

6TL0FRKD89

26-06958

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 26-06958, Investigating Officer/Deputy DEPUTY A. KULAS, Crash Date 07/02/2026, Crash Time 12:08 AM, Date Arrived, Time Arrived, Date Notified 07/02/2026, Time Notified 12:10 AM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY, Amended, Secondary Crash

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

Location

ON STH154 WB 0.42 MI E OF CTMG WB IN THE TOWN OF WASHINGTON IN SAUK COUNTY, Latitude 43.409135434, Longitude -90.144269838, X Coordinate 245415.46875, Y Coordinate 4811053, Structure Type NO STRUCTURE

Crash Scene

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

Unit Summary

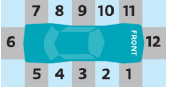
Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type PASSENGER CAR, Operating As Endorsements, Total Occs 1, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel WESTBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, 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>AEN5097</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>4S3BNAC68F3040723</b>	Make <b>SUBA</b>	Year <b>2015</b>	Model <b>LEGACY</b>	
			Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</b>	Bus Use		
			Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</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>STATE-FARM-CLASSIC-INS-CO</b>	INDIVIDUAL <b>LUCY JOYCE</b>				
		<b>Individual</b>					
01	UNIT	INDIVIDUAL	DRIVER <b>LUCY JOYCE</b> <b>(608) 604-2204</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
			Address <b>170 E 8TH ST</b> <b>RICHLAND CENTER, WI 53581 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	UNIT	001	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
			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>			