#### **6TL0BGSFFB**

### WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 10/11/2020

Crash Time 06:58 PM

	Document Number Override Primary Crash Document#			Agency Crash Number 20-12066			Investigating Officer/Deputy DEPUTY D. KROL!KOWSK!			
E.	Crash Date		Date Arrived		Time	Time Arrived				
GSF	Date Notified         Time Notified           10/11/2020         06:58 PM		Total Ur 01	Total Units 01		Total	Total Injured Total Killed 00			
) OB	On Emergency Hit and Run Lane		Closure	osure Work Zone			Trailer or Towed		Reporting  Threshold	
6TL0B	Government Property	NO NO	· ·		Tags	ags				
	Crash Type NON-DOMESTICATED A			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.									
i	Location									
į	ON CTHASB				Latitude			Longitud	<u> </u>	
	910 FT S				43.497674168		-89.738			
	OF CRAWFORD ST									
	IN THE TOWN OF FAIRFIELD	n			X Coordina		Y Coordi			
	IN SAUK COUNTY				278587.8	3125		481972	7	
	IN CACK COCK I				Structure 7	Tyne				
						, ,,,,,	,			
I										
(	Crash Scene									
1	First Harmful Event				First Harmful Event Location					
	NON DOMESTICATED ANIM			ON ROA	ON ROADWAY					
- 1	Manner of Collision									
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT			Light Condition					
		CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway Factor(s)					
ŀ	Environment Factor(s)				1					
ı	Weather Condition(s)			1						
	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
ı	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO SPECIAL JURIS Access Control		SDICTION				
	Tribal Land							Special Study		
	Unit Summary									
			I Vahiala Ones	-ti A - C	l:fiti					
				Vehicle Operating As Classification			UnitType			
				D CLASS				AUTOMOBILE		
5	Vehicle Type				Operating As Endorsements			nents		
0	PASSENGER CAR  Total Occs Train/Bus#Recorded Total # Citations Issued									
	Total Occs	Total#Citations Issued		† Total Tra		railers Total Hazi		Mat Types		
	2		0		0		0			
	Insurance?	Direction Of Travel	Pre C	Speed Lir		imit Total Lane		rs .		
<u></u> ⊢	YES	SOUTHBOUND Mark								
NN				Special Function				gency Motor Vehicle Use		
<b>-</b>	NON DOMESTICATED ANIM	NO SPECIAL FUNCTION				LICABLE				
	Traffic Way	Traffic Control			Traffic Control Inoperative/Missing			ive/Missing		
	•	Tight outlier			[ ]		yarani tarrinaaniy			
	Surface Type	Road Curvature			Road Grade					
	**	<del></del>								



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	Truc	ck Bus or HazMat							
		Vehicle		0140140140140140140140140140140140140140					
UNIT 01		License Plate Number AFU8648		Plate Type AUT - AUTOMOBILE	St WI	Country of issuance UNITED STATES			
	5	Vehicle Identification Number 2HGES16535H618944		Make HONDA	Year 2005	Model CIVIC			
		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR	•	Bus Use			
	VEHICLE	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage  11 - LEFT FRONT CORNER					
		Extent Of Damage DISABLING DAMAGE Toward Due To Damage							
		Towed Due To Damage NOT TOWED		Vehicle Removed By					
		What Driver Was Doing		Vehicle Factors					
<b>—</b>		Driver Prior Action Other  Driver Actions							
	Щ	NO CONTRIBUTING ACTION							
NS NS	VEHICLE								
		Owner Name		Owner Address					
2	5								
		Policy Holder							
IN N		Insurance Company STATE-FARM-MUTUAL-A		Individual ELICIA KAMLA					
	DIVIDUAL	ndividual							
		Driver ELICIA C KAMLA (608) 434-0122		Ortations issued		Sex FEMALE			
<b>5</b>				Date of Birth	WHITE				
N N	NON	Address E12780A CLINGSMAN RD BARABOO, WI 53913 , US On Duty Crash		STATE: WISCONSIN COUNTRY: UNITED STATES					
				Safety Equipment					
	Safety Equipment		Seat Position	SHOULDER & LAP BELT					
		Helmet Use	death deladis	Heimet Compliance					
10		Eye Protection		Tint Compliance					
	100	Injury Severity		Airbag					
	5	Injury NO AP	PARENT INJURY  Ejection Path	Trapped/Extricated					
		Medical Transport		EMS Agency Identifier		EMS Run#			
		NOT TRANSPORTED		Emongency identifier	LING INGST				
		Hospital		Date of Death	Time of Death				

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								· · ·		
		Distracted By Source								
		Distracted By Action								
		Non Motorist	Striking Unit#	Location						
		Prior Action		'						
		Action								
	JAL									
L N	INDIVIDUAL									
	ON									
		Action Other						To/From School		
	ı	Drug & Alcohol NO			Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Type		Drug Test Results				
2	904	Drug Type								
		Individual Condition								
		APPEARED NORM	AL							