

6TL0FSSFCC  
26-03285

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0FSSFCC

Document Number Override		Primary Crash Document #	Agency Crash Number <b>26-03285</b>	Investigating Officer/Deputy <b>DEPUTY Z. DRILL</b>	
Crash Date <b>04/04/2026</b>		Crash Time <b>07:45 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>04/04/2026</b>		Time Notified <b>07:46 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

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

**Location**

<b>ON STH23 WB 40 FT N OF OLD 23 IN THE TOWN OF FRANKLIN IN SAUK COUNTY</b>	Latitude <b>43.260574814</b>	Longitude <b>-90.059356284</b>
	X Coordinate <b>251685.90625</b>	Y Coordinate <b>4794297.5</b>
	Structure Type	

**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**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire 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	

NO

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		Truck Bus or HazMat			
01	UNIT	<b>Vehicle</b>			
		License Plate Number <b>891484</b>	Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTEW1EF3FFA38142</b>	Make <b>FORD</b>	Year <b>2015</b>	Model <b>F150</b>
		Color <b>BLK - BLACK</b>	Body Style <b>PK - PICKUP</b>	Bus Use	
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT, 14 - UNDERCARRIAGE</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			
		01	UNIT	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name	Owner Address				
01	UNIT	<b>Policy Holder</b>			
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	INDIVIDUAL <b>JEFFREY RUHLAND</b>		
		<b>Individual</b>			
01	UNIT	DRIVER <b>JEFFREY RUHLAND</b> <b>(608) 370-1957</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>E4655 RUETTEN DR</b> <b>SPRING GREEN, WI 53588 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>			
01	UNIT	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row	Seat Position		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>	Injury Severity <b>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	<b>Distracted By</b>	Distracted By Source			
		Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
	<b>01</b>	<b>001</b>	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
Individual Condition <b>APPEARED NORMAL</b>					