#### 6TL0D5DZ45

25-11885

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Do	Primary Crash Document #		Agency Crash Number 25-11885			Investigating Officer/Deputy DEPUTY J. HUNTER				
45	Crash Date 11/15/2025	Crash Time 09:15 AM			Date Arrived		Tin	Time Arrived				
<b>6TL0D5DZ</b>	Date Notified 11/15/2025	Time Notified 09:15 AM			Total Units <b>01</b>			,		Total Killed <b>00</b>		
-0D	On Emergency	Hit and Run	Lane Closu		Ш	rk Zone		Trailer or	Towed		Reporting Threshold	
<b>6T</b> l	Government Property	Active Sch	ool Zone	NO School	Bus Relate	ed	Ta	gs				
	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 STH23 EB					Latitude			Longitue	de		
	0.25 MI S					43.49754	11005			-90.012792575		
	OF OLD LOGANVILLE RD					X Coordina	ate		Y Coordinate			
	IN THE TOWN OF REEDSE	URG				256416.875			4820478.5			
	IN SAUK COUNTY								40204	0.0		
						Structure Type NO STRUCTURE						
(	Crash Scene											
1	First Harmful Event					First Harm	ıful Event	ocation				
	NON DOMESTICATED ANI	MAI (ALIVE)						200410.1				
	Manner of Collision	(7 (2.1 7 2)				ON ROADWAY						
	00 - NO COLLISION W/VEH	IICI E IN TOANSD	OPT			Light Condition						
	Road Surface Condition(s)	IICLL IN TRANSF	OKI			Poadway	Factor(s)					
	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							
ĺ	Unit Summary											
	Unit Status Vehicle Operating As C					lassification		Unit Type				
	IN TRANSIT D CLASS				g			AUTOMOBILE				
	Vehicle Type					Operating As Endorsements						
01	PASSENGER CAR						Operating	NO ENGOIDE	monto			
				I # Citations Issued		Total Tra	nilers	Total HazMat Types		nes		
	1	Train/Bab // Tradorate		0		0			0	**		
	Insurance?	Direction Of Travel	+-	Pre CrashTire		Speed Limit			Total Lanes			
_	YES	EASTBOUND		Mark			,					
UNIT				Special Function			<u> </u>		Emergency Motor Vehicle Use			
	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.

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Crash Date 11/15/2025
Crash Time 09:15 AM

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	Truc	k Bus or HazMat							
	,	Vehicle							
5	VEHICLE 01	License Plate Number ABT8500	Plate Type AUT	St WI	Country of Issuance UNITED STATES				
		Vehicle Identification Number 1C3CCCBB8FN749777 Color	Make CHRY Body Style	Year <b>2015</b>	Model 200 Bus Use				
Ŀ		RED - RED Initial Contact Point 12 - FRONT	SD - SEDAN Vehicle Damage	SD - SEDAN Vehicle Damage 7 8 9 10 11					
TINO		Extent Of Damage FUNCTIONAL DAMAGE Towed Due To Damage		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT  Vehicle Removed By					
		NOT TOWED  What Driver Was Doing	OPERATOR  Vehicle Factors						
		Driver Prior Action Other							
LIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
5	10	Owner Name	Owner Address						
FIND	ı	Policy Holder Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	INDIVIDUAL KIMBERLY SOBOJ	IINSKI					
		Individual							
	INDIMDUAL	DRIVER KIMBERLY SOBOJINSKI (608) 477-3547	Citations Issued  0  Date of Birth	Sex FEMALE Race					
F		Address	Driver License Number	WHITE onse Number					
>		255 PEAK HILL RD LOGANVILLE, WI 53943 , US							
	Sai	On Duty Crash fety Equipment	Safety Equipment	Safety Equipment					
		Row Seat Position		SHOULDER & LAP BELT					
	001	Helmet Use	·	Helmet Compliance					
		Eye Protection	·	Tint Compliance					
2		Injury Severity NO APPARENT INJURY	Airbag						
		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 This report does not include any CJIS data.

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Crash Date 11/15/2025
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		Distracted By Sou	urce				
		Distracted By Action					
		Non Motorist Striking Unit #	Location				
		Prior Action					
İ		Action					
	THE CONTRACTOR OF THE CONTRACT						
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					