

6TL0DRXHM5

WISCONSIN MOTOR VEHICLE
CRASH REPORT

25-13330

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

6TL0DRXHM5

Document Number Override	Primary Crash Document #	Agency Crash Number 25-13330	Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 12/30/2025	Crash Time 11:36 AM	Date Arrived	Time Arrived	
Date Notified 12/30/2025	Time Notified 11:36 AM	Total Units 01	Total Injured 00	Total Killed 00
<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"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags
<input checked="" type="checkbox"/> Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY	<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

ON USH12 EB 0.33 MI N OF TERRYTOWN RD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.489733945	Longitude -89.779611485
	X Coordinate 275241.3125	Y Coordinate 4818955
	Structure Type	

Crash Scene

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

Unit Summary

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

6TL0DRXHM5

25-13330

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

Truck Bus or HazMat																																																																																																
Vehicle <table border="1"> <tr> <td>License Plate Number ATJ6434</td> <td>Plate Type AUT</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number JM3KE4DY8G0721833</td> <td>Make MAZD</td> <td>Year 2016</td> <td>Model CX-5</td> </tr> <tr> <td>Color RED - RED</td> <td>Body Style UT - SPORT UTILITY VEHICLE</td> <td colspan="2">Bus Use</td> </tr> <tr> <td>Initial Contact Point 01 - RIGHT FRONT CORNER</td> <td colspan="2">Vehicle Damage</td> <td rowspan="2">  </td> </tr> <tr> <td>Extent Of Damage MINOR DAMAGE</td> <td colspan="2">01 - RIGHT FRONT CORNER</td> </tr> <tr> <td>Towed Due To Damage NOT TOWED</td> <td colspan="3">Vehicle Removed By OPERATOR</td> </tr> <tr> <td>What Driver Was Doing</td> <td colspan="3">Vehicle Factors</td> </tr> <tr> <td>Driver Prior Action Other</td> <td colspan="3"></td> </tr> <tr> <td>Driver Actions NO CONTRIBUTING ACTION</td> <td colspan="3"></td> </tr> <tr> <td>Owner Name</td> <td colspan="3">Owner Address</td> </tr> <tr> <td colspan="4"> Policy Holder <table border="1"> <tr> <td>Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)</td> <td>INDIVIDUAL CARLA WAGNER</td> </tr> </table> </td> </tr> <tr> <td colspan="4"> Individual <table border="1"> <tr> <td>DRIVER CARLA WAGNER (608) 356-7438</td> <td>Citations Issued 0</td> <td>Sex FEMALE</td> </tr> <tr> <td></td> <td>Date of Birth</td> <td>Race WHITE</td> </tr> <tr> <td>Address E10461 HANGERS CT BARABOO, WI 53913 , US</td> <td colspan="3">Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> Safety Equipment <table border="1"> <tr> <td>On Duty Crash</td> <td>Safety Equipment</td> </tr> <tr> <td>Row</td> <td>Seat Position</td> </tr> <tr> <td colspan="2">SHOULDER & LAP BELT</td> </tr> </table> </td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Helmet Use</td> <td colspan="2">Helmet Compliance</td> </tr> <tr> <td colspan="2">Eye Protection</td> <td colspan="2">Tint Compliance</td> </tr> <tr> <td colspan="2"> Injury <table border="1"> <tr> <td>Injury Severity NO APPARENT INJURY</td> <td>Airbag</td> </tr> </table> </td> <td colspan="2"></td> </tr> <tr> <td>Ejected</td> <td colspan="2">Ejection Path</td> <td>Trapped/Extricated</td> </tr> <tr> <td colspan="2">Medical Transport NOT TRANSPORTED</td> <td>EMS Agency Identifier</td> <td>EMS Run #</td> </tr> <tr> <td colspan="2">Hospital</td> <td>Date of Death</td> <td>Time of Death</td> </tr> </table>		License Plate Number ATJ6434	Plate Type AUT	St WI	Country of Issuance UNITED STATES	Vehicle Identification Number JM3KE4DY8G0721833	Make MAZD	Year 2016	Model CX-5	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage			Extent Of Damage MINOR DAMAGE	01 - RIGHT FRONT CORNER		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR			What Driver Was Doing	Vehicle Factors			Driver Prior Action Other				Driver Actions NO CONTRIBUTING ACTION				Owner Name	Owner Address			Policy Holder <table border="1"> <tr> <td>Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)</td> <td>INDIVIDUAL CARLA WAGNER</td> </tr> </table>				Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	INDIVIDUAL CARLA WAGNER	Individual <table border="1"> <tr> <td>DRIVER CARLA WAGNER (608) 356-7438</td> <td>Citations Issued 0</td> <td>Sex FEMALE</td> </tr> <tr> <td></td> <td>Date of Birth</td> <td>Race WHITE</td> </tr> <tr> <td>Address E10461 HANGERS CT BARABOO, WI 53913 , US</td> <td colspan="3">Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES</td> </tr> </table>				DRIVER CARLA WAGNER (608) 356-7438	Citations Issued 0	Sex FEMALE		Date of Birth	Race WHITE	Address E10461 HANGERS CT BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			Safety Equipment <table border="1"> <tr> <td>On Duty Crash</td> <td>Safety Equipment</td> </tr> <tr> <td>Row</td> <td>Seat Position</td> </tr> <tr> <td colspan="2">SHOULDER & LAP BELT</td> </tr> </table>		On Duty Crash	Safety Equipment	Row	Seat Position	SHOULDER & LAP BELT				Helmet Use		Helmet Compliance		Eye Protection		Tint Compliance		Injury <table border="1"> <tr> <td>Injury Severity NO APPARENT INJURY</td> <td>Airbag</td> </tr> </table>		Injury Severity 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
