

6TL0D0GSPV
26-05278

WISCONSIN MOTOR VEHICLE CRASH REPORT

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 26-05278 | Investigating Officer/Deputy DEPUTY G. AKERS | |
| Crash Date 05/22/2026 | | Crash Time 10:39 PM | Date Arrived | Time Arrived | |
| Date Notified 05/22/2026 | | Time Notified 10:40 PM | Total Units 01 | Total Injured 00 | 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"/> Reporting Threshold |
| <input type="checkbox"/> Government Property | <input type="checkbox"/> Active School Zone | School Bus Related NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

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

Location

| | | |
|--|-------------------------------------|-----------------------------------|
| ON STH23 EB 926 FT E OF COON BLUFF RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY | Latitude 43.54740856 | Longitude -89.863779878 |
| | X Coordinate 268655.84375 | Y Coordinate 4825591.5 |
| | Structure Type | |

Crash Scene

| | | |
|--|---|---------------|
| First Harmful Event NON DOMESTICATED ANIMAL (ALIVE) | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition | |
| Road Surface Condition(s) | Roadway Factor(s) | |
| Environment Factor(s) | | |
| Weather Condition(s) | | |
| Animal Type DEER | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control | Special Study |

Unit Summary

| | | | | | |
|----------------|--|---|--|--|--------------------------------|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | Vehicle Type PASSENGER CAR | | | 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 EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit | Total Lanes |
| | Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE) | | Special Function NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way | | Traffic Control | Traffic Control Inoperative/Missing | |
| | Surface Type | | Road Curvature | Road Grade | |

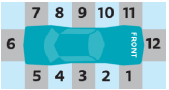
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Truck Bus or HazMat
Vehicle
01 01
License Plate Number: 805ZRL, Plate Type: AUT, St: WI, Country of Issuance: UNITED STATES
Vehicle Identification Number: JHMGD37608S053388, Make: HOND, Year: 2008, Model: FIT SPORT
Color: SIL - SILVER (ALUMINUM), Body Style: 4H - HATCHBACK 4 DOOR, Bus Use:
Initial Contact Point: 01 - RIGHT FRONT CORNER, Vehicle Damage: 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 12 - FRONT
Extent Of Damage: DISABLING DAMAGE
Towed Due To Damage: TOWED DUE TO DISABLING DAMAGE, Vehicle Removed By: CRAIGS TOWING
What Driver Was Doing, Driver Prior Action Other, Driver Actions: NO CONTRIBUTING ACTION
Owner Name, Owner Address
Policy Holder
Insurance Company: WEST-BEND-MUTUAL-INS-CO, INDIVIDUAL: KATHERINE PARADIS
Individual
DRIVER: KATHERINE PARADIS, Citations Issued: 0, Sex: FEMALE
Date of Birth, Race: WHITE
Address: S3335 OLD LOGANVILLE RD REEDSBURG, WI 53959, US, Driver License Number: STATE: WISCONSIN COUNTRY: UNITED STATES
Safety Equipment
On Duty Crash, Safety Equipment: SHOULDER & LAP BELT
Row, Seat Position, Helmet Use, Helmet Compliance, Eye Protection, Tint Compliance
Injury
Injury Severity: NO APPARENT INJURY, Airbag
Ejected, Ejection Path, Trapped/Extricated
Medical Transport: NOT TRANSPORTED, EMS Agency Identifier, EMS Run #
Hospital, Date of Death, Time of Death



WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | |
|-------------|---|------------------------|------------------------------------|---------------------------------|----------------------|
| UNIT | Distracted By | | Distracted By Source | | |
| | Distracted By Action | | | | |
| | Non Motorist | | Striking Unit # | Location | |
| | 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 | | | | |
| 01 | 001 | Individual Condition | | | |
| | | APPEARED NORMAL | | | |