

6TL0BGSFJV  
23-05988

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0BGSFJV

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-05988</b>		Investigating Officer/Deputy <b>DEPUTY D. KROLIKOWSKI</b>	
Crash Date <b>06/10/2023</b>		Crash Time <b>10:57 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>06/10/2023</b>		Time Notified <b>10:57 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>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

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

**Location**

<b>ON CTHB EB 0.31 MI W OF TROY RD IN THE TOWN OF TROY IN SAUK COUNTY</