6TL0DJJ8Z7 25-01580

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash D	Primary Crash Document #		Agency Crash Number 25-01580			Investigating Officer/Deputy DEPUTY J. TROTH			
22	Crash Date 02/19/2025	Crash Time 07:40 PM			Date Arrived		Tin	Time Arrived			
6TL0DJJ8Z7	Date Notified 02/19/2025	Time Notified 07:45 PM			Total Units 01		To:	tal Injured	Total Killed 00		
_0D	On Emergency	Hit and Run	Lane Clos			rk Zone		Trailer or	Towed		Reporting Threshold
eTI	Government Property		hool Zone	NO School	Bus Relate	ed	Ta	gs			
	Reportable Crash Type NON-DOMESTICATED A			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										
- 1	ON CTHH NB					Latitude			Longitu	de	
	0.51 MI W					43.60903	36624		_	284010	5
	OF OAK HILL RD					X Coordin					
	IN THE TOWN OF DELLON	IA							Y Coordinate		
	IN SAUK COUNTY					266546.6	525		48325	17.5	
						Structure	Туре				
(Crash Scene					I					
,	First Harmful Event First Harmful Event Location										
								Location			
	NON DOMESTICATED AN	MAL (ALIVE)				ON ROA					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VE	HICLE IN TRANSI	PORT								
	Road Surface Condition(s)					Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
,	Tribal Land					Access Control Special Study					al Study
						, record column.					
į	Unit Summary										
	Unit Status Vehicle Operating As C					Classification Unit Type					
	IN TRANSIT		D C	D CLASS					AUTOMOBILE		
	Vehicle Type								As Endorse	ments	
0	(SPORT) UTILITY VEHICLE							opo.ug	7.0 2.1.00.00		
	•			Total # Citations Issued			Total Trailers		Total HazMat Types		nes
	2			0		0		0		iviat i y	500
	Insurance?	Direction Of Trave				_			Total Lanes		
_	YES	NORTHBOUND		Pre CrashTire Mark			2,000 2				
LNO.	Most Harmful Event: Collision With			Special Function			<u> </u>		Emergency Motor Vehicle Use		:
	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTI			TION		NOT APPLICABLE		
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
,	Surface Type			David Commentum				Road Grade			
	Surface Type			Road Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 02/19/2025
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	Truc	ck Bus or HazMat								
Vehicle										
UNIT 01	VEHICLE 01	License Plate Number AKG2509 Vehicle Identification Number		Plate Type AUT Make	St WI Year	Country of Issuance UNITED STATES Model				
		Color WHI - WHITE		GMC 2013 TERRAIN						
		Initial Contact Point 12 - FRONT Extent Of Damage DISABLING DAMAGE		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT 5 4 3 2 1						
		Towed Due To Damage TOWED DUE TO DISABLING What Driver Was Doing	G DAMAGE	Vehicle Removed By ARNESON SERVICE Vehicle Factors						
		Driver Action Other Driver Actions								
TIND	MO CONTRIBUTING ACTION									
5	5	Owner Name		Owner Address						
FIND		Policy Holder Insurance Company STATE-FARM-CLASSIC-INS	i-co	INDIVIDUAL FREDY AGUERO						
		Individual								
	INDIVIDUAL	DRIVER FREDY AGUERO (920) 342-1964		Citations Issued 0 Date of Birth	Sex MALE Race	ALE				
LIND		Address 550 EDISON ST WATERLOO, WI 53594 , US		Driver License Number						
	Sat	On Duty Cr	Safety Equipment							
		Row	Seat Position	SHOULDER & LAF	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
2	00	Injury Seventy NO APPARENT INJURY		Airbag						
		Ejected	ection Path			Trapped/Extricated	rapped/Extricated			
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier EMS Run #					
		Hospital	Date of Death	Date of Death Time of Death						

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		Distracted By	Distracted By Source	•					
		Distracted By Action							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
		Action							
	JAL								
UNIT	INDIVIDUAL								
	<u>N</u>								
		Action Other						To/From School	
	1	Drug & Alcohol NO			Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u> </u>		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Resu				
2	00	Drug Type							
		Individual Condition							
		APPEARED NORM	MAL						