

26-07982

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

Document Number Override		Primary Crash Document #		Agency Crash Number 26-07982		Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 07/24/2026		Crash Time 04:06 PM		Date Arrived		Time Arrived	
Date Notified 07/24/2026		Time Notified 04:06 PM		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

Location

Crash Scene

Unit Summary

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.

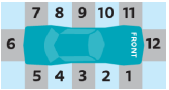
1 of 3

Crash Date **07/24/2026**
Crash Time **04:06 PM**

6TL0DRXHMZ

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WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
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		Truck Bus or HazMat							
01	UNIT	01	VEHICLE	Vehicle					
				License Plate Number BAF4794		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
				Vehicle Identification Number 5YFB4MDE4SP305701		Make TOYT	Year 2025	Model COROLLA	
				Color WHI - WHITE		Body Style SD - SEDAN		Bus Use	
				Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 11 - LEFT FRONT CORNER			
				Extent Of Damage DISABLING DAMAGE					
				Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING			
				What Driver Was Doing		Vehicle Factors			
				Driver Prior Action Other					
				Driver Actions NO CONTRIBUTING ACTION					
01	UNIT	01	VEHICLE	Owner Name		Owner Address			
01	UNIT	01	INDIVIDUAL	Policy Holder					
				Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		ORGANIZATION/COMPANY HOMEWARD BOUND INC			
01	UNIT	001	INDIVIDUAL	DRIVER ROBERT SCALLON (608) 485-3848		Citations Issued 0	Sex MALE		
						Date of Birth	Race WHITE		
				Address 1600 WISCONSIN AVE BOSCOBEL, WI 53805 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	UNIT	001	INDIVIDUAL	Safety Equipment		On Duty Crash		Safety Equipment	
				Row		Seat Position		SHOULDER & LAP BELT	
				Helmet Use				Helmet Compliance	
				Eye Protection				Tint Compliance	
				Injury		Injury Severity NO APPARENT INJURY		Airbag	
				Ejected		Ejection Path		Trapped/Extricated	
				Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
				Hospital		Date of Death		Time of Death	

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UNIT INDIVIDUAL	Distracted By	Distracted By Source					
	Distracted By Action						
	Non Motorist	Striking Unit #		Location			
	Prior Action						
	Action						
	Action Other						To/From School
	Drug & Alcohol	Suspected Alcohol Use NO		Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
01 001	Drug Type						
	Individual Condition APPEARED NORMAL						