

6TL0F2KRFM  
25-13370

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0F2KRFM

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| Document Number Override                       | Primary Crash Document #                     | Agency Crash Number<br><b>25-13370</b> | Investigating Officer/Deputy<br><b>DEPUTY I. GALVAN</b> |   |  |
| Crash Date<br><b>12/31/2025</b>                | Crash Time<br><b>04:13 PM</b>                | Date Arrived<br><b>12/31/2025</b>      | Time Arrived<br><b>04:26 PM</b>                         |   |  |
| Date Notified<br><b>12/31/2025</b>             | Time Notified<br><b>04:15 PM</b>             | Total Units<br><b>02</b>               | Total Injured<br><b>00</b>                              | Total Killed<br><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<br><b>NO</b>        |   | Tags                                      |  |
| <input checked="" type="checkbox"/> Reportable | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> | <input type="checkbox"/> Amended       |   | <input type="checkbox"/> Secondary Crash  |  |

**Description**

|   |   |
|---|---|
| Diagram   | Reconstruction By                       |
|   |   |
|   | Photos By<br><b>I GALVAN</b>            |
|   | Additional Information<br><b>PHOTOS</b> |
| <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.   |   |
| UNIT 1 OPERATING A HORSE AND BUGGY WAS TRAVELING SOUTH ON JESSOP ROAD AND TURNED RIGHT ONTO BAUER ROAD. UNIT 2 WAS STOPPED AT THE STOP SIGN OF BAUER ROAD AND JESSOP ROAD. UNIT 1 SLID WHILE TURNING AND THE BUGGY HIT UNIT 2. FUNCTIONAL DAMAGE TO UNIT 2. NO INJURIES REPORTED. |   |

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Location

|  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| ON BAUER RD<br>42 FT W<br>OF JESSOP RD<br>IN THE TOWN OF IRONTON<br>IN SAUK COUNTY | Latitude<br><b>43.551314823</b>      | Longitude<br><b>-90.169178828</b> |
|  | X Coordinate<br><b>244000.171875</b> | Y Coordinate<br><b>4826921</b>    |
| Structure Type<br><b>NO STRUCTURE</b>  |                                      |                                   |

Crash Scene

|   |   |
|---|---|
| First Harmful Event<br><b>OTHER NON-MOTORIST</b>          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |
| Manner of Collision<br><b>01 - ANGLE</b>                  | Light Condition<br><b>DAYLIGHT</b>                                    |
| Road Surface Condition(s)<br><b>ICE</b>                   | Roadway Factor(s)   |
| Environment Factor(s)<br><b>NONE</b>                      | ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)                   |
| Weather Condition(s)<br><b>CLOUDY</b>                     |   |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   |
| Within Interchange Area<br><b>NO</b>                      | Special Study   |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>INTERSECTION-RELATED</b>                      |
|   | Intersection Type<br><b>T-INTERSECTION</b>                            |

Unit Summary

|                |   |   |  |  |
|----------------|---|---|--|--|
| 01<br><br>UNIT | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>O CLASS</b> | Unit Type<br><b>PEDESTRIAN</b>                 |  |
|                | Vehicle Type<br><b>PEDESTRIAN</b>                                   |   | Operating As Endorsements                      |  |
|                | Total Occs<br><b>1</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>                           |
|                | Insurance?<br><b>NOT APPLICABLE</b>                                 | Direction Of Travel<br><b>WESTBOUND</b>               | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br><b>45</b>                             |
|                | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |
|                | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          | Traffic Control<br><b>NO CONTROL</b>                  |  | Traffic Control Inoperative/Missing<br><b>NO</b>     |
|                | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        | Road Curvature<br><b>STRAIGHT</b>                     |  | Road Grade<br><b>LEVEL</b>                           |
|                | Truck Bus or HazMat   |   |  |  |
|                | <b>NO</b>   |   |  |  |
|                |   |   |  |  |

