

6TL0D7W17T

25-04347

# 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>25-04347</b>		Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>05/06/2025</b>		Crash Time <b>10:43 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>05/06/2025</b>		Time Notified <b>10:43 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 USH14 EB 0.33 MI E OF BIG HOLLOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.189847525</b>	Longitude <b>-90.106996037</b>
	X Coordinate <b>247526.953125</b>	Y Coordinate <b>4786585</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

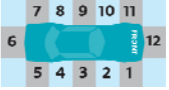
## Unit Summary

01 UNIT	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>EASTBOUND</b>	<input 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>18700ER</b>		Plate Type <b>END</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>JTDBCME2P3026313</b>		Make <b>TOYT</b>	Year <b>2023</b>	Model <b>COROLLA</b>	
			Color <b>GRY - GRAY</b>		Body Style <b>SD - SEDAN</b>		Bus Use	
			Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
			Extent Of Damage <b>FUNCTIONAL DAMAGE</b>					
			Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
			What Driver Was Doing		Vehicle Factors			
			Driver Prior Action Other					
			Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01	UNIT	VEHICLE	Owner Name		Owner Address			
01	UNIT	<b>Policy Holder</b>						
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		INDIVIDUAL <b>ERIN HORTON</b>				
01	UNIT	INDIVIDUAL	<b>Individual</b>					
			DRIVER <b>ERIN HORTON</b> <b>(414) 202-2084</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
					Date of Birth	Race <b>WHITE</b>		
			Address <b>27040 COUNTY HWY E</b> <b>MUSCODA, WI 53573 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	UNIT	001	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
			Row		Seat Position		<b>SHOULDER &amp; LAP BELT</b>	
			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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UNIT INDIVIDUAL 01 001	<b>Distracted By</b>		Distracted By Source	
	Distracted By Action			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	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
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
Individual Condition <b>APPEARED NORMAL</b>				