WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913**

Document Number Overri 6TL0DQPGHG	de Primary Crash	Document #	Agence 25-02	y Crash Number	Investigating C DEPUTY B.		,	
Crash Date	Crash Time	Crash Time 02:20 AM		Arrived	Time Arrived			
03/18/2025				/2025	08:13 PM			
Date Notified	Time Notified		Total U	Jnits	Total Injured	Total Kille	ed	
03/18/2025	02:20 AM	1	01	1	01	00		
On Emergency	Hit and Run	t and Run Lane Clos		Work Zone	Trailer o	r Towed	Reporting Threshold	
Government Property	Active S	Active School Zone School Bus Related NO			Tags			
✓ Reportable	Crash Type DT4000 (ST	Crash Type DT4000 (STANDARD CRASH)			Amende	t	Secondary Crash	
Description =					•			
Diagram					F	Reconstructio	n By	
· ·							,	
					F	hotos By		
					4	dditional Info	ormation	
	N N N N N N N N N N N N N N N N N N N					odditional Info	ormation ERA VIDEO	
	Z ← E E E E E E E E E E E E E E E E E E	Google		d Coon Buff Rd		dditional Info	ormation ERA VIDEO	

ON 03/18/25 AT 2:20 A.M. I WAS DISPATCHED TO A CAR VS. DEER CRASH ON CTH H NEAR COON BLUFF RD. I ARRIVED ON SCENE AND MADE CONTACT WITH THE DRIVER, WHO ADVISED SHE STRUCK A DEER, WHILE TRAVELING WESTBOUND ON CTH H AT COON BLUFF RD. THE DEER WAS LOCATED IN THE NORTH SIDE DITCH LINE APPROXIMATELY 100 FEET FROM THE VEHICLE. THE DRIVER TOLD ME SHE HAD NO INJURIES. THE FRONT GRILLE AREA AND HOOD APPEARED TO HAVE SUSTAINED FUNCTIONAL DAMAGE AND THE PLASTIC DEBRIS WAS EASILY CLEANED UP. THERE WERE NO LEAKING FLUIDS UNDERNEATH THE VEHICLE. THE DRIVER ADVISED SHE FELT FINE AND WOULD BE DRIVING THE VEHICLE HOME. A NON-REPORTABLE, NO INJURY, CRASH FORM WAS COMPLETED. ON 3/20/25 AT 7:09 A.M. I RECEIVED AN EMAIL ADVISING THE DRIVER WENT TO THE HOSPITAL FOR INJURIES. I CALLED THE DRIVER ON 3/21/25 AT 7:45 P.M. DRIVER ADVISED SHE WENT TO URGENT CARE ON 3/18/25 AT 6:30 P.M. AND FELT LIKE SHE HAD A CONCUSSION. DRIVER WAS THEN DISCHARGED WITH NO CONCUSSION DIAGNOSIS. ON 3/20/25 AT 5:30 P.M. DRIVER ADVISED SHE WENT BACK TO URGENT CARE, THEN WAS TRANSFERED TO THE ER. DRIVER SAID CAT SCAN OF HEAD/NECK/LEG APPEARED NORMAL. DRIVER WAS ADVISED BY MEDICAL STAFF THAT SHE HAD A CONCUSSION AND POSSIBLY A PINCHED NERVE, WHICH DOES NOT SHOW UP ON CAT SCAN.

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OPE	RATOR ADVISED OF INJUR	RIES 3/20/25							
	-4i								
	ation ■■■ CTHH WB			Latitude			1	d_	
	FT W			43.614			Longitud	oe 0941812	
	COON BLUFF RD			X Coord			Y Coord		
	HE TOWN OF DELLON AUK COUNTY	NA		_	5.53125				
IN 3	AUK COUNTY			Structur	е Туре		1		
					•				
Cra	sh Scene			<u>'</u>					
_	Harmful Event			First Ha	rmful Event L	ocation			
	I DOMESTICATED AN	IMAL (ALIVE)			ADWAY	oodion			
	ner of Collision	,		Light Co	ndition				
00 -	NO COLLISION W/VE	HICLE IN TRANSPORT		DARK/	UNLIT				
Road	Surface Condition(s)			Roadwa	y Factor(s)				
DRY	•								
Envir	onment Factor(s)								
	MAL (S) IN ROADWAY			NONE					
	ther Condition(s)								
CLE	()								
	al Type				Relation To Trafficway				
DEE					TRAFFICWAY - ON ROAD				
-	h Classification - Location				Crash Classification - Jurisdiction				
	Land				NO SPECIAL JURISDICTION Access Control Special Study				
TIDE	i Lanu				Access Control Special Study NO CONTROL			Special Study	
With	n Interchange Area	Junction Location	Int	ersection Type					
NO		NON-JUNCTION	N	OT AN INTERS	ECTION				
Unit	Summary ==								
	Status		Vehicle Operation	ng As Classification	on	Unit Type			
	RANSIT		D CLASS				BILE		
Vehi	cle Type					Operating A	s Endorse	ments	
	SENGER CAR	T							
	Occs	Train/Bus # Recorded	Total # Citations	s Issued	Total Tra	ilers		zMat Types	
1 Incur	ance?	Direction Of Travel	0		0 Speed Li	mit	0 Total Lan	290	
YES		WESTBOUND	Pre Cra		55		2		
	Harmful Event: Collision V		Special Function			Emergency Motor Vehicle Use		icle Use	
	DOMESTICATED AN		NO SPECIAL	FUNCTION	CTION		NOT APPLICABLE		
Traffic Way Traffic Control							Traffic Control Inoperative/Missing		
TWO-WAY, NOT DIVIDED NO CONTROL							NO		
Surface Type Road Curvature					Road Grade				
CONCRETE STRAIGHT						DOWNHIL	L		
Truci NO	k Bus or HazMat								
	/ahiala								
	Vehicle		Diete To-		l C+	Country of la	Sugnes		
License Plate Number Plate Type ARX3950 AUT					St WI	Country of Issuance UNITED STATES			
	Vehicle Identification Num	hber	Make		Year	Model Model			
01	2FAFP74WXWX12128		FORD		1998	CROWN VI	СТ		

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Crash Date 03/18/2025

Crash Time 02:20 AM

		Color		Body Style		Bus Use		
		TAN - TAN	SD - SEDAN					
		Initial Contact Point	Vehicle Damage					
_			venicie Damage			7 8 9 10 11		
UNIT	<u>≅</u>	12 - FRONT	40 EDONT			6 2 12		
5	VEHICLE	Extent Of Damage						
		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing	'	Vehicle Factors				
		GOING STRAIGHT	NOT APPLICABLE					
		Driver Prior Action Other	NOI APPLICABLE					
		Driver Actions						
١. ا	VEHICLE	NO CONTRIBUTING ACTION	1					
UNIT	\overline{c}							
5	프							
	>							
		Owner Name		Owner Address	A\/E			
01	5	ALYSSA GADA (608) 495-9480		236 S PRESTON REEDSBURG, W				
0	0	(000) 433-3400		KLLDOBOKO, W	1 00000 , 00			
	;	Sequence Of Events						
	_	Event	AL (ALIVE)					
	2	NON DOMESTICATED ANIM	AL (ALIVE)					
	7	Event						
	05							
	m	Event						
	03							
	₩	Event						
	9							
		Policy Holder						
UNIT		Insurance Company		INDIVIDUAL				
5		ROCKFORD-MUTUAL-INS-C	:0	AMANDA GADA				
		Individual	_	1				
		DRIVER		Citations Issued	Low			
		ALYSSA GADA	Citations Issued	ations Issued Sex FEMALE				
	7	ALTOOK GADA	0					
	DUAL		Date of Birth	Race WHITE				
╘	9	A 11						
N O	INDIN	Address 236 S PRESTON AVE	Driver License Number					
	Z	REEDSBURG, WI 53959 , U	STATE: WISCONSIN COUNTRY: UNITED STATES					
		,						
		On Duty Cr	anh	Cofety Equipment				
	Sat	fety Equipment	Safety Equipment SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	DELI			
			U/ - LEFT	Halmat Camplianas				
		Helmet Use		Helmet Compliance				
		Eve Protection	T: 10					
		Eye Protection	Tint Compliance					
	_	Injury Seve	Airbag					
2	90	Injury POSSIBL	E IN ILIDV	Airbag NON DEPLOYED				
	J		NON DEPLOTED		Trapped/Extricated			
		-	ection Path OT EJECTED/NOT APPI	ICARI E				
		NOT EJECTED No Medical Transport			NOT TRAPPED			
			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED						

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		Hospital			Date of Death		Time of Death	
		Distracted By	Distracted By Source NOT APPLICABL	e .E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED)					
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	UAL							
LNO	INDIVIDUAL							
_	N N							
		Action Other						To/From School
	ı	Drug & Alcohol	Suspected Alcohol U NO	Jse	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		
7	001	Drug Type						
		Individual Condition						
		APPEARED NORM	/IAL					