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25-11331

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0FV1GGG

Document Number Override	Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy
		25-11331	**DEPUTY W. VERTEIN**

Crash Date	Crash Time	Date Arrived	Time Arrived
10/31/2025	**07:13 AM**	**10/31/2025**	**07:24 AM**

Date Notified	Time Notified	Total Units	Total Injured	Total Killed
10/31/2025	**07:15 AM**	**01**	**01**	**00**

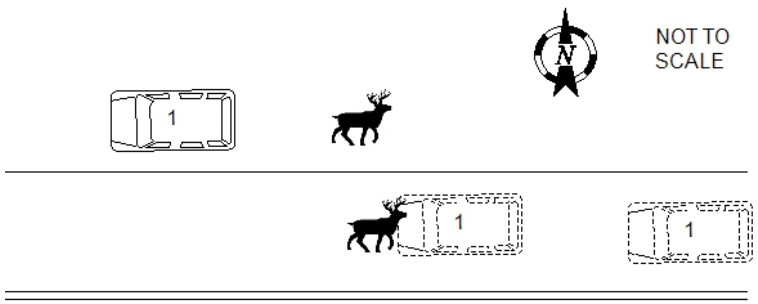
☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed	☐ Reporting Threshold

☐ Government Property	☐ Active School Zone	School Bus Related	Tags
		NO	

☑ Reportable	Crash Type	☐ Amended	☐ Secondary Crash
	DT4000 (STANDARD 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.**

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING WESTBOUND WHEN THE OPERATOR STRUCK A DEER. THE OPERATOR COMPLAINED ON PAIN IN THE RIGHT CHEST AREA, BUT REFUSED AN AMBULANCE.

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Location

ON STH23 WB 0.55 MI E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.533339164	Longitude -89.906068855
	X Coordinate 265184.8125	Y Coordinate 4824147.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DOMESTICATED ANIMAL - ALIVE	First Harmful Event Location ON ROADWAY
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAWN
Road Surface Condition(s) DRY	Roadway Factor(s) NONE
Environment Factor(s) NONE	
Weather Condition(s) CLOUDY, FOG	
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	Junction Location	Intersection Type
NO	NON-JUNCTION	NOT AN INTERSECTION

Unit Summary

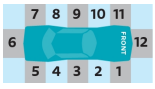
UNIT 01

Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE
Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements
Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
Insurance? YES	Direction Of Travel WESTBOUND	☐ 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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
Truck Bus or HazMat NO				

UNIT 01 — VEHICLE 01

Vehicle

License Plate Number AEP2631	Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number KNDERCAA7S7797359	Make KIA	Year 2025	Model SELTOS
Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
Initial Contact Point 12 - FRONT	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 01 — VEHICLE 01

Towed Due To Damage: **TOWED DUE TO DISABLING DAMAGE**	Vehicle Removed By: **CRAIGS TOWING**
What Driver Was Doing: **GOING STRAIGHT**	Vehicle Factors: **NOT APPLICABLE**
Driver Prior Action Other:	
Driver Actions: **NO CONTRIBUTING ACTION**	
Owner Name: **ELIZABETH HEBERT** (608) 434-3241	Owner Address: **410 WHITE SPRUCE AVE BARABOO, WI 53913 , US**

Sequence Of Events

01	Event: **DOMESTICATED ANIMAL - ALIVE**
02	Event:
03	Event:
04	Event:

Policy Holder

UNIT

Insurance Company: **ARTISAN-AND-TRUCKERS-CASUALTY-CO**	INDIVIDUAL: **ELIZABETH HEBERT**

Individual

UNT — INDIVIDUAL 001

DRIVER: **ELIZABETH HEBERT** (608) 434-3241		Citations Issued: **0**	Sex: **FEMALE**
		Date of Birth:	Race: **WHITE**
Address: **410 WHITE SPRUCE AVE BARABOO, WI 53913 , US**		Driver License Number:	

Safety Equipment

On Duty Crash		Safety Equipment: **SHOULDER & LAP BELT**
Row: **01 - FRONT ROW**	Seat Position: **07 - LEFT**	
Helmet Use:		Helmet Compliance:
Eye Protection:		Tint Compliance:

Injury

Injury Severity: **POSSIBLE 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: **NOT APPLICABLE (NOT DISTRACTED)**	
Distracted By Action: **NOT DISTRACTED**	

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UNIT 01 — INDIVIDUAL 001

Non Motorist

Striking Unit #	Location

Prior Action

Action

Action Other

To/From School

Drug & Alcohol

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