

6TL0DRXHLT  
25-11965

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>25-11965</b>		Investigating Officer/Deputy <b>DEPUTY S. ELLICKSON</b>	
Crash Date <b>11/17/2025</b>		Crash Time <b>04:39 PM</b>	Date Arrived		Time Arrived	
Date Notified <b>11/17/2025</b>		Time Notified <b>04:39 PM</b>	Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.						

**Location**

ON STH23 EB 0.49 MI E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.533225842</b>	Longitude <b>-89.907322694</b>
	X Coordinate <b>265083.0625</b>	Y Coordinate <b>4824138.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

**Unit Summary**

<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

NO

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	Truck Bus or HazMat																																																																																																					
<b>01</b> <b>01</b> <b>UNIT</b> <b>VEHICLE</b> <b>01</b> <b>UNIT</b> <b>VEHICLE</b> <b>01</b> <b>UNIT</b> <b>INDIVIDUAL</b> <b>001</b> <b>001</b>	<b>Vehicle</b>			License Plate Number <b>XE44508</b>		Plate Type <b>LTK</b>	St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>1GT49PEY6NF321866</b>		Make <b>GMC</b>	Year <b>2022</b>		Model <b>SIERRA</b>	Color <b>BLK - BLACK</b>		Body Style <b>PK - PICKUP</b>	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>12 - FRONT</b>	Extent Of Damage <b>DISABLING DAMAGE</b>			Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	What Driver Was Doing		Vehicle Factors	Driver Prior Action Other		Driver Actions <b>NO CONTRIBUTING ACTION</b>			Owner Name		Owner Address	<b>Policy Holder</b>			Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		INDIVIDUAL <b>ABIDIN BAJRAMI</b>	<b>Individual</b>			DRIVER <b>ABIDIN BAJRAMI</b> <b>(573) 359-7642</b>		Citations Issued <b>0</b>	Citizens Issued <b>0</b>	Sex <b>MALE</b>	Address <b>211 N MAIN ST</b> <b>RICHLAND CENTER, WI 53581 , US</b>		Date of Birth	Race <b>WHITE</b>		Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	<b>Safety Equipment</b>			On Duty Crash		Safety Equipment	Row		Seat Position	SHOULDER & LAP BELT			Helmet Use		Helmet Compliance	Eye Protection		Tint Compliance	<b>Injury</b>			<b>Injury</b> <b>NO APPARENT INJURY</b>		Airbag	Ejected		Ejection Path	Trapped/Extricated			Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #			Hospital		Date of Death			Time of Death
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UNIT INDIVIDUAL  01 001	<b>Distracted By</b>		Distracted By Source		
	Distracted By Action				
	<b>Non Motorist</b>	Striking Unit #	Location		
	Prior Action				
	Action				
	Action Other				To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
	Drug Type				
Individual Condition					
<b>APPEARED NORMAL</b>					