

6TL0FQBC41

25-12087

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

Document Number Override		Primary Crash Document #	Agency Crash Number <b>25-12087</b>	Investigating Officer/Deputy <b>DEPUTY J. MACASKILL</b>	
Crash Date <b>11/21/2025</b>		Crash Time <b>07:35 AM</b>	Date Arrived	Time Arrived	
Date Notified <b>11/21/2025</b>		Time Notified <b>07:38 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>	
<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.					
<b>Location</b>					
ON MIRROR LAKE RD 595 FT S OF BUCKHORN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY			Latitude <b>43.533898419</b>	Longitude <b>-89.83726059</b>	
			X Coordinate <b>270747</b>	Y Coordinate <b>4824017.5</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**

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

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Truck Bus or HazMat				
UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>ADR7287</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>KM8R7DGE7RU720912</b>	Make <b>HYUN</b>	Year <b>2024</b>	Model <b>PALISADE</b>
	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</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 VEHICLE	Owner Name	Owner Address		
	01 01			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ERIE-INS-CO</b>	INDIVIDUAL <b>CARISSA DIXON</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>CARISSA DIXON</b> (563) 370-0732	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>S3208 BUCKHORN RD REEDSBURG, WI 53959 , US</b>	Driver License Number		
	<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	
01 001	<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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CRASH REPORT

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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>					