

6TL0D5DZ4N
26-01155

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Document Number Override		Primary Crash Document #	Agency Crash Number 26-01155	Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 02/03/2026		Crash Time 08:18 AM	Date Arrived	Time Arrived	
Date Notified 02/03/2026		Time Notified 08:18 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"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO	
<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 [REDACTED]					
ON CITY VIEW RD 569 FT W OF SURREY LN IN THE TOWN OF BARABOO IN SAUK COUNTY			Latitude 43.489151734	Longitude -89.727605529	
			X Coordinate 279444.5625	Y Coordinate 4818751	
			Structure Type		

Crash Scene [REDACTED]

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 [REDACTED]

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
					Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire 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	

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		Truck Bus or HazMat															
		Vehicle <table border="1"> <tr> <td>License Plate Number ABN7012</td> <td>Plate Type AUT</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number NMTKHMBX1JR033153</td> <td>Make TOYT</td> <td>Year 2018</td> <td>Model C-HR</td> </tr> <tr> <td>Color BLU - BLUE</td> <td>Body Style SW - STATIONWAGON</td> <td colspan="2">Bus Use</td> </tr> </table>				License Plate Number ABN7012	Plate Type AUT	St WI	Country of Issuance UNITED STATES	Vehicle Identification Number NMTKHMBX1JR033153	Make TOYT	Year 2018	Model C-HR	Color BLU - BLUE	Body Style SW - STATIONWAGON	Bus Use	
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Color BLU - BLUE	Body Style SW - STATIONWAGON	Bus Use															
01	01	Initial Contact Point 12 - FRONT	Vehicle Damage														
		Extent Of Damage FUNCTIONAL DAMAGE	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT														
UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER														
		What Driver Was Doing	Vehicle Factors														
UNIT	VEHICLE	Driver Prior Action Other															
		NO CONTRIBUTING ACTION															
01	01	Owner Name	Owner Address														
Policy Holder <table border="1"> <tr> <td>Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO</td> <td colspan="3">INDIVIDUAL CHASE STEVENS</td> </tr> </table>						Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	INDIVIDUAL CHASE STEVENS										
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Address 1126 12TH ST # 3 BARABOO, WI 53913 , US	Driver License Number																
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment													
		Row	Seat Position	SHOULDER & LAP BELT													
01	001	Helmet Use		Helmet Compliance													
		Eye Protection		Tint Compliance													
Injury	Injury Severity	Airbag															
Ejected		Ejection Path		Trapped/Extricated													
Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #												
Hospital			Date of Death		Time of Death												

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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					