

**26-07966**

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

**6TL0FB003Q**

|                                                |                                      |                                                           |  |                                        |                                           |                                                           |                                              |
|------------------------------------------------|--------------------------------------|-----------------------------------------------------------|--|----------------------------------------|-------------------------------------------|-----------------------------------------------------------|----------------------------------------------|
| Document Number Override                       |                                      | Primary Crash Document #                                  |  | Agency Crash Number<br><b>26-07966</b> |                                           | Investigating Officer/Deputy<br><b>DEPUTY W. NEUBAUER</b> |                                              |
| Crash Date<br><b>07/24/2026</b>                |                                      | Crash Time<br><b>07:40 AM</b>                             |  | Date Arrived                           |                                           | Time Arrived                                              |                                              |
| Date Notified<br><b>07/24/2026</b>             |                                      | Time Notified<br><b>07:42 AM</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.

|                                                                                                           |                     |                      |
|-----------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| <b>ON CTHBD NB<br/>948 FT S<br/>OF TERRYTOWN RD<br/>IN THE VILLAGE OF WEST BARABOO<br/>IN SAUK COUNTY</b> | Latitude            | Longitude            |
|                                                                                                           | <b>43.483179805</b> | <b>-89.771727414</b> |
|                                                                                                           | X Coordinate        | Y Coordinate         |
|                                                                                                           | <b>275854.59375</b> | <b>4818205.5</b>     |
|                                                                                                           | Structure Type      |                      |

|                                                                        |                                                                       |               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------|
| 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 |

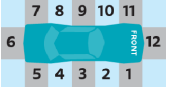
|                                                                             |                                          |                                                       |                            |                                                      |  |
|-----------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|----------------------------|------------------------------------------------------|--|
| Unit Status<br><b>IN TRANSIT</b>                                            |                                          | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
| Vehicle Type<br><b>PASSENGER CAR</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>NORTHBOUND</b> | <input type="checkbox"/> <b>Pre CrashTire Mark</b>    | Speed Limit                | Total Lanes                                          |  |
| Most Harmful Event: Collision With<br><b>NO 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                                           |  |

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
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(608) 356-4895

|                                                                           |      |                                                                         |                      |                                                           |                                                                                   |                                                                                     |                                             |
|---------------------------------------------------------------------------|------|-------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------|
|                                                                           |      | Truck Bus or HazMat                                                     |                      |                                                           |                                                                                   |                                                                                     |                                             |
| 01                                                                        | UNIT | 01                                                                      | VEHICLE              | <b>Vehicle</b>                                            |                                                                                   |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | License Plate Number<br><b>BBM3387</b>                    | Plate Type<br><b>AUT</b>                                                          | St<br><b>WI</b>                                                                     | Country of Issuance<br><b>UNITED STATES</b> |
|                                                                           |      |                                                                         |                      | Vehicle Identification Number<br><b>KNDJ23AU3P7884602</b> | Make<br><b>KIA</b>                                                                | Year<br><b>2023</b>                                                                 | Model<br><b>SOUL</b>                        |
|                                                                           |      |                                                                         |                      | Color<br><b>GRY - GRAY</b>                                | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b>                                   | Bus Use                                                                             |                                             |
|                                                                           |      |                                                                         |                      | Initial Contact Point<br><b>11 - LEFT FRONT CORNER</b>    | Vehicle Damage<br><b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b> |  |                                             |
|                                                                           |      |                                                                         |                      | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>              |                                                                                   |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | Towed Due To Damage<br><b>NOT TOWED</b>                   | Vehicle Removed By<br><b>OPERATOR</b>                                             |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | What Driver Was Doing                                     | Vehicle Factors                                                                   |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | Driver Prior Action Other                                 |                                                                                   |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | 01                                                        | UNIT                                                                              | 01                                                                                  | VEHICLE                                     |
| Owner Name                                                                |      | Owner Address                                                           |                      |                                                           |                                                                                   |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      |                                                           |                                                                                   |                                                                                     |                                             |
| <b>Policy Holder</b>                                                      |      |                                                                         |                      |                                                           |                                                                                   |                                                                                     |                                             |
| Insurance Company<br><b>WISCONSIN-MUTUAL-INS-CO</b>                       |      | INDIVIDUAL<br><b>MEGAN HAUSE</b>                                        |                      |                                                           |                                                                                   |                                                                                     |                                             |
| <b>Individual</b>                                                         |      |                                                                         |                      |                                                           |                                                                                   |                                                                                     |                                             |
| DRIVER<br><b>MEGAN HAUSE</b><br><b>(608) 695-5537</b>                     |      | Citations Issued<br><b>0</b>                                            | Sex<br><b>FEMALE</b> |                                                           |                                                                                   |                                                                                     |                                             |
|                                                                           |      | Date of Birth                                                           | Race                 |                                                           |                                                                                   |                                                                                     |                                             |
| Address<br><b>1407 WINNEBAGO CIR # 4</b><br><b>BARABOO, WI 53913 , US</b> |      | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                      |                                                           |                                                                                   |                                                                                     |                                             |
| 01                                                                        | UNIT | 001                                                                     | INDIVIDUAL           |                                                           |                                                                                   |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | On Duty Crash                                             | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                                |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | Row                                                       | Seat Position                                                                     |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | Helmet Use                                                | Helmet Compliance                                                                 |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | Eye Protection                                            | Tint Compliance                                                                   |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | <b>Injury</b>                                             | Injury Severity<br><b>NO APPARENT INJURY</b>                                      |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | Airbag                                                    |                                                                                   |                                                                                     |                                             |
|                                                                           |      |                                                                         |                      | Ejected                                                   | Ejection Path                                                                     | Trapped/Extricated                                                                  |                                             |
|                                                                           |      |                                                                         |                      | Medical Transport<br><b>NOT TRANSPORTED</b>               | EMS Agency Identifier                                                             | EMS Run #                                                                           |                                             |
|                                                                           |      |                                                                         |                      | Hospital                                                  | Date of Death                                                                     | Time of Death                                                                       |                                             |

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|                                          |                                                |                                    |                                 |                      |
|------------------------------------------|------------------------------------------------|------------------------------------|---------------------------------|----------------------|
| UNIT<br>INDIVIDUAL                       | <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                  |                                 |                      |
| 01<br>001                                | Drug Type                                      |                                    |                                 |                      |
|                                          | Individual Condition<br><b>APPEARED NORMAL</b> |                                    |                                 |                      |