Sequence Of Events

|            |  |
|------------|--|
| 01         | Event<br><b>MOTOR VEH IN TRANSPORT</b> |
| 02         | Event                                  |
| 03         | Event                                  |
| 04         | Event                                  |
| Individual |  |

Citations Issued

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|                    |   |  |   |                             |
|--------------------|---|--|---|-----------------------------|
| UNIT<br>INDIVIDUAL | OTHER PEDESTRIAN<br>RICHARD MILLER<br>(608) 985-8432 EXT. 122 |  | 0   | Sex<br><b>MALE</b>          |
|                    |   |  | Date of Birth                                       | Race<br><b>WHITE</b>        |
|                    | Address<br>S2589 JESSOP ROAD<br>LAVALLE, WI 53941 , US        |  | Driver License Number                               |                             |
|                    | Safety Equipment  |  | Safety Equipment                                    |                             |
|                    | Row<br><b>98 - NOT APPLICABLE</b>                             | Seat Position  | <b>NONE</b>   |                             |
|                    | Helmet Use  |  | Helmet Compliance                                   |                             |
|                    | Eye Protection  |  | Tint Compliance                                     |                             |
| 01<br>001          | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>                   | Airbag<br><b>NOT APPLICABLE</b>                     |                             |
|                    | Ejected<br><b>NOT APPLICABLE</b>                              | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>             | Trapped/Extricated<br><b>NOT TRAPPED</b>            |                             |
|                    | Medical Transport<br><b>NOT TRANSPORTED</b>                   |  | EMS Agency Identifier                               | EMS Run #                   |
|                    | Hospital  |  | Date of Death                                       | Time of Death               |
|                    | <b>Distracted By</b>  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |   |                             |
|                    | Distracted By Action<br><b>NOT DISTRACTED</b>                 |  |   |                             |
|                    | <b>Non Motorist</b>   | Striking Unit #<br><b>02</b>                                   | Location<br><b>AT INTERSECTION-UNKNOWN LOCATION</b> |                             |
| UNIT<br>INDIVIDUAL | Prior Action<br><b>IN ROADWAY - OTHER</b>                     |  |   |                             |
|                    | Action<br><b>NO IMPROPER ACTION</b>                           |  |   |                             |
|                    | Action Other  |  |   | To/From School<br><b>NO</b> |
| 01<br>001          | <b>Drug &amp; Alcohol</b>                                     | Suspected Alcohol Use<br><b>NO</b>                             | Suspected Drug Use<br><b>NO</b>                     |                             |
|                    | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                   | Alcohol Test Type  | Alcohol Test Results                                |                             |
|                    | Drug Test Given<br><b>TEST NOT GIVEN</b>                      | Drug Test Type   | Drug Test Results                                   |                             |
|                    | Drug Type   |  |   |                             |
|                    | Individual Condition  |  |   |                             |
|                    | <b>APPEARED NORMAL</b>  |  |   |                             |

## Unit Summary

|                                  |   |                           |
|----------------------------------|---|---------------------------|
| Unit Status<br><b>IN TRANSIT</b> | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>TRUCK</b> |
|----------------------------------|---|---------------------------|

