

6TL0D2XVV1  
26-05595

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 <b>26-05595</b>		Investigating Officer/Deputy <b>DEPUTY B. GOODREAU</b>	
Crash Date <b>05/29/2026</b>		Crash Time <b>09:40 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>05/29/2026</b>		Time Notified <b>09:41 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 CTHA NB 0.31 MI S OF CRAWFORD ST IN THE TOWN OF BARABOO IN SAUK COUNTY</b>			Latitude <b>43.495539799</b>		Longitude <b>-89.738709452</b>	
			X Coordinate <b>278570.03125</b>		Y Coordinate <b>4819490</b>	
			Structure Type <b>NO STRUCTURE</b>			

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

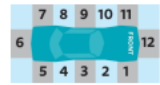
<b>UNIT 01</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>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	
01	UNIT	<b>Vehicle</b>	
		License Plate Number <b>AWL8147</b>	Plate Type <b>AUT</b>
		Vehicle Identification Number <b>KL77LGE26RC187116</b>	Make <b>CHEV</b>
		Color <b>WHI - WHITE</b>	Year <b>2024</b>
		Initial Contact Point <b>12 - FRONT</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		Extent Of Damage <b>MINOR DAMAGE</b>	Country of Issuance <b>UNITED STATES</b>
		Towed Due To Damage <b>NOT TOWED</b>	Model <b>TRAX</b>
		What Driver Was Doing	Bus Use
		Driver Prior Action Other	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Removed By <b>OPERATOR</b>
Owner Name	Owner Address		
<b>Policy Holder</b>			
Insurance Company <b>ALLSTATE-INS-CO</b>	INDIVIDUAL <b>SERENITY NELSON</b>		
<b>Individual</b>			
DRIVER <b>SERENITY NELSON</b>	Citations Issued <b>0</b>		
	Sex <b>FEMALE</b>		
Address <b>731 SUNSET BLVD # 68 WISCONSIN DELLS, WI 53965 , US</b>	Date of Birth		
	Race <b>WHITE</b>		
	Driver License Number		
<b>Safety Equipment</b>			
On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Row	Seat Position		
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		



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UNIT	INDIVIDUAL	<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		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							