

6TL0DCL4GG  
21-11368

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 <b>6TL0BGSFGR</b>		Primary Crash Document#	Agency Crash Number <b>21-11368</b>	Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>11/26/2021</b>		Crash Time <b>10:30 AM</b>	Date Arrived <b>11/26/2021</b>	Time Arrived <b>11:19 AM</b>	
Date Notified <b>11/26/2021</b>		Time Notified <b>10:52 AM</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>DT4000 (STANDARD CRASH)</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

DRIVER WAS TRAVELING EAST BOUND ON MILLER RD WHEN THE VEHICLE BEGAN TO INEXPLICABLY RAPIDLY BEEP, AT WHICH TIME THE DRIVER LOST ALL CONTROL OF STEERING AND BRAKING. THE VEHICLE CROSSED THE CENTERLINE IN FRONT OF E1839 MILLER RD AND STRUCK 2 MAILBOXES. THE DRIVER THEN OPENED THE DOOR AND JUMPED OUT. THE VEHICLE CONTINUED ACROSS AN OPEN FIELD BEFORE CRASHING INTO A TREE AT THE EDGE OF THE FIELD.

UPDATING/CORRECTING PHONE NUMBER

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Location

Table with 3 columns: Address (ON MILLER RD, 468 FT E, OF EQUESTRIAN DR, IN THE TOWN OF WOODLAND, IN SAUK COUNTY), Latitude (43.594146705), Longitude (-90.223216463), X Coordinate (239819.546875), Y Coordinate (4831846.5), Structure Type (NO STRUCTURE)

Crash Scene

Table with 4 columns: First Harmful Event (MAILBOX), First Harmful Event Location (ROADSIDE), Manner of Collision (00 - NO COLLISION W/VEHICLE IN TRANSPORT), Light Condition (DAYLIGHT), Road Surface Condition(s) (DRY), Environment Factor(s) (NONE), Weather Condition(s) (CLOUDY), Roadway Factor(s) (NONE), Animal Type, Relation To Trafficway (TRAFFICWAY - ON ROAD), Crash Classification - Location (PUBLIC PROPERTY), Crash Classification - Jurisdiction (NO SPECIAL JURISDICTION), Tribal Land, Access Control (NO CONTROL), Special Study, Within Interchange Area (NO), Junction Location (NON-JUNCTION), Intersection Type (NOT AN INTERSECTION)

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Operating As Endorsements, Total Occs (1), 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 (55), Total Lanes (2), Most Harmful Event: Collision With (TREE), Special Function (NO SPECIAL FUNCTION), Emergency Motor Vehicle Use (NOT APPLICABLE), Traffic Way (TWO-WAY, NOT DIVIDED), Traffic Control (NO CONTROL), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO)

Vehicle

Table with 4 columns: License Plate Number (AKT6008), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1NXBU4EE9AZ295159), Make (TOYOTA), Year (2010), Model (COROLLA), Color (RED - RED), Body Style (SD - SEDAN), Bus Use, Initial Contact Point (12 - FRONT)

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UNIT VEHICLE	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>BRAKES, STEERING</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>GEAPZA L CAMACHO (608) 415-8025</b>		Owner Address <b>613 VINE ST WISCONSIN DELLS, WI 53965 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>			
	01	Event <b>CROSS CENTERLINE</b>		
	02	Event <b>MAILBOX</b>		
	03	Event <b>DITCH</b>		
04	Event <b>TREE</b>			
UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>DAIRYLAND-AMERICAN-INS-CO</b>		Individual <b>GEAPZA CAMACHO</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>GEAPZA L CAMACHO (608) 640-2254</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth [REDACTED]		Race <b>HISPANIC</b>	
	Address <b>613 VINE ST WISCONSIN DELLS, WI 53965 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
UNIT INDIVIDUAL	Injury Severity <b>Injury NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-FRONT</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Hospital		EMS Agency Identifier <b>EMS Run#</b>	
Date of Death		Time of Death		

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<b>UNIT INDIVIDUAL 01 001</b>	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>	
	<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 <b>NO NO</b>
	Alcohol Test Given	Alcohol Test Type Alcohol Test Results <b>TEST NOT GIVEN</b>
	Drug Test Given	Drug Test Type Drug Test Results <b>TEST NOT GIVEN</b>
	Drug Type	
Individual Condition <b>APPEARED NORMAL</b>		

**Property Owner**

<b>PROP OWNER 01</b>	Individual <b>RON J BOTH</b> (608) 464-3511	Address <b>E1980 EQUESTRIAN DR</b> <b>LAVALLE, WI 53941 , US</b>
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**Fixed Objects Struck**

<b>01</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	<b>01</b>	<b>MAILBOX</b>		

**Property Owner**

<b>PROP OWNER 02</b>	Individual <b>CLARENCE P SCHMUCKER</b> (608) 464-5525	Address <b>31839 MILLER RD</b> <b>LAVALLE, WI 53941 , US</b>
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**Fixed Objects Struck**

<b>02</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	<b>01</b>	<b>MAILBOX</b>		