

6TL0D2XVTT  
26-01649

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>26-01649</b>		Investigating Officer/Deputy <b>DEPUTY B. GOODREAU</b>	
Crash Date <b>02/16/2026</b>		Crash Time <b>10:18 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>02/16/2026</b>		Time Notified <b>10:19 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>			<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

<b>ON STH60 EB 267 FT E OF JONES RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.197436651</b>	Longitude <b>-90.018380089</b>
	X Coordinate <b>254758.703125</b>	Y Coordinate <b>4787164</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

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

Unit Summary

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

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		Truck Bus or HazMat		
01 UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>AVG3686</b>	Plate Type <b>AUT</b>	St <b>WI</b>	
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>JM3KFABL6H0225577</b>	Make <b>MAZD</b>	
	Year <b>2017</b>	Model <b>CX-5</b>	Color <b>RED - RED</b>	
	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use		
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>			
	Vehicle Removed By <b>NACHREINER'S TOWING</b>		What Driver Was Doing	
	Vehicle Factors		Driver Prior Action Other	
Driver Actions <b>NO CONTRIBUTING ACTION</b>				
Owner Name		Owner Address		
01 UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>FIRST-CHICAGO-INSURANCE-CO</b>	INDIVIDUAL <b>PERCY RAFAELE QUISPE</b>		
01 UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>PERCY RAFAELE QUISPE</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Date of Birth	Race <b>WHITE</b>		
	Address <b>1620 MICHIGAN AVE WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number		
01 UNIT INDIVIDUAL	<b>Safety Equipment</b>			
	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row	Seat Position		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury Severity <b>Injury NO APPARENT INJURY</b>		Airbag	
	Ejected	Ejection Path	Trapped/Extricated	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	

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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source			
		Distracted By Action					
		<b>Non Motorist</b>	Striking Unit #	Location			
			Prior Action				
		Action					
		Action Other				To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use		Suspected Drug Use		
			NO		NO		
			Alcohol Test Given	Alcohol Test Type		Alcohol Test Results	
			TEST NOT GIVEN				
Drug Test Given	Drug Test Type		Drug Test Results				
TEST NOT GIVEN							
Drug Type							
Individual Condition	APPEARED NORMAL						