# **6TL0FKD6NC** 25-01435

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash I	Document #	Agency <b>25-014</b>	cy Crash Number Investigating Officer/Deputy  1435 DEPUTY B. TRAGER			/	
Crash Date 02/15/2025	Crash Time 07:55 AM	07:55 AM		rived 2025	Time Arrived 08:27 AM			
Date Notified <b>02/15/2025</b>				nits	Total Injured Total Killed 00 00		ed	
On Emergency	Hit and Run	Lane Closu	re	Work Zone	Trailer or	Towed	Reporting Threshold	
Government Property	Active Sc	chool Zone	School I	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	)		Amended		Secondary Crash	
Diagram							•	
						notos By dditional Info <b>ONE</b>	ormation	
				Not to Scale				
	Cty F Dore	lwy K North of Rd.						

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 02/15/2025
Crash Time 07:55 AM

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Location

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IN SAUK COUNTY 258551.171875 4835920.5 Structure Type					
NO STRUCTURE					
Crash Scene					
First Harmful Event First Harmful Event Location					
DITCH ROADSIDE					
Manner of Collision Light Condition					
00 - NO COLLISION W/VEHICLE IN TRANSPORT DAYLIGHT					
Road Surface Condition(s) Roadway Factor(s)					
SNOW					
Environment Factor(s)	-				
WEATHER CONDITIONS ROAD SURFACE CONDITION (WET, ICY, SNOW, SLU	SH,				
EIC)					
Weather Condition(s)					
SNOW					
Animal Type Relation To Trafficway					
TRAFFICWAY - NOT ON ROAD					
Crash Classification - Location  PUBLIC PROPERTY  Crash Classification - Jurisdiction  NO SPECIAL JURISDICTION	Crash Classification - Jurisdiction				
Tribal Land Access Control Special Study					
NO CONTROL					
Within Interchange Area Junction Location Intersection Type					
NO NON-JUNCTION NOT AN INTERSECTION					
Unit Summary					
Unit Status Vehicle Operating As Classification Unit Type					
IN TRANSIT D CLASS TRUCK					
Vehicle Type  Operating As Endorsements	Operating As Endorsements				
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types					
1 Total recorded Tota					
Insurance? Direction Of Travel Pre CrashTire Speed Limit Total Lanes					
- YES SOUTHBOUND □ Mark 55 2					
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use					
TREE NO SPECIAL PONCTION NOT APPLICABLE					
Traffic Way Traffic Control Traffic Control Inoperative/Missing					
TWO-WAY, NOT DIVIDED NO CONTROL NO Surface Type Road Curvature Road Grade					
BLACKTOP (BITUMINOUS)  STRAIGHT  LEVEL					
Truck Bus or HazMat					
NO					
Vehicle					
License Plate Number Plate Type St Country of Issuance	Country of Issuance				
RX3946 LTK WI UNITED STATES					
Vehicle Identification Number Make Year Model	Model				
5 5 3TMDZ5BNXLM090031 TOYT 2020 TACOMA	Bus Use				
3TMDZ5BNXLM090031					
3TMDZ5BNXLM090031					
3TMDZ5BNXLM090031					
STMDZ5BNXLM090031	12				
TOYT 2020 TACOMA  Color Body Style Bus Use  TAN - TAN PK - PICKUP  Initial Contact Point Vehicle Damage 03 - RIGHT SIDE MIDDLE  O3 - RIGHT SIDE MIDDLE  TOYT 2020 TACOMA  Bus Use  7 8 9 10	12				

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ı		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABL	ING DAMAGE	STEVES AUTO SERVICE					
l		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other		NOT APPLICABLE					
l		Driver Actions		•					
١.	Щ	RAN OFF ROADWAY							
E E	ᅙ								
5	VEHICLE								
	>								
		Owner Name		Owner Address					
		LES BECKMAN		115 GRAYSIDE	AVE				
2	2	(608) 350-9070		MAUSTON, WI 5	3948 , US				
	;	Sequence Of Events							
	2	Event DITCH							
	0								
	05	TREE							
	03	Event							
	0	Such and a such							
	9	Event							
<b> </b>		Policy Holder	Policy Holder						
ENS.		Insurance Company	INDIVIDUAL	INDIVIDUAL					
>		USAA-GENERAL-INDEM	NITY-CO	LES BECKMAN	LES BECKMAN				
	- 1	Individual							
ĺ		DRIVER		Citations Issued	Citations Issued Sex				
	Ļ	LES BECKMAN (608) 350-9070		0	1				
١.	INDIVIDUAL	(666) 666 661 6		Date of Birth	Date of Birth Race WHITE				
Ę	₹	Address		Driver License Numb					
>	₫	115 GRAYSIDE AVE							
	=	MAUSTON, WI 53948 , U	S						
	Sat	On Duty	y Crash	Safety Equipment					
	Ou,			CHOILI DED 8 1 A	SHOULDER & LAP BELT				
		Row Seat Position 01 - FRONT ROW 07 - LEFT		SHOULDER & LAF BELT					
		Helmet Use			Helmet Compliance				
		Eye Protection		Tint Compliance					
	_	Injury S	everity	Airbag					
2	9	Injury NO AF	PPARENT INJURY	NON DEPLOYED					
	Ejected Ejection Path				Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT A	PPLICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifie	r	EMS Run #			
		NOT TRANSPORTED  Hospital		Date of Death		Time of Death			
				Date of Death		or boati			
		Distracted By NOT A	ed By Source APPLICABLE (NOT DIST	RACTED)					
		Distracted By Action							
		NOT DISTRACTED							

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		Non Motorist	Striking Unit #	Location				
		Prior Action						
UNIT	INDIVIDUAL	Action Other						To/From School
•			Suspected Alcohol L	Jse	Suspected Drug Use			To/T form deficient
	L	Drug & Alcohol	NO		NO			
•		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
2	001	Drug Type						
		Individual Condition  APPEARED NORI	MAL					