

6TL0D0GSNS  
25-10502

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0D0GSNS

Document Number Override		Primary Crash Document #		Agency Crash Number <b>SC25-10502</b>		Investigating Officer/Deputy <b>DEPUTY G. AKERS</b>	
Crash Date <b>10/06/2025</b>		Crash Time <b>06:52 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>10/06/2025</b>		Time Notified <b>06:53 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
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							

Location

<b>ON USH12 WB 0.69 MI S OF CURRY RD IN THE TOWN OF DELTON IN SAUK COUNTY</b>	Latitude <b>43.640429389</b>	Longitude <b>-89.800817069</b>
	X Coordinate <b>274090.90625</b>	Y Coordinate <b>4835749.5</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>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire 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	

6TL0D0GSNS  
25-10502

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

		Truck Bus or HazMat			
UNIT 01	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>ANC7450</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>5NPD84LF6HH007096</b>	Make <b>HYUN</b>	Year <b>2017</b>	Model <b>ELANTRA</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</b>	Bus Use	
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>		
		Extent Of Damage <b>MINOR 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>			
UNIT 01	VEHICLE	Owner Name	Owner Address		
UNIT 01	INDIVIDUAL	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	INDIVIDUAL <b>SHAE GILSON</b>		
UNIT 01	INDIVIDUAL	<b>Individual</b>			
		DRIVER <b>SHAE GILSON</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>W1780 65TH ST LYNDON STATION, WI 53944 , US</b>	Driver License Number		
		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			

**25-10502**

## CRASH REPORT

**(608) 356-4895**

001