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|--|--|---|--|-----------------------------|---|---|--|
| 02<br>UNIT<br>UNIT<br>UNIT<br>UNIT<br>UNIT<br>UNIT<br>UNIT<br>UNIT<br>UNIT | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b>  |   |  |                             | Operating As Endorsements   |   |  |
|  | Total Occs<br><b>2</b>   | Train/Bus # Recorded  | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>  | Total HazMat Types<br><b>0</b>  |   |  |
|  | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>WESTBOUND</b>                         | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br><b>45</b>    | Total Lanes<br><b>2</b>   |   |  |
|  | Most Harmful Event: Collision With<br><b>OTHER NON-MOTORIST</b>                            |   | Special Function<br><b>NO SPECIAL FUNCTION</b> |                             | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b>                                |   |  |
|  | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>   |   | Traffic Control<br><b>STOP SIGN</b>            |                             | Traffic Control Inoperative/Missing<br><b>NO</b>                                    |   |  |
|  | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>   |   | Road Curvature<br><b>STRAIGHT</b>              |                             | Road Grade<br><b>LEVEL</b>  |   |  |
|  | Truck Bus or HazMat<br><b>NO</b>   |   |  |                             |   |   |  |
|  | <b>Vehicle</b>   |   |  |                             |   |   |  |
|  | 02<br>UNIT<br>01<br>VEHICLE<br>UNIT<br>VEHICLE<br>02<br>01<br>01<br>02<br>03<br>04<br>UNIT | License Plate Number<br><b>UE9606</b>                           |  | Plate Type<br><b>LTK</b>    | St<br><b>WI</b>   | Country of Issuance<br><b>UNITED STATES</b> |  |
|  |  | Vehicle Identification Number<br><b>1FTLR1FE1BPA00014</b>       |  | Make<br><b>FORD</b>         | Year<br><b>2011</b>   | Model<br><b>RANGER</b>                      |  |
| Color<br><b>SIL - SILVER (ALUMINUM)</b>                                    |  | Body Style<br><b>PK - PICKUP</b>                                |  | Bus Use<br><b>NOT A BUS</b> |   |   |  |
| Initial Contact Point<br><b>10 - LEFT SIDE FRONT</b>                       |  | Vehicle Damage  |  |                             |  |   |  |
| Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                               |  | <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>              |  |                             |   |   |  |
| Towed Due To Damage<br><b>NOT TOWED</b>                                    |  | Vehicle Removed By<br><b>OWNER</b>                              |  |                             |   |   |  |
| What Driver Was Doing<br><b>GOING STRAIGHT</b>                             |  | Vehicle Factors   |  |                             |   |   |  |
| Driver Prior Action Other  |  | <b>NOT APPLICABLE</b>   |  |                             |   |   |  |
| Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                            |  |   |  |                             |   |   |  |
| Owner Name<br><b>TERRY WAYNE WOIROL<br/>(608) 853-2794</b>                 |  | Owner Address<br><b>S1931 4TH ST<br/>WONEWOC, WI 53968 , US</b> |  |                             |   |   |  |
| <b>Sequence Of Events</b>  |  |   |  |                             |   |   |  |
| Event<br><b>OTHER NON-MOTORIST</b>   |  |   |  |                             |   |   |  |
| Event  |  |   |  |                             |   |   |  |
| Event  |  |   |  |                             |   |   |  |
| Event  |  |   |  |                             |   |   |  |
| <b>Policy Holder</b>   |  |   |  |                             |   |   |  |
| Insurance Company<br><b>ERIE-INS-CO</b>                                    |  | INDIVIDUAL<br><b>TERRY WOIROL</b>                               |  |                             |   |   |  |
| <b>Individual</b>  |  |   |  |                             |   |   |  |
| Citations Issued<br><b>0</b>   |  | Sex<br><b>MALE</b>  |  |                             |   |   |  |
| Date of Birth  |  |   |  |                             |   |   |  |

