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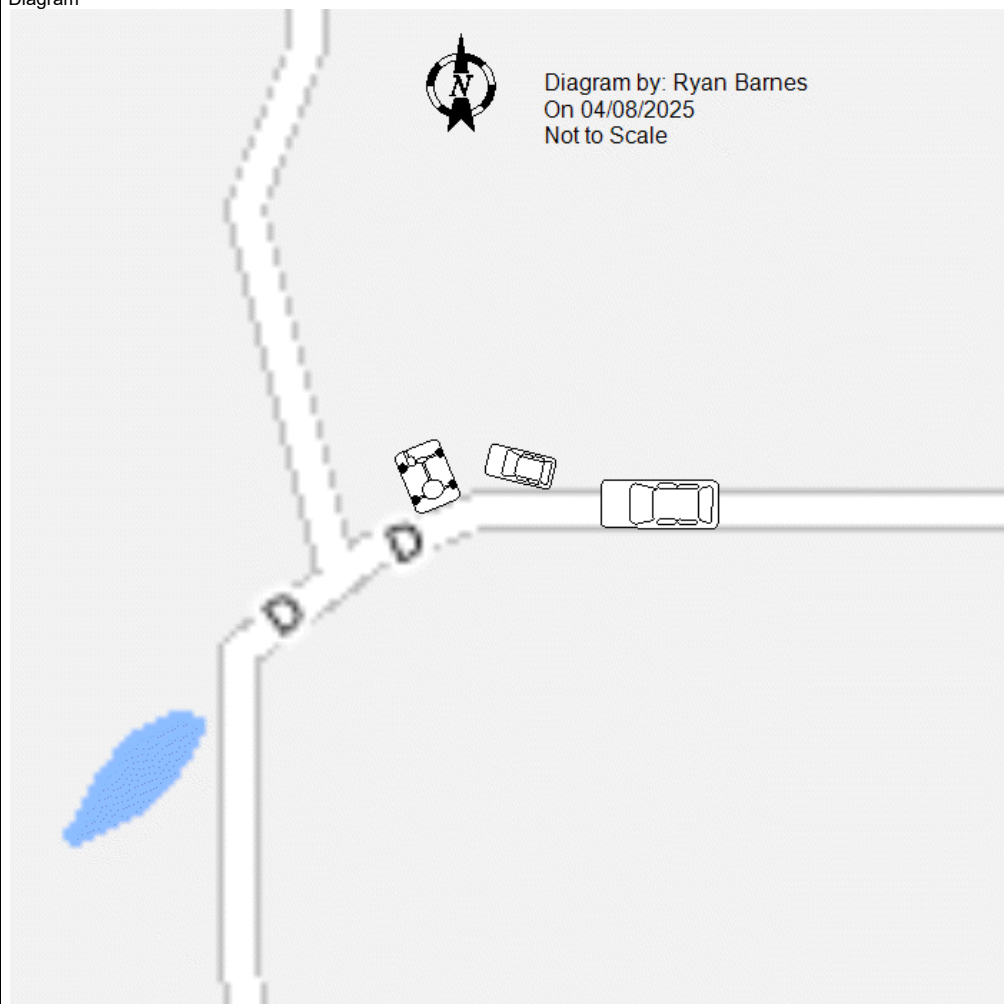
25-03305

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK 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>25-03305</b>    |  | Investigating Officer/Deputy<br><b>DEPUTY R. BARNES</b> |                           |
| Crash Date<br><b>04/08/2025</b>                |   | Crash Time<br><b>08:41 PM</b>                |                                    | Date Arrived<br><b>04/08/2025</b>         |  | Time Arrived<br><b>09:03 PM</b>                         |                           |
| Date Notified<br><b>04/08/2025</b>             |   | Time Notified<br><b>08:41 PM</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>DT4000 (STANDARD CRASH)</b> |                                    |   | <input type="checkbox"/> Amended             | <input type="checkbox"/> Secondary Crash                |                           |

## Description

|   |                                       |
|---|---------------------------------------|
| <b>Diagram</b><br> | Reconstruction By                     |
|   | Photos By                             |
|   | Additional Information<br><b>NONE</b> |

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

UNIT 1 WAS TRAVELING WEST ON HIGHWAY D APPROACHING GOLD COURSE ROAD WHEN A DEER RAN ONTO THE ROAD. UNIT 1 STRUCK THE DEER AND THE OPERATOR LOST CONTROL, ENTERING A FIELD AND EVENTUALLY ENDING ON THE DRIVER SIDE. NO INJURIES WERE SUSTAINED.

