6TL0DKRB3C 25-12671

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Docum	ent# Ag	Agency Crash Number		mber	Investigating Officer/Deputy DEPUTY M. DUNSE					
3C	Crash Date 12/09/2025	Crash Time 12:20 AM	Da	Date Arrived			Time	Time Arrived				
RE	Date Notified 12/09/2025	Time Notified 12:24 AM		Total Units 01		Total 00		Injured	Total Killed	i		
DKRB	On Emergency H				Work Zone			Frailer or T	er or Towed Reporting Threshold			
<u>-</u>	Government Active School Zone			School Bus Related			Tags					
6TL	Property	Zone N	NO					T				
	Reportable	TED ANIMAL	NIMAL W/ NO INJURY				Amended		Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
ļ	Location											
1	ON STH23 WB 0.49 MI W					Latitude 43.53355	4605	Longitude -89.901262655				
	OF STH33 EB					X Coordin			Y Coordinate			
	IN THE TOWN OF EXCELSION	OR				265574.03125 4824158						
	IN SAUK COUNTY					Structure Type						
(Crash Scene											
Ī	First Harmful Event					First Harmful Event Location						
	NON DOMESTICATED ANIM	IAL (ALIVE)				ON ROADWAY						
	Manner of Collision					Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT										
	Road Surface Condition(s)					Roadway Factor(s)						
	Environment Factor(s)											
ŀ	Weather Condition(s)	Weather Condition(s)										
	••											
ŀ	Animal Type					Relation To Trafficway						
	DEER				TRAFFICWAY - ON ROAD							
ŀ	Crash Classification - Location				Crash Classification - Jurisdiction							
	PUBLIC PROPERTY					CIAL JURI	SDICTION					
ĺ	Tribal Land					Access Control Special Study						
Į.	Unit Cummon.											
	Unit Summary Unit Status		Vehicle	Operatir	na As Cl	assification		Unit Type				
				D CLASS		AUTOMOE		3ILE				
_	Vehicle Type						Operating As Endorsements					
01	(SPORT) UTILITY VEHICLE											
	Total Occs Train/Bus # Recorded			Total # Citations Issued						Mat Types		
	1	Direction Of Travel		0		0 Speed Li		mit Total Lane		00		
UNIT		WESTBOUND	P	Pre CrashTire Mark			Speed Lim		. Total Lailes			
	Most Harmful Event: Collision With			Special Function			1		Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTION				NOT APPLICABLE				
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing				
	Surface Type			Road Curvature				Road Grade				

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	Truc	Truck Bus or HazMat								
	L									
	,	Vehicle								
		License Plate Number	Plate Type	St	Country of Issuance					
		AFM1514	AUT	WI	UNITED STATES					
01	2	Vehicle Identification Number 2FMPK4G93RBA16009	Make FORD	Year 2024	Model EDGE					
	_	Color	Body Style	2024	Bus Use					
		SIL - SILVER (ALUMINUM)	UT - SPORT UTILITY VEHICLE							
	ш	Initial Contact Point	Vehicle Damage							
╘	VEHICLI	11 - LEFT FRONT CORNER			7 8 9 10 11					
UNIT		Extent Of Damage	11 - LEFT FRONT CO	RNER	6 12					
		FUNCTIONAL DAMAGE			5 4 3 2 1					
		Towed Due To Damage	Vehicle Removed By							
		NOT TOWED	OWNER							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
		Driver Actions								
	ш	NO CONTRIBUTING ACTION								
⊨	VEHICLE									
LIND	₹									
_	7									
		Owner Name	Owner Address							
10	2									
0	0									
				_						
╘		Policy Holder								
LIND		Insurance Company STATE-FARM-CLASSIC-INS-CO	INDIVIDUAL ROBERT SEIPP							
		Individual DRIVER	Citations Issued	Sex						
		ROBERT SEIPP		0 MALE						
	¥		Date of Birth	Race						
 _	2			WHITE						
L N N	DIMDUAL	Address	Driver License Number							
>	_	514 8TH ST	STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	BARABOO, WI 53913 , US								
	Sai	On Duty Crash fety Equipment	Safety Equipment							
	Ou.	· · ·	CHOIL DED & LAD BELT							
		Row Seat Position	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							
		Trounds ded	Tomos Compilance							
		Eye Protection	Tint Compliance							
2	001	Injury Severity	Airbag							
0	Ō	Injury NO APPARENT INJURY								
		Ejected Ejection Path			Trapped/Extricated					
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED	Livio Agency Identifier		Lino Itali ii					
		Hospital	Date of Death		Time of Death					

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Crash Date 12/09/2025

Crash Time 12:20 AM

ı			D:-441 D C						
Distracted By Source									
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action	<u>I</u>						
İ		Action							
	4								
 	j								
LND	9								
⊃	\leq								
	Z								
		Action Other						To/From School	
ŀ		Suspected Alcohol Use Suspected Drug Use							
	L	Suspected Alcohol Use Drug & Alcohol NO			NO				
ŀ		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given Drug Test Type		Drug Toot Type		D T + D + -			
		TEST NOT GIVEN		Drug Test Type		Drug Test Results			
_	_	Drug Type							
2	001	Brug Typo							
		Individual Condition							
		ADDEADED NODE							
		APPEARED NORI	VIAL						
I									