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|   |   |  |   |  |
|---|---|--|---|--|
| UNIT<br>INDIVIDUAL                            | DRIVER<br><b>TERRY WOIROL</b><br>(608) 853-2794           |  | Race<br><b>WHITE</b>  |  |
|   | Address<br><b>S1931 4TH ST<br/>WONEWOC, WI 53968 , US</b> |  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED<br/>STATES</b> |  |
|   | <b>Safety Equipment</b>                                   |  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                          |  |
|   | Row<br><b>01 - FRONT ROW</b>                              | Seat Position<br><b>07 - LEFT</b>                              | Helmet Use  |  |
|   |   |  | Helmet Compliance   |  |
|   | Eye Protection  |  | Tint Compliance   |  |
|   | 02<br>002   | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>                                | Airbag<br><b>NON DEPLOYED</b>            |
|   |   | Ejected<br><b>NOT EJECTED</b>                                  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                          | Trapped/Extricated<br><b>NOT TRAPPED</b> |
|   |   | Medical Transport<br><b>NOT TRANSPORTED</b>                    |   | EMS Agency Identifier                    |
|   |   | Hospital   |   | Date of Death                            |
|   |   | Time of Death  |   |  |
| <b>Distracted By</b>                          |   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |   |  |
| Distracted By Action<br><b>NOT DISTRACTED</b> |   |  |   |  |
| <b>Non Motorist</b>                           |   | Striking Unit #  | Location  |  |
| Prior Action                                  |   |  |   |  |
| Action  |   |  |   |  |
| Action Other                                  |   |  | To/From School  |  |
| 02<br>002                                     | <b>Drug &amp; Alcohol</b>                                 | Suspected Alcohol Use<br><b>NO</b>                             | Suspected Drug Use<br><b>NO</b>   |  |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>               |  | Alcohol Test Type   |  |
|   | Drug Test Given<br><b>TEST NOT GIVEN</b>                  |  | Drug Test Type  |  |
|   | Drug Test Results   |  |   |  |
|   | Drug Type   |  |   |  |
| Individual Condition                          |   |  |   |  |
| <b>APPEARED NORMAL</b>                        |   |  |   |  |
| <b>Individual</b>                             |   |  |   |  |
| Citations Issued<br><b>0</b>                  |   | Sex<br><b>FEMALE</b>   |   |  |

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|   |  |                                    |   |                                |  |                |
|---|--|------------------------------------|---|--------------------------------|--|----------------|
| UNIT<br>INDIVIDUAL                          | PASSENGER<br>LORI WOIROL<br>(608) 853-2794         |                                    | Date of Birth   | Race<br><b>WHITE</b>           |  |                |
|   | Address<br>S1931 4TH ST<br>WONEWOC, WI 53968 , US  |                                    | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                                |  |                |
| 02<br>003                                   | <b>Safety Equipment</b>                            | On Duty Crash                      |   | Safety Equipment               |  |                |
|   |  | Row<br><b>01 - FRONT ROW</b>       | Seat Position<br><b>09 - RIGHT</b>                                      | <b>SHOULDER &amp; LAP BELT</b> |  |                |
| 02<br>003                                   | Helmet Use   |                                    | Helmet Compliance   |                                |  |                |
|   | Eye Protection                                     |                                    | Tint Compliance   |                                |  |                |
| <b>Injury</b>                               | <b>Injury Severity</b>                             | Airbag                             |   |                                |  |                |
|   | <b>NO APPARENT INJURY</b>                          | <b>NON DEPLOYED</b>                |   |                                |  |                |
| Ejected<br><b>NOT EJECTED</b>               | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |                                    | Trapped/Extricated<br><b>NOT TRAPPED</b>                                |                                |  |                |
| Medical Transport<br><b>NOT TRANSPORTED</b> |  | EMS Agency Identifier              |   | EMS Run #                      |  |                |
| Hospital                                    |  | Date of Death                      |   | Time of Death                  |  |                |
| <b>Distracted By</b>                        | Distracted By Source                               |                                    |   |                                |  |                |
| Distracted By Action                        |  |                                    |   |                                |  |                |
| <b>Non Motorist</b>                         | Striking Unit #                                    | Location                           |   |                                |  |                |
| Prior Action                                |  |                                    |   |                                |  |                |
| UNIT<br>INDIVIDUAL                          | Action   |                                    |   |                                |  |                |
|   | Action Other                                       |                                    |   |                                |  | To/From School |
| 02<br>003                                   | <b>Drug &amp; Alcohol</b>                          | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b>   |                                |  |                |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>        | Alcohol Test Type                  |   | Alcohol Test Results           |  |                |
| Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type                                     |                                    | Drug Test Results   |                                |  |                |
| Drug Type                                   |  |                                    |   |                                |  |                |
| Individual Condition                        |  |                                    |   |                                |  |                |
| <b>APPEARED NORMAL</b>                      |  |                                    |   |                                |  |                |