

6TL0D942CM


25-08162

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK 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 25-08162		Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 08/04/2025		Crash Time 08:47 PM		Date Arrived 08/04/2025		Time Arrived 08:56 PM	
Date Notified 08/04/2025		Time Notified 08:50 PM		Total Units 01		Total Injured 02	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 NONE

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

UNIT ONE WAS TRAVELING NORTH ON STH 23 WHEN A DEER ENTERED THE ROADWAY FROM THE WEST SIDE OF THE ROAD. UNIT ONE STRUCK THE DEER WHILE IN THE ROADWAY. UNIT ONE CAME TO REST IN THE NORTHBOUND LANE FACING NORTH. UNIT ONE SUSTAINED DISABLING DAMAGE WITH AIRBAG DEPLOYMENT. ALL OCCUPANTS REPORTED WEARING SEAT BELTS AND WERE FASTENED IN WITH THE PROPER CHILD RESTRAINTS. THE OPERATOR OF UNIT ONE SAID THAT HER LEFT LEG HURT BUT DENIED ANY MEDICAL ATTENTION. THE FRONT SEAT PASSENGER HAD VISIBLE CUTS TO HER LEFT AND RIGHT LEG AND WAS SEEN BY PLAIN EMS. THE VEHICLE WAS TOWED FROM THE SCENE BY NACHREINERS TOWING. ALL OCCUPANTS WERE PICKED UP FROM THE SCENE BY FAMILY. THE DEER WAS LOCATED DECEASED ON THE WEST SIDE OF THE ROADWAY.

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Location

ON STH23 EB 517 FT N OF CTHGG EB IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude 43.35247845	Longitude -90.06911206
	X Coordinate 251269.421875	Y Coordinate 4804533.5
	Structure Type NO STRUCTURE	

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 5	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With NON 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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	VEHICLE 01	Vehicle			
		License Plate Number RAR441	Plate Type AUT	St MN	Country of Issuance UNITED STATES
		Vehicle Identification Number 5N1BT3AB4RC758027	Make NISS	Year 2024	Model ROGUE
		Color GRY - GRAY	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 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 BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By NACHREINER'S TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name EAN HOLDINGS LLC		Owner Address 14002 E 21ST ST STE 1500 TULSA, OK 74134 , US	
	Sequence Of Events			
01	Event NON DOMESTICATED ANIMAL (ALIVE)			
	Event			
	Event			
	Event			
04	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL JESSICA SULLIVAN	
UNIT INDIVIDUAL	Individual			
	DRIVER JESSICA SULLIVAN		Citations Issued 0	Sex FEMALE
			Date of Birth	Race WHITE
	Address S2386 COUNTY ROAD K REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
001	Eye Protection		Tint Compliance	
	Injury		Injury Severity SUSPECTED MINOR INJURY	
			Airbag DEPLOYED-COMBINATION	
	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 NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	001	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					
		Individual					
		PASSENGER EMMA AYERS			Citations Issued 0	Sex FEMALE	
					Date of Birth	Race WHITE	
		Address 110 PINE ST LAVALLE, WI 53941 , US			Driver License Number		
		01	002	Safety Equipment		On Duty Crash	
Row 01 - FRONT ROW				Seat Position 09 - RIGHT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury				Injury Severity SUSPECTED MINOR INJURY		Airbag DEPLOYED-FRONT	
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							
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
01	002	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			
		Individual			
		PASSENGER CARLEY MARKS		Citations Issued 0	Sex FEMALE
				Date of Birth	Race WHITE
		Address 110 PINE ST LAVALLE, WI 53941 , US		Driver License Number	
		01	003	Safety Equipment	
Row 02 - SECOND ROW	Seat Position 09 - RIGHT				
Helmet Use				Helmet Compliance	
Eye Protection				Tint Compliance	
Injury				Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
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					
01	003	Non Motorist		Striking Unit #	Location
		Prior Action			

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UNIT 01	INDIVIDUAL 003	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			
		Individual			
		PASSENGER SUMMER MEYER		Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE		
Address E7278S OAK CREST DR REEDSBURG, WI 53959 , US		Driver License Number			
UNIT 01	INDIVIDUAL 004	Safety Equipment		On Duty Crash	
				Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE		
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		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					
UNIT 01	INDIVIDUAL 004	Non Motorist		Striking Unit #	
				Location	
		Prior Action			

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UNIT 01	INDIVIDUAL 004	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			
		Individual			
		PASSENGER RAYA STEVENS		Citations Issued 0	Sex FEMALE
		Address 121 E MAPLE AV LAVALLE, WI 53941 , US		Date of Birth	Race WHITE
UNIT 01	INDIVIDUAL 005	Driver License Number			
		Safety Equipment			
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Row 02 - SECOND ROW	Seat Position 07 - LEFT		
		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		
Prior Action					

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