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26-07469

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 26-07469		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 07/12/2026		Crash Time 08:54 AM		Date Arrived		Time Arrived	
Date Notified 07/12/2026		Time Notified 08:54 AM		Total Units 01		Total Injured 00	Total Killed 00
☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed		☐ Reporting Threshold	
☐ Government Property		☐ Active School Zone		School Bus Related NO		Tags	
☒ Reportable		Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY		☐ Amended		☐ Secondary Crash	

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

Location

ON STH23 EB 0.43 MI W OF STH33 EB IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.533493364	Longitude -89.900135963
	X Coordinate 265664.84375	Y Coordinate 4824148
	Structure Type NO STRUCTURE	

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

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	☐ 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				
01	UNIT	01	Vehicle			
			License Plate Number FAX6889	Plate Type AUT	St WI	Country of Issuance WI
			Vehicle Identification Number 1G6DF5RKXT0114774	Make CADI	Year 2026	Model CT4
			Color BLK - BLACK	Body Style SD - SEDAN	Bus Use	
			Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE		
			Extent Of Damage FUNCTIONAL DAMAGE			
			Towed Due To Damage NOT TOWED	Vehicle Removed By		
			What Driver Was Doing	Vehicle Factors		
			Driver Prior Action Other			
			Driver Actions NO CONTRIBUTING ACTION			
01	UNIT	01	Owner Name	Owner Address		
01	UNIT	Policy Holder				
		Insurance Company STATE-FARM-CLASSIC-INS-CO	INDIVIDUAL SHARI LAYTON			
01	UNIT	001	Individual			
			DRIVER SHARI LAYTON (608) 279-9988	Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
			Address 465 KENTBURY CT AIKEN, SC 29801 1199, US	Driver License Number STATE: SOUTH CAROLINA COUNTRY: UNITED STATES		
01	UNIT	001	Safety Equipment		On Duty Crash	
			Row	Seat Position	SHOULDER & LAP BELT	
			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	

