6TL0CX0QFP

25-12929

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Documer	rimary Crash Document # Agency C 25-1292					estigating Officer/Deputy EPUTY K. MCCARTY		
FΡ	Crash Date 12/16/2025	Crash Time 10:15 PM		Date Arrived		Time	Time Arrived			
0CX0QF	Date Notified 12/16/2025	Time Notified 10:15 PM	d Total Units 01		its	T(l Injured	Injured Total Killed 00	
() ()	On Emergency Hi	and Run Lane Closu		re Work Zone			Trailer or Towed		Reporting Threshold	
6TL	Government Active School Zone			School Bus Related NO			Tags	Tags		
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Amended			Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.									
i	Location									
H	ON CTHB WB					Latitude Longitude			le	
	0.63 MI E					43.253219646		-89.89021		21115
	OF WINKIE RD					X Coordinate			Y Coordinate	
	IN THE TOWN OF TROY IN SAUK COUNTY					265387.125 4792991.5			1.5	
	IN SACK COOK!					Structure ⁻	Гуре			
(Crash Scene									
1	First Harmful Event						ful Event Lo	cation		
	NON DOMESTICATED ANIM	MAL (ALIVE)				ON ROADWAY				
	Manner of Collision					Light Cond	dition			
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT								
	Road Surface Condition(s)					Roadway	Factor(s)			
	Environment Factor(s)									
	Litvironinient i actor(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		Vehicl	le Opera	ting As C	Classification Unit Type				
	IN TRANSIT D CLASS							AUTOMOBILE		
_	Vehicle Type					Operating As Endorsements				
01	PASSENGER CAR									
	Total Occs Train/Bus # Recorded		Total a	Total # Citations Issued		Total T		railers Total		Mat Types
	1		0				0		0	
		Direction Of Travel			ashTire	1	Speed Lim	nit	Total Lane	es
UNIT	YES WESTBOUND			Mark Special Function					Emergency Motor Vehicle Use	
ź	Most Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION			TION		NOT APPLICABLE	
	NON DOMESTICATED ANIMAL (ALIVE)									
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing		
	Surface Type			Road Curvature				Road Grade		
	~			. 1000 Odi Fataro				-		

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I	Truc	Гruck Bus or HazMat								
	Truc	n Dus Oi Flaziviat								
		Vahiala								
		Vehicle License Plate Number Plate Type St Country of Issuance								
			Plate Type		-					
		APZ3329	AUT	WI	UNITED STATES					
2	_	Vehicle Identification Number	Make	Year	Model					
0	2	4S4BSANC7J3284945	SUBA	2018	OUTBACK					
		Color	Body Style Bus Use							
		BLU - BLUE	UT - SPORT UTILITY VEHICLE							
١.	VEHICLE	Initial Contact Point	Vehicle Damage		7 8 9 10 11					
🗦		12 - FRONT			6 7 7 12					
UNIT		Extent Of Damage	12 - FRONT		5 4 3 2 1					
		DISABLING DAMAGE			3 4 3 2 1					
		Towed Due To Damage	Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE	NACHREINER'S TOWING							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
		Driver Actions								
۱.	VEHICLE	NO CONTRIBUTING ACTION								
LIND	<u>ਹ</u>									
5	프									
	5									
		Owner Name	Owner Address							
2	2									
•	0									
l⊨		Policy Holder Policy Holder								
LNO		Insurance Company	INDIVIDUAL							
_		PROGRESSIVE-CLASSIC-INS-CO	AARON PEPER							
		Individual								
		DRIVER	Citations Issued	Sex						
	4	AARON PEPER	0	MALE						
	Š		Date of Birth Race							
╘	IDIMDUAL									
N N	\geq	Address	Driver License Number							
_	Z	1030 NACHREINER AVE PLAIN, WI 53577 , US	STATE: WISCONSIN COUNTRY: UNITED							
	_	. 2, 55577 , 55	STATES							
	Sat	On Duty Crash fety Equipment	Safety Equipment							
			CHOILI DED 8 I AD	DELT						
		Row Seat Position	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							
		Heiliet Ose	Teimet Compilance							
	001	Eye Protection	Tint Compliance							
			Airbag							
_		Injury Severity								
01		Injury NO APPARENT INJURY								
		Ejected Ejection Path	Trapped/Extricated							
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED								
		Hospital	Date of Death		Time of Death					

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Crash Date 12/16/2025

Crash Time 10:15 PM

		Distracted By	Distracted By Source					
		Distracted By Action						
		Non Motorist	Striking Unit#	Location				
		Prior Action						
		Action						
_	UAL							
L	INDIVIDUAL							
	IN							
		Action Other						To/From School
			Coorse and Aleah all I		I Constant Description			
	L	Drug & Alcohol NO			Suspected Drug Use NO			
		Alcohol Test Given Alcohol Test T				Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
7	001	Drug Type						
		Individual Condition						
APPEARED NORMAL								
		APPEARED NORM	VIAL					