

6TL0D942DC

26-02318

# 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<br><b>26-02318</b> | Investigating Officer/Deputy<br><b>DEPUTY M. PETERSON</b> |  |
| Crash Date<br><b>03/07/2026</b>                |   | Crash Time<br><b>07:24 PM</b>                             | Date Arrived                           | Time Arrived  |  |
| Date Notified<br><b>03/07/2026</b>             |   | Time Notified<br><b>07:27 PM</b>                          | Total Units<br><b>01</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>NON-DOMESTICATED ANIMAL W/ NO INJURY</b> |  | <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 CTHPF SB<br>0.26 MI N<br>OF DENZER RD<br>IN THE TOWN OF FREEDOM<br>IN SAUK COUNTY | Latitude<br><b>43.406201008</b>       | Longitude<br><b>-89.911047538</b> |
|  | X Coordinate<br><b>264288.53125</b>   | Y Coordinate<br><b>4810041</b>    |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

### Crash Scene

|  |   |               |
|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><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<br><b>DEER</b>   | 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  | Special Study |

### Unit Summary

|             |  |   |  |  |                                |  |
|-------------|--|---|--|--|--------------------------------|--|
| <b>UNIT</b> | Unit Status<br><b>IN TRANSIT</b>   | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>TRUCK</b>                      |  |                                |  |
|             | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</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>                           | Total HazMat Types<br><b>0</b> |  |
|             | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>SOUTHBOUND</b>              | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit  | Total Lanes                    |  |
|             | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |  |
|             | Traffic Way  |   | Traffic Control                                | Traffic Control Inoperative/Missing                  |                                |  |
|             | Surface Type   |   | Road Curvature                                 | Road Grade   |                                |  |

NO

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|            |  |   |  |
|------------|--|---|--|
|            |  | Truck Bus or HazMat   |  |
| 01         | UNIT   | <b>Vehicle</b>  |  |
|            |  | License Plate Number<br><b>SW8082</b>                       | Plate Type<br><b>LTK</b>   |
|            |  | Vehicle Identification Number<br><b>1C6RRFFG6KN647519</b>   | Make<br><b>RAM</b>   |
|            |  | Color<br><b>GRY - GRAY</b>                                  | Body Style<br><b>PK - PICKUP</b>   |
|            |  | Initial Contact Point<br><b>12 - FRONT</b>                  | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b> |
|            |  | Extent Of Damage<br><b>DISABLING DAMAGE</b>                 |  |
|            |  | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b> | Vehicle Removed By<br><b>CRAIGS TOWING</b>   |
|            |  | What Driver Was Doing                                       | Vehicle Factors  |
|            |  | Driver Prior Action Other                                   |  |
|            |  | 01  | UNIT   |
| Owner Name | Owner Address  |   |  |
| 01         | UNIT   | <b>Policy Holder</b>  |  |
|            |  | Insurance Company<br><b>PROGRESSIVE-CLASSIC-INS-CO</b>      | INDIVIDUAL<br><b>JOEL MINDHAM</b>  |
|            |  | <b>Individual</b>   |  |
| 01         | UNIT   | DRIVER<br><b>JOEL MINDHAM</b>                               | Citations Issued<br><b>0</b>   |
|            |  |   | Sex<br><b>MALE</b>   |
|            |  |   | Date of Birth  |
|            |  |   | Race<br><b>WHITE</b>   |
|            | Address<br><b>S3200 BUCKHORN RD<br/>REEDSBURG, WI 53959 , US</b> | Driver License Number                                       | <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>                                       |
| 01         | UNIT   | <b>Safety Equipment</b>                                     |  |
|            |  | On Duty Crash   | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                                   |
|            |  | Row   | Seat Position  |
|            |  | Helmet Use  | Helmet Compliance  |
|            |  | Eye Protection  | Tint Compliance  |
| 01         | UNIT   | <b>Injury</b>   |  |
|            |  | Injury Severity<br><b>NO APPARENT INJURY</b>                | Airbag   |
|            |  | Ejected   | Ejection Path  |
|            |  | Medical Transport<br><b>NOT TRANSPORTED</b>                 | EMS Agency Identifier  |
|            |  | Hospital  | Date of Death  |



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CRASH REPORT

|             |   |                        |                                    |                                 |                      |
|-------------|---|------------------------|------------------------------------|---------------------------------|----------------------|
| <b>UNIT</b> | <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<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                                   |                        |                                    |                                 |                      |
| <b>01</b>   | <b>001</b>                                  | Individual Condition   |                                    |                                 |                      |
|             |   | <b>APPEARED NORMAL</b> |                                    |                                 |                      |