

6TL0D0GSPZ  
26-06453

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		Investigating Officer/Deputy <b>DEPUTY G. AKERS</b>	
Crash Date <b>06/20/2026</b>		Crash Time <b>12:00 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/20/2026</b>		Time Notified <b>12:00 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	
<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 USH12 WB 487 FT S OF LEHMAN RD IN THE TOWN OF SUMPTEP IN SAUK COUNTY</b>	Latitude <b>43.422770015</b>	Longitude <b>-89.772998363</b>
	X Coordinate <b>275528.3125</b>	Y Coordinate <b>4811500</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

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>UNKNOWN</b>	Direction Of Travel <b>WESTBOUND</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>9UOW668</b>	Plate Type	St <b>CA</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>1GNEVGKS4TJ127628</b>	Make <b>CHEV</b>
	Year <b>1926</b>	Model <b>UT</b>	Bus Use
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>	
	Extent Of Damage <b>DISABLING DAMAGE</b>	Vehicle Removed By	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Factors	
	What Driver Was Doing	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Driver Prior Action Other		
01 UNIT VEHICLE	Owner Name		Owner Address
	<b>Individual</b>		
	DRIVER <b>TOMMY WILSON</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth	Race	
	Address <b>11634 W KINDERMAN DR AVONDALE, AZ 85323 9112, US</b>	Driver License Number	
	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	
<b>Distracted By</b>	Distracted By Source		

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UNIT	Distracted By Action				
	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action			
	Action				
	Action Other		To/From School		
	01	001	<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		
	Individual Condition <b>APPEARED NORMAL</b>				