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## Location

|   |                                      |                                  |
|---|--------------------------------------|----------------------------------|
| ON CTHD WB<br>253 FT E<br>OF GOLF COURSE RD<br>IN THE TOWN OF WESTFIELD<br>IN SAUK COUNTY | Latitude<br><b>43.460099012</b>      | Longitude<br><b>-89.96292702</b> |
|   | X Coordinate<br><b>260300.578125</b> | Y Coordinate<br><b>4816175</b>   |
|   | Structure Type                       |                                  |

## Crash Scene

|  |  |   |               |
|--|--|---|---------------|
| First Harmful Event<br><b>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<br><b>DARK/UNLIT</b>                                  |               |
| Road Surface Condition(s)<br><b>DRY</b>                                |  | Roadway Factor(s)<br><br><b>NONE</b>                                  |               |
| Environment Factor(s)<br><b>ANIMAL (S) IN ROADWAY</b>                  |  |   |               |
| Weather Condition(s)<br><b>CLEAR</b>                                   |  |   |               |
| 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<br><b>NO CONTROL</b>                                   | Special Study |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>NON-JUNCTION</b> | Intersection Type<br><b>NOT AN INTERSECTION</b>                       |               |

## Unit Summary

|            |  |   |   |                            |  |  |
|------------|--|---|---|----------------------------|--|--|
| UNIT<br>01 | 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>PASSENGER CAR</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"/> <b>Pre CrashTire Mark</b>    | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>                              |  |
|            | Most Harmful Event: Collision With<br><b>DOMESTICATED ANIMAL - ALIVE</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|            | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                               |   | Traffic Control<br><b>NO CONTROL</b>                  |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                             |   | Road Curvature<br><b>STRAIGHT</b>                     |                            | Road Grade<br><b>LEVEL</b>                           |  |
|            | Truck Bus or HazMat<br><b>NO</b>   |   |   |                            |  |  |

|                             |   |  |   |                     |   |
|-----------------------------|---|--|---|---------------------|---|
| UNIT<br>01<br>VEHICLE<br>01 | <b>Vehicle</b>  |  |   |                     |   |
|                             | License Plate Number<br><b>AFW3845</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>1G4HD57288U184017</b> |  | Make<br><b>BUIC</b>                         | Year<br><b>2008</b> | Model<br><b>LUCERNE</b>                     |
|                             | Color<br><b>MAR - MAROON (BURGUNDY)</b>                   |  | Body Style<br><b>SD - SEDAN</b>             |                     | Bus Use                                     |
|                             | Initial Contact Point<br><b>00 - NON-COLLISION</b>        |  | Vehicle Damage<br><br><b>15 - ALL AREAS</b> |                     |   |
|                             | Extent Of Damage<br><b>DISABLING DAMAGE</b>               |  |   |                     |   |



