

6TL0DKRB2N  
25-02255

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 <b>25-02255</b>	Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date <b>03/10/2025</b>		Crash Time <b>11:01 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>03/10/2025</b>		Time Notified <b>11:01 PM</b>	Total Units <b>01</b>	Total Injured <b>00</b>	Total Killed <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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <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.

**Location**

<b>ON STH33 WB 0.54 MI E OF EMERALD DR IN THE TOWN OF WINFIELD IN SAUK COUNTY</b>	Latitude <b>43.560795743</b>	Longitude <b>-90.070230868</b>
	X Coordinate <b>252032.3125</b>	Y Coordinate <b>4827674</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <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 <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

**Unit Summary**

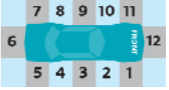
<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	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>750ZHA</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>4T1BF12B5VU206762</b>	Make <b>TOYT</b>	Year <b>1997</b>	Model <b>AVALON</b>	
			Color <b>WHI - WHITE</b>	Body Style <b>4D - 4DR</b>	Bus Use		
			Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
			Extent Of Damage <b>DISABLING DAMAGE</b>				
			Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</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						
<b>Policy Holder</b>							
01	UNIT	Insurance Company <b>GEICO-ADVANTAGE-INSURANCE-CO</b>	INDIVIDUAL <b>CURTIS MEINERS</b>				
		<b>Individual</b>					
01	UNIT	INDIVIDUAL	DRIVER <b>SCOTT MUELLER</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
				Date of Birth	Race <b>WHITE</b>		
			Address <b>W7084 SKI HILL REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
			<b>Safety Equipment</b>		On Duty Crash		
01	UNIT	001	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
			Row	Seat Position			
			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			

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<b>UNIT</b>	<b>Distracted By</b>	Distracted By Source			
		Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	<b>INDIVIDUAL</b>	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	
	<b>01</b>	<b>001</b>	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
			Drug Type		
Individual Condition <b>APPEARED NORMAL</b>					