

6TL0FJ55KF

26-00970

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

Document Number Override		Primary Crash Document #	Agency Crash Number 26-00970		Investigating Officer/Deputy SERGEANT M. TATE	
Crash Date 01/28/2026		Crash Time 05:50 PM	Date Arrived		Time Arrived	
Date Notified 01/28/2026		Time Notified 05:51 PM	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"/> Reporting Threshold	
<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	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.						

Location

ON CTHB WB 974 FT W OF GUHL RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.255344116	Longitude -89.910449561
	X Coordinate 263752.40625	Y Coordinate 4793284.5
	Structure Type NO STRUCTURE	

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				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<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	

6TL0FJ55KF

26-00970

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 colspan="2">License Plate Number ALD5605</td> <td>Plate Type AUT</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td colspan="2">Vehicle Identification Number 1FMCU9GD7HUD97379</td> <td>Make FORD</td> <td>Year 2017</td> <td>Model ESCAPE</td> </tr> <tr> <td colspan="2">Color BLK - BLACK</td> <td>Body Style UT - SPORT UTILITY VEHICLE</td> <td colspan="2">Bus Use</td> </tr> <tr> <td colspan="2">Initial Contact Point 12 - FRONT</td> <td colspan="2">Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</td> <td></td> </tr> <tr> <td colspan="2">Extent Of Damage DISABLING DAMAGE</td> <td colspan="3"></td> </tr> <tr> <td colspan="2">Towed Due To Damage TOWED DUE TO DISABLING DAMAGE</td> <td colspan="3">Vehicle Removed By NACHREINER'S TOWING</td> </tr> <tr> <td colspan="2">What Driver Was Doing</td> <td colspan="3">Vehicle Factors</td> </tr> <tr> <td colspan="2">Driver Prior Action Other</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">Driver Actions NO CONTRIBUTING ACTION</td> <td></td> </tr> <tr> <td colspan="2">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 AMY MOORE</td> </tr> </table> </td> <td></td> </tr> <tr> <td colspan="4"> Individual <table border="1"> <tr> <td colspan="2">DRIVER AMY MOORE (608) 383-3689</td> <td>Citations Issued 0</td> <td>Sex FEMALE</td> </tr> <tr> <td colspan="2"></td> <td>Date of Birth</td> <td>Race WHITE</td> </tr> <tr> <td colspan="2">Address 29775 STATE HWY 130 LONE ROCK, WI 53556 , US</td> <td colspan="2">Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES</td> </tr> </table> </td> <td></td> </tr> <tr> <td colspan="2"> Safety Equipment <table border="1"> <tr> <td>On Duty Crash</td> <td></td> </tr> <tr> <td>Row</td> <td>Seat Position</td> </tr> <tr> <td colspan="2">Helmet Use</td> </tr> <tr> <td colspan="2">Eye Protection</td> </tr> </table> </td> <td colspan="3">Safety Equipment SHOULDER & LAP BELT</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">Helmet Compliance</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">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="3"></td> </tr> <tr> <td colspan="2">Ejected</td> <td colspan="2">Ejection Path</td> <td>Trapped/Extricated</td> </tr> <tr> <td colspan="2">Medical Transport NOT TRANSPORTED</td> <td colspan="2">EMS Agency Identifier</td> <td>EMS Run #</td> </tr> <tr> <td colspan="2">Hospital</td> <td colspan="2">Date of Death</td> <td>Time of Death</td> </tr> </table>				License Plate Number ALD5605		Plate Type AUT	St WI	Country of Issuance UNITED STATES	Vehicle Identification Number 1FMCU9GD7HUD97379		Make FORD	Year 2017	Model ESCAPE	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE	Bus Use		Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			Extent Of Damage DISABLING DAMAGE					Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By NACHREINER'S TOWING			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 AMY MOORE</td> </tr> </table>				Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	INDIVIDUAL AMY MOORE		Individual <table border="1"> <tr> <td colspan="2">DRIVER AMY MOORE (608) 383-3689</td> <td>Citations Issued 0</td> <td>Sex FEMALE</td> </tr> <tr> <td colspan="2"></td> <td>Date of Birth</td> <td>Race WHITE</td> </tr> <tr> <td colspan="2">Address 29775 STATE HWY 130 LONE ROCK, WI 53556 , US</td> <td colspan="2">Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES</td> </tr> </table>				DRIVER AMY MOORE (608) 383-3689		Citations Issued 0	Sex FEMALE			Date of Birth	Race WHITE	Address 29775 STATE HWY 130 LONE ROCK, WI 53556 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			Safety Equipment <table border="1"> <tr> <td>On Duty Crash</td> <td></td> </tr> <tr> <td>Row</td> <td>Seat Position</td> </tr> <tr> <td colspan="2">Helmet Use</td> </tr> <tr> <td colspan="2">Eye Protection</td> </tr> </table>		On Duty Crash		Row	Seat Position	Helmet Use		Eye Protection		Safety Equipment SHOULDER & LAP BELT					Helmet Compliance					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 ALD5605		Plate Type AUT	St WI	Country of Issuance UNITED STATES																																																																																																																						
Vehicle Identification Number 1FMCU9GD7HUD97379		Make FORD	Year 2017	Model ESCAPE																																																																																																																						
Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE	Bus Use																																																																																																																							
Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT																																																																																																																								
Extent Of Damage DISABLING DAMAGE																																																																																																																										
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By NACHREINER'S TOWING																																																																																																																								
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 AMY MOORE</td> </tr> </table>				Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	INDIVIDUAL AMY MOORE																																																																																																																					
Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	INDIVIDUAL AMY MOORE																																																																																																																									
Individual <table border="1"> <tr> <td colspan="2">DRIVER AMY MOORE (608) 383-3689</td> <td>Citations Issued 0</td> <td>Sex FEMALE</td> </tr> <tr> <td colspan="2"></td> <td>Date of Birth</td> <td>Race WHITE</td> </tr> <tr> <td colspan="2">Address 29775 STATE HWY 130 LONE ROCK, WI 53556 , US</td> <td colspan="2">Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES</td> </tr> </table>				DRIVER AMY MOORE (608) 383-3689		Citations Issued 0	Sex FEMALE			Date of Birth	Race WHITE	Address 29775 STATE HWY 130 LONE ROCK, WI 53556 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES																																																																																																												
DRIVER AMY MOORE (608) 383-3689		Citations Issued 0	Sex FEMALE																																																																																																																							
		Date of Birth	Race WHITE																																																																																																																							
Address 29775 STATE HWY 130 LONE ROCK, WI 53556 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES																																																																																																																								
Safety Equipment <table border="1"> <tr> <td>On Duty Crash</td> <td></td> </tr> <tr> <td>Row</td> <td>Seat Position</td> </tr> <tr> <td colspan="2">Helmet Use</td> </tr> <tr> <td colspan="2">Eye Protection</td> </tr> </table>		On Duty Crash		Row	Seat Position	Helmet Use		Eye Protection		Safety Equipment SHOULDER & LAP BELT																																																																																																																
On Duty Crash																																																																																																																										
Row	Seat Position																																																																																																																									
Helmet Use																																																																																																																										
Eye Protection																																																																																																																										
		Helmet Compliance																																																																																																																								
		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																																																																																																																						

6TL0FJ55KF

26-00970

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					