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26-05644

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>26-05644</b>		Investigating Officer/Deputy <b>DEPUTY J. GREENWOOD</b>	
Crash Date <b>05/31/2026</b>		Crash Time <b>12:44 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>05/31/2026</b>		Time Notified <b>12:46 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	

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

**Location**

<b>ON CTHH WB 0.45 MI N OF TESSERS RD IN THE TOWN OF DELTON IN SAUK COUNTY</b>	Latitude <b>43.624991433</b>	Longitude <b>-89.81237491</b>
	X Coordinate <b>273100.5</b>	Y Coordinate <b>4834066.5</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**

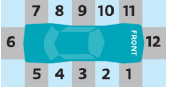
<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire 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>205142A</b>	Plate Type <b>AUT</b>	St	Country of Issuance
		Vehicle Identification Number <b>124378N409786</b>	Make <b>CHEV</b>	Year <b>1968</b>	Model <b>CAMARO</b>
		Color <b>GRN - GREEN</b>	Body Style <b>CP - COUPE</b>	Bus Use	
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>PLATTS WRECKER</b>		
		What Driver Was Doing	Vehicle Factors		
		Driver Prior Action Other			
		01	UNIT	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name	Owner Address				
01	UNIT	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-CLASSIC-INS-CO</b>	INDIVIDUAL <b>AMY HERITAGE</b>		
01	UNIT	<b>Individual</b>			
		DRIVER <b>AMY HERITAGE</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>S2342 MEADOWVIEW RD REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01	UNIT	<b>Safety Equipment</b>			
		On Duty Crash	Safety Equipment <b>LAP BELT ONLY</b>		
		Row	Seat Position		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
01	UNIT	<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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<b>UNIT</b>	<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				
<b>01</b>	<b>001</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			