

6TL0F8QXZ3  
25-03171

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<br><b>SC25-03171</b>  |  | Investigating Officer/Deputy<br><b>DEPUTY J. GREENWOOD</b> |                           |
| Crash Date<br><b>04/05/2025</b>                                                                                                   |                                      | Crash Time<br><b>06:15 AM</b>                             |                                    | Date Arrived                              |  | Time Arrived                                               |                           |
| Date Notified<br><b>04/05/2025</b>                                                                                                |                                      | Time Notified<br><b>06:19 AM</b>                          |                                    | Total Units<br><b>01</b>                  |  | Total Injured<br><b>00</b>                                 | Total Killed<br><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<br><b>NO</b>           |  | Tags                                                       |                           |
| <input checked="" type="checkbox"/> Reportable                                                                                    |                                      | Crash Type<br><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 STH23 WB<br/>0.62 MI E<br/>OF ABLEMAN RD<br/>IN THE TOWN OF EXCELSIOR<br/>IN SAUK COUNTY</b> |  |  | Latitude<br><b>43.533457885</b>       |  | Longitude<br><b>-89.904729215</b> |  |  |
|                                                                                                    |  |  | X Coordinate<br><b>265293.53125</b>   |  | Y Coordinate<br><b>4824157</b>    |  |  |
|                                                                                                    |  |  | Structure Type<br><b>NO STRUCTURE</b> |  |                                   |  |  |

Crash Scene

|                                                                        |  |                                                                       |               |
|------------------------------------------------------------------------|--|-----------------------------------------------------------------------|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>          |  | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><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<br><b>DEER</b>                                             |  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              |  | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land                                                            |  | Access Control                                                        | Special Study |

Unit Summary

|                    |                                                                              |                                         |                                                       |                            |                                                      |  |
|--------------------|------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|----------------------------|------------------------------------------------------|--|
| <b>UNIT<br/>01</b> | Unit Status<br><b>IN TRANSIT</b>                                             |                                         | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|                    | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                               |                                         |                                                       |                            | Operating As Endorsements                            |  |
|                    | Total Occs<br><b>1</b>                                                       | Train/Bus # Recorded                    | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|                    | Insurance?<br><b>YES</b>                                                     | Direction Of Travel<br><b>WESTBOUND</b> | <input type="checkbox"/> Pre CrashTire Mark           | Speed Limit                | Total Lanes                                          |  |
|                    | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |                                         | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><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<br>UNIT<br>VEHICLE                           | <b>Vehicle</b>                                                                    |                                                           |                                                               |  |
|                                                 | License Plate Number<br><b>AWE8774</b>                                            | Plate Type<br><b>AUT</b>                                  | St<br><b>WI</b>                                               |  |
|                                                 | Country of Issuance<br><b>UNITED STATES</b>                                       | Vehicle Identification Number<br><b>5J6RW6H37HL003747</b> | Make<br><b>HOND</b>                                           |  |
|                                                 | Year<br><b>2017</b>                                                               | Model<br><b>CR-V</b>                                      | Color<br><b>BLU - BLUE</b>                                    |  |
|                                                 | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b>                                   | Bus Use                                                   | Initial Contact Point<br><b>11 - LEFT FRONT CORNER</b>        |  |
|                                                 | Vehicle Damage<br><b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b> |                                                           |                                                               |  |
|                                                 | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                                      |                                                           |                                                               |  |
|                                                 | Towed Due To Damage<br><b>NOT TOWED</b>                                           | Vehicle Removed By<br><b>OPERATOR</b>                     |                                                               |  |
|                                                 | What Driver Was Doing                                                             | Vehicle Factors                                           |                                                               |  |
|                                                 | Driver Prior Action Other                                                         |                                                           |                                                               |  |
| Driver Actions<br><b>NO CONTRIBUTING ACTION</b> |                                                                                   |                                                           |                                                               |  |
| Owner Name                                      |                                                                                   | Owner Address                                             |                                                               |  |
| 01<br>UNIT<br>POLICY HOLDER                     | <b>Policy Holder</b>                                                              |                                                           |                                                               |  |
|                                                 | Insurance Company<br><b>STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO</b>                   | INDIVIDUAL<br><b>DEENEE THAO</b>                          |                                                               |  |
| 01<br>UNIT<br>INDIVIDUAL                        | <b>Individual</b>                                                                 |                                                           |                                                               |  |
|                                                 | DRIVER<br><b>DEENEE THAO</b><br><b>(608) 957-2932</b>                             | Citations Issued<br><b>0</b>                              | Sex<br><b>MALE</b>                                            |  |
|                                                 | Date of Birth                                                                     |                                                           | Race<br><b>ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA</b> |  |
|                                                 | Address<br><b>918 CHAPEL HILL RD</b><br><b>MADISON, WI 53711 , US</b>             |                                                           | Driver I license Number                                       |  |
| 01<br>UNIT<br>SAFETY EQUIPMENT                  | On Duty Crash                                                                     |                                                           | Safety Equipment                                              |  |
|                                                 | Row                                                                               | Seat Position                                             | <b>SHOULDER &amp; LAP BELT</b>                                |  |
|                                                 | Helmet Use                                                                        |                                                           | Helmet Compliance                                             |  |
|                                                 | Eye Protection                                                                    |                                                           | Tint Compliance                                               |  |
|                                                 | Injury Severity<br><b>Injury NO APPARENT INJURY</b>                               |                                                           | Airbag                                                        |  |
|                                                 | Ejected                                                                           | Ejection Path                                             | Trapped/Extricated                                            |  |
|                                                 | Medical Transport<br><b>NOT TRANSPORTED</b>                                       |                                                           | EMS Agency Identifier                                         |  |
| Hospital                                        |                                                                                   | Date of Death                                             |                                                               |  |
|                                                 |                                                                                   | EMS Run #                                                 |                                                               |  |
|                                                 |                                                                                   | 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      |                |                           |                       |                      |                    |                      |  |