License Plate Number ATJ6434	Plate Type AUT	St WI	Country of Issuance UNITED STATES																																																																																													
Vehicle Identification Number JM3KE4DY8G0721833	Make MAZD	Year 2016	Model CX-5																																																																																													
Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use																																																																																														
Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage																																																																																															
Extent Of Damage MINOR DAMAGE	01 - RIGHT FRONT CORNER																																																																																															
Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR																																																																																															
What Driver Was Doing	Vehicle Factors																																																																																															
Driver Prior Action Other																																																																																																
Driver Actions NO CONTRIBUTING ACTION																																																																																																
Owner Name	Owner Address																																																																																															
Policy Holder <table border="1"> <tr> <td>Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)</td> <td>INDIVIDUAL CARLA WAGNER</td> </tr> </table>				Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	INDIVIDUAL CARLA WAGNER																																																																																											
Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	INDIVIDUAL CARLA WAGNER																																																																																															
Individual <table border="1"> <tr> <td>DRIVER CARLA WAGNER (608) 356-7438</td> <td>Citations Issued 0</td> <td>Sex FEMALE</td> </tr> <tr> <td></td> <td>Date of Birth</td> <td>Race WHITE</td> </tr> <tr> <td>Address E10461 HANGERS CT BARABOO, WI 53913 , US</td> <td colspan="3">Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES</td> </tr> </table>				DRIVER CARLA WAGNER (608) 356-7438	Citations Issued 0	Sex FEMALE		Date of Birth	Race WHITE	Address E10461 HANGERS CT BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES																																																																																					
DRIVER CARLA WAGNER (608) 356-7438	Citations Issued 0	Sex FEMALE																																																																																														
	Date of Birth	Race WHITE																																																																																														
Address E10461 HANGERS CT BARABOO, WI 53913 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES																																																																																															
Safety Equipment <table border="1"> <tr> <td>On Duty Crash</td> <td>Safety Equipment</td> </tr> <tr> <td>Row</td> <td>Seat Position</td> </tr> <tr> <td colspan="2">SHOULDER & LAP BELT</td> </tr> </table>		On Duty Crash	Safety Equipment	Row	Seat Position	SHOULDER & LAP BELT																																																																																										
On Duty Crash	Safety Equipment																																																																																															
Row	Seat Position																																																																																															
SHOULDER & LAP BELT																																																																																																
Helmet Use		Helmet Compliance																																																																																														
Eye Protection		Tint Compliance																																																																																														
Injury <table border="1"> <tr> <td>Injury Severity NO APPARENT INJURY</td> <td>Airbag</td> </tr> </table>		Injury Severity NO APPARENT INJURY	Airbag																																																																																													
Injury Severity 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																																																																																													

6TL0DRXHM5

25-13330

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

UNIT INDIVIDUAL 01 001	Distracted By		Distracted By Source		
	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
	Prior Action				
	Action				
	Action Other				To/From School
	Drug & Alcohol	Suspected Alcohol Use 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	
	Drug Type				
Individual Condition APPEARED NORMAL					