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|                 |   |  |   |  |
|-----------------|---|--|---|--|
| UNIT<br>VEHICLE | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b> |  | Vehicle Removed By<br><b>NACHREINER'S TOWING</b>                        |  |
|                 | What Driver Was Doing<br><b>GOING STRAIGHT</b>              |  | Vehicle Factors   |  |
|                 | Driver Prior Action Other                                   |  | <b>NOT APPLICABLE</b>   |  |
|                 | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>             |  |   |  |
| 01              | Owner Name<br><b>STEPHEN KERSKA<br/>(608) 546-2221</b>      |  | Owner Address<br><b>E4683A DAWN RD<br/>PLAIN, WI 53577 , US</b>         |  |
|                 | <b>Sequence Of Events</b>                                   |  |   |  |
| 01              | Event   | <b>DOMESTICATED ANIMAL - ALIVE</b>                 |   |  |
|                 | Event   |  |   |  |
|                 | Event   |  |   |  |
|                 | Event   |  |   |  |
| 01              | <b>Policy Holder</b>  |  |   |  |
|                 | Insurance Company<br><b>AMERICAN-FAMILY-INS-CO</b>          |  | INDIVIDUAL<br><b>STEPHEN KERSKA</b>                                     |  |
| 01              | <b>Individual</b>   |  |   |  |
|                 | DRIVER<br><b>STEPHEN KERSKA<br/>(608) 546-2221</b>          |  | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>                       |
|                 | Address<br><b>E4683A DAWN RD<br/>PLAIN, WI 53577 , US</b>   |  | Date of Birth   | Race<br><b>WHITE</b>                     |
|                 |   |  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |
| 01              | <b>Safety Equipment</b>                                     |  | On Duty Crash   |  |
|                 | Row<br><b>99 - UNKNOWN</b>                                  | Seat Position                                      | <b>SHOULDER &amp; LAP BELT</b>  |  |
|                 | Helmet Use  |  | Helmet Compliance   |  |
|                 | Eye Protection  |  | Tint Compliance   |  |
| 01              | <b>Injury</b>   |  | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag<br><b>NON DEPLOYED</b>            |
|                 | Ejected<br><b>NOT EJECTED</b>                               | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |   | Trapped/Extricated<br><b>NOT TRAPPED</b> |
|                 | Medical Transport<br><b>NOT TRANSPORTED</b>                 |  | EMS Agency Identifier   | EMS Run #                                |
|                 | Hospital  |  | Date of Death   | Time of Death                            |
| 01              | <b>Distracted By</b>  |  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>          |  |
|                 | Distracted By Action<br><b>NOT DISTRACTED</b>               |  |   |  |

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|---------------------------------|--|---|---|--|-----------------------------------|-------------------|
| UNIT<br>INDIVIDUAL<br>01<br>001 | <b>Non Motorist</b>                            |   | Striking Unit #   | Location   |                                   |                   |
|                                 | Prior Action                                   |   |   |  |                                   |                   |
|                                 | Action   |   |   |  |                                   |                   |
|                                 | Action Other                                   |   |   |  |                                   |                   |
|                                 | To/From School                                 |   |   |  |                                   |                   |
|                                 | <b>Drug &amp; Alcohol</b>                      |   | Suspected Alcohol Use<br><b>YES</b>                       |  | Suspected Drug Use<br><b>NO</b>   |                   |
|                                 | Alcohol Test Given<br><b>TEST GIVEN</b>        |   | Alcohol Test Type<br><b>PRELIMINARY BREATH TEST (PBT)</b> |  | Alcohol Test Results<br><b>00</b> |                   |
|                                 | Drug Test Given<br><b>TEST NOT GIVEN</b>       |   | Drug Test Type  |  | Drug Test Results                 |                   |
|                                 | Drug Type                                      |   |   |  |                                   |                   |
|                                 | Individual Condition<br><b>APPEARED NORMAL</b> |   |   |  |                                   |                   |
| <b>Property Owner</b>           |  |   |   |  |                                   |                   |
| PROP<br>OWNER<br>01             | ORGANIZATION/COMPANY<br><b>ALLIANT ENERGY</b>  |   |   | Address<br><b>4902 N BILTMORE<br/>MADISON, WI 53707 1077, US</b> |                                   |                   |
|                                 |  |   |   |  |                                   |                   |
| <b>Fixed Objects Struck</b>     |  |   |   |  |                                   |                   |
| 01                              | Striking Unit<br><b>01</b>                     | Struck Object<br><b>OTHER POST, POLE OR SUPPORT</b> |   |  | Structure Number                  | Damage Tag Number |