

6TL0F51TM2

26-03743

# 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>26-03743</b>	Investigating Officer/Deputy <b>SERGEANT E. KNULL</b>	
Crash Date <b>04/16/2026</b>		Crash Time <b>05:57 AM</b>	Date Arrived	Time Arrived	
Date Notified <b>04/16/2026</b>		Time Notified <b>05:57 AM</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 STH33 EB 483 FT W OF BODENDIEN RD IN THE TOWN OF LA VALLE IN SAUK COUNTY</b>	Latitude <b>43.565395325</b>	Longitude <b>-90.085076962</b>
	X Coordinate <b>250852.171875</b>	Y Coordinate <b>4828229</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

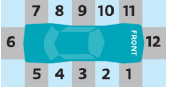
<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER VAN</b>			Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat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

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		Truck Bus or HazMat					
01	UNIT	VEHICLE	<b>Vehicle</b>				
			License Plate Number <b>AUJ9201</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>5FNRL6H83NB002605</b>	Make <b>HOND</b>	Year <b>2022</b>	Model <b>ODYSSEY</b>	
			Color <b>WHI - WHITE</b>	Body Style <b>VN - VAN</b>	Bus Use		
			Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>10 - LEFT 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>SHIELDS TOWING</b>			
			What Driver Was Doing	Vehicle Factors			
			Driver Prior Action Other				
			01	UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name	Owner Address						
01	UNIT	<b>Policy Holder</b>					
		Insurance Company <b>USAA-CASUALTY-INS-CO</b>	INDIVIDUAL <b>BARBARA ALLOTT</b>				
		<b>Individual</b>					
01	UNIT	INDIVIDUAL	DRIVER <b>BARBARA ALLOTT (630) 728-9951</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
			Address <b>S1501 CANARY CT LA VALLE, WI 53941 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
			<b>Safety Equipment</b>		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
01	UNIT	001	Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>		
			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		

# WISCONSIN MOTOR VEHICLE 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 <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
	Drug Test Given <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>			