AUT Make | St WI Year | Country of Issuance UNITED STATES Model | | | | |
| | 6 | 5NMJBCAE6NH115591 | | HYUN Body Style | 2022 | TUCSON Bus Use | | | | |
| | VEHICLE | WHI - WHITE Initial Contact Point | | UT - SPORT UTILITY VEHICLE Vehicle Damage | | | | | | |
| | | 12 - FRONT Extent Of Damage DISABLING DAMAGE | | 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT | | | | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMA What Driver Was Doing | AGE | Vehicle Removed By CRAIGS TOWING Vehicle Factors | | | | | | |
| | | Driver Prior Action Other | | | | | | | | |
| TIND | VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | | | | | |
| 5 | 6 | Owner Name | | Owner Address | | | | | | |
| l _⊨ | Policy Holder | | | | | | | | | |
| PIND | | Insurance Company PROGRESSIVE-CLASSIC-INS-CO | | INDIVIDUAL MAKAYLA HILL | | | | | | |
| | - 1 | Individual | | | | | | | | |
| | INDIMDUAL | DRIVER MAKAYLA HILL | | Citations Issued 0 | Sex FEMALE | | | | | |
| E | | | | Date of Birth | WHITE | | | | | |
| TNO | | Address 1875 W PINE ST # 113 BARABOO, WI 53913 , US | | Driver License Number | | | | | | |
| | Safety Equipment On Duty Crash | | | Safety Equipment | | | | | | |
| | | Row Seat P | osition | SHOULDER & LAP BELT | | | | | | |
| | 001 | Helmet Use | | Helmet Compliance | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | |
| 2 | | Injury Seventy 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 | | | | |

Wisconsin Motor Vehicle Crash Form DT4000

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| Distracted By Source | | | | | | | | |
|----------------------|-------------------|-----------------------------------|-------------------|-----------------------|---|----------------------|----------------|--|
| | | Distracted By Action | | | | | | |
| | | Non Motorist Striking Unit # | Location | | | | | |
| | | Prior Action | | | | | | |
| İ | | Action | | | | | | |
| | JAL | | | | | | | |
| LIND | INDIVIDUAL | | | | | | | |
| | N | | | | | | | |
| | | | | | | | | |
| | | Action Other | | | | | To/From School | |
| | Drug & Alcohol 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 | | | | |
| 2 | 001 | Drug Type | | | 1 | | | |
| | | Individual Condition | | | | | | |
| | | APPEARED NORMAL | | | | | | |
| | | AFFLARED NORWAL | | | | | | |