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25-03031

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 25-03031		Investigating Officer/Deputy DEPUTY B. SONN	
Crash Date 04/01/2025		Crash Time 03:53 AM		Date Arrived 04/01/2025		Time Arrived 03:54 AM	
Date Notified 04/01/2025		Time Notified 03:53 AM		Total Units 01		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
		Photos By	
		Additional Information DASH CAMERA VIDEO, BODY CAMERA VIDEO	

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

I OBSERVED A VEHICLE PULLED OVER ON THE WEST SIDE OF CTH K, FACING SOUTH, AND LOCATED SOUTH OF FINNEGAN RD, IN THE TOWN OF IRONTON, WI. I OBSERVED THE VEHICLE HAD BOTH SIDE AIRBAGS DEPLOYED. I THEN LOCATED A DEER STILL ALIVE IN THE NORTHBOUND LANE. THERE WAS DEER HAIR ALL OVER THE ROADWAY. I CHECKED FOR INJURIES OF ANY OCCUPANTS IN THE WHITE TOYOTA AVALON (WI - MCHY0TA). DRIVER AND FRONT PASSENGER OF UNIT 1 BOTH ADVISED THEY WERE OKAY. DRIVER COMPLAINED OF ARM PAIN, BUT DID NOT WANT AN AMBULANCE TO RESPOND. DRIVER AND PASSENGER APPEARED NORMAL WHILE SPEAKING TO THEM. I DID NOT OBSERVE ANYTHING OF LAW ENFORCEMENT CONCERN WHILE SPEAKING TO THEM. DRIVER ADVISED SHE WENT TO THE WISCONSIN DELLS TO PICK SOMEONE UP FROM A BUS STOP, THAT NEVER SHOWED, THEN WAS DRIVING HOME WITH HER HUSBAND. THE DEER RAN ACROSS THE ROADWAY AND THE DRIVER COULD NOT AVOID CONTACT. BOTH SEAT BELTS WERE WORN AND THE RETRACTORS HAD THEM LOCKED IN THE WORN POSITION. BOTH SIDE AIRBAGS WENT OFF, BUT NO OTHER AIRBAGS DID. I OBSERVED THE VEHICLE SUSTAINED DAMAGE TO THE FRONT LEFT BUMPER, HEAD LIGHT, GRILLE, AND DRIVER SIDE DOOR. VEHICLE WAS TOWED BY WEGNER'S TOWING (RICHLAND CENTER).

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Location

ON CTHK SB 867 FT S OF FINNEGAN RD IN THE TOWN OF IRLINGTON IN SAUK COUNTY	Latitude 43.508647894	Longitude -90.103157689
	X Coordinate 249156.546875	Y Coordinate 4821981
	Structure Type	

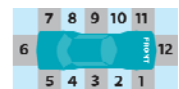
Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type DEER		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With DOMESTICATED ANIMAL - ALIVE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number MCHY0TA		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4T1DA1AB1NU013114		Make TOYT	Year 2022	Model AVALON
	Color WHI - WHITE		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE					



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By WEGNER'S TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name DAVID MC HENRY		Owner Address 18513 S OHIO ST MUSCODA, WI 53573 , US	
	Sequence Of Events			
01	Event DOMESTICATED ANIMAL - ALIVE			
	Event			
	Event			
	Event			
04	Policy Holder			
	Insurance Company ARTISAN-AND-TRUCKERS-CASUALTY-CO		INDIVIDUAL PATRICIA MC HENRY	
UNIT INDIVIDUAL	Individual			
	DRIVER PATRICIA MC HENRY		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address 18513 S OHIO ST MUSCODA, WI 53573 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
001	Injury POSSIBLE INJURY		Airbag DEPLOYED-SIDE	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED	
	Hospital		EMS Agency Identifier	EMS Run #
01	Distracted By NOT APPLICABLE (NOT DISTRACTED)		Date of Death	
	Distracted By Action NOT DISTRACTED		Time of Death	

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UNIT INDIVIDUAL	01	001	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			
	Drug Type							
	Individual Condition APPEARED NORMAL							
	UNIT INDIVIDUAL	01	002	Individual				
PASSENGER DAVID MC HENRY				Citations Issued 0	Sex MALE			
				Date of Birth	Race WHITE			
Address 18513 S OHIO ST MUSCODA, WI 53573 , US				Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment				On Duty Crash		Safety Equipment SHOULDER & LAP BELT		
Row 01 - FRONT ROW				Seat Position 09 - RIGHT				
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
Injury				Injury Severity NO APPARENT INJURY		Airbag DEPLOYED-SIDE		
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
Hospital		Date of Death		Time of Death				
Distracted By		Distracted By Source						
Distracted By Action								
Non Motorist		Striking Unit #		Location				

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use	
				NO	
				Suspected Drug Use	
				NO	
		Alcohol Test Given		Alcohol Test Type	
		TEST NOT GIVEN			
		Alcohol Test Results			
01	002	Drug Test Given		Drug Test Type	
		TEST NOT GIVEN		Drug Test Results	
		Drug Type			
		Individual Condition			
		APPEARED NORMAL			