

6TL0F3SSK0

WISCONSIN MOTOR VEHICLE
CRASH REPORT

25-12555

SAUK 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 25-12555	Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 12/05/2025	Crash Time 11:08 AM	Date Arrived 12/05/2025	Time Arrived 11:28 AM	
Date Notified 12/05/2025	Time Notified 11:09 AM	Total Units 02	Total Injured 01	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"/> 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
 <p>Not to scale</p>	
	Photos By A. KING
	Additional Information NONE, PHOTOS

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

U2 WAS STATIONARY, ON A DRIVEWAY THAT IS CONNECTED TO COON BLUFF RD., WAITING TO TURN ONTO COON BLUFF RD. WHEN U1 WAS SOUTHBOUND ON COON BLUFF RD., AND FAILED TO KEEP VEHICLE UNDER CONTROL RESULTING IN THE VEHICLE LEAVING THE ROADWAY AND STRIKING THE FRONT DRIVER CORNER OF U2 WITH THE FRONT PASSENGER CORNER OF U1. OPERATOR OF U1 DENIED INJURIES FOR HER AND HER PASSENGER. U1 OPERATOR CLAIMED U2 WAS PROTRUDING INTO THE ROADWAY AND WAS UNABLE TO AVOID COLLISION DUE TO THE SNOW/ICE COVERED ROADWAY. OPERATOR OF U2 CLAIMED THE FRONT OF HER VEHICLE WAS BEHIND THE MAILBOXES THAT ARE ALONG THE ROADWAY, WHICH THE MAILBOXES WERE BEHIND THE ROADWAY EDGE. WITNESS STATED SHE WAS IN HER HOUSE LOOKIN GOUT HER WINDOW, FACES SOUTH, AND WAS WATCHING HER CAT AS IT WAS OUTSIDE. WITNESS STATED WHILE SHE WAS WATCHING HER CAT SHE SAW U2 STOPPED IN THE DRIVEWAY NEAR THE ROADWAY EDGE. WITNESS STATED U2 WAS ALSO BEHIND THE MAILBOXES AND NOT IN THE ROADWAY. WITNESS STATED SHE THEN WATCHED U1 STRIKE U2 AND CONTINUE SOUTH UNTIL COMING TO A STOP. OPERATOR OF U2 WAS TRANSPORTED TO RAMC FOR MEDICAL TREATMENT. U1 AND U2 WAS REMOVED FROM THE SCENE BY PLATT'S TOWING. U1 OPERATOR WAS ID'D BY WI DL AND WAS CITED FOR FAILURE TO KEEP VEHICLE UNDER CONTROL.

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Location

ON COON BLUFF RD 595 FT N OF OAKLEAF DR IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.608058816	Longitude -89.867713879
	X Coordinate 268570.625	Y Coordinate 4832338.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ROADSIDE
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT
Road Surface Condition(s) SNOW, ICE	Roadway Factor(s)
Environment Factor(s) NONE	NONE
Weather Condition(s) CLOUDY	
Animal Type	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 DRIVEWAY ACCESS-RELATED
	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
	Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1
	Insurance? NO	Direction Of Travel SOUTHBOUND	Total Trailers 0
		<input type="checkbox"/> Pre Crash Tire Mark	Total HazMat Types 0
			Speed Limit 45
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	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 UPHILL
	Truck Bus or HazMat NO		

Vehicle

01 UNIT 01 VEHICLE	License Plate Number AWL8130	Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3GNKBHR44RS180958	Make CHEV	Year 2024	Model BLAZER
	Color WHI - WHITE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER		

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UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER			
	VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE		
01		Driver Prior Action Other				
	01	Driver Actions FAILURE TO CONTROL, RAN OFF ROADWAY				
01		Owner Name KEIRA GREENDEER (608) 432-3059		Owner Address S1047 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US		
	Sequence Of Events					
01	Event MOTOR VEH IN TRANSPORT					
	02	Event				
		03	Event			
			04	Event		
UNIT	Individual					
	INDIVIDUAL	DRIVER KEIRA GREENDEER (608) 432-3059		Citations Issued 1	Sex FEMALE	
01		Address S1047 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US		Date of Birth AMERICAN INDIAN OR ALASKAN NATIVE		
	01	Safety Equipment				
001		On Duty Crash		Safety Equipment		
	01	Row 01 - FRONT ROW		Seat Position 07 - LEFT		
01		SHOULDER & LAP BELT				
	001	Helmet Use				
01		Helmet Compliance				
	001	Eye Protection				
01		Tint Compliance				
	001	Injury		Airbag		
001		NO APPARENT INJURY		DEPLOYED-COMBINATION		
	001	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
001		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		
	001	Hospital		EMS Run #		
001		Distracted By Source UNKNOWN		Date of Death		
	001	Time of Death				
001		Distracted By Action UNKNOWN				
	001	Non Motorist		Striking Unit #		
001				Location		

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UNIT INDIVIDUAL		Prior Action		
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				
UNIT INDIVIDUAL		PASSENGER ZAHRA SKENANDORE	Citations Issued 0	Sex FEMALE
			Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN
Address S1047 LITTLESOLDIER LN WISCONSIN DELLS, WI 53965 , US		Driver License Number		
Safety Equipment		Safety Equipment CHILD RESTRAINT SYSTEM - REAR FACING		
Row 02 - SECOND ROW		Seat Position 09 - RIGHT		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
Injury		Injury Severity NO APPARENT 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		
Distracted By Action				
Non Motorist		Striking Unit #	Location	
Prior Action				

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UNIT INDIVIDUAL					
	Action				
	Action Other				
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	To/From School	
	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				
	Violations				
01	UTC Number BK261675	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL	

Unit Summary					
UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		
	Vehicle Type (SPORT) UTILITY VEHICLE		Unit Type AUTOMOBILE		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 1
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade UPHILL
	Truck Bus or HazMat NO				
	Vehicle				
	License Plate Number ARK9696		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1C4PJMCB3LD538088		Make JEEP	Year 2020	Model CHEROKEE	
Color MAR - MAROON (BURGUNDY)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			
Extent Of Damage DISABLING DAMAGE		11 - LEFT FRONT CORNER			



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing LEGALLY PARKED	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02 02	Owner Name MADISON GUNDERSON (608) 844-9650	Owner Address W1171 OAKGLEN CIR LYNDON STATION, WI 53944 , US	
	Sequence Of Events		
01	Event MOTOR VEH IN TRANSPORT		
02	Event DITCH		
03	Event		
04	Event		
UNIT INDIVIDUAL	Individual		
	DRIVER MADISON GUNDERSON (608) 844-9650	Citations Issued 0	Sex FEMALE
		Date of Birth	Race WHITE
	Address W1171 OAKGLEN CIR LYNDON STATION, WI 53944 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	Safety Equipment		
	On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
Eye Protection		Tint Compliance	
Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #	
Hospital REEDSBURG AREA MED CTR	Date of Death	Time of Death	
Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED			
Non Motorist	Striking Unit #	Location	

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UNIT INDIVIDUAL 02 003	Prior Action		
	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		

Witness [REDACTED]

WITN 01 ESS	Individual DENISE OPEZ (608) 844-9877	Address S1023 COON BLUFF RD. WISCONSIN DELLS, WI 53965 , US	Date of Birth
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