

**25-08245**

**SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895**

Document Number Override		Primary Crash Document #		Agency Crash Number <b>25-08245</b>		Investigating Officer/Deputy <b>DEPUTY R. BARNES</b>	
Crash Date <b>08/07/2025</b>		Crash Time <b>04:38 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>08/07/2025</b>		Time Notified <b>04:38 AM</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

### Location

ON STH33 EB 0.56 MI W OF TWIN PINE RD IN THE TOWN OF REEDSBURG IN SAUK COUNTY	Latitude	Longitude
	43.552660705	-90.06216887
	X Coordinate	Y Coordinate
	252650.15625	4826746.5
	Structure Type	

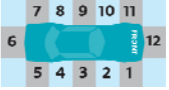
First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</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

01  UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</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"/> <b>Pre CrashTire Mark</b>	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	

6TL0DKRB30

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WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT  
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		Truck Bus or HazMat							
01	UNIT	01	VEHICLE	<b>Vehicle</b>					
				License Plate Number <b>ATL8197</b>		Plate Type	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
				Vehicle Identification Number <b>3GNAXPEGXSL198078</b>		Make <b>CHEV</b>	Year <b>2025</b>	Model <b>EQX</b>	
				Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
				Initial Contact Point <b>12 - FRONT</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>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	01	VEHICLE	Owner Name		Owner Address			
01	UNIT	01	INDIVIDUAL	<b>Policy Holder</b>					
				Insurance Company <b>ACCIDENT-FUND-GENERAL-INS-CO</b>		INDIVIDUAL <b>SHARI KARSTETTER</b>			
01	UNIT	001	INDIVIDUAL	DRIVER <b>SHARI KARSTETTER</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
						Date of Birth	Race <b>WHITE</b>		
				Address <b>E3215 KARSTETTER RD LA VALLE, WI 53941 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	UNIT	001	INDIVIDUAL	<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	<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		
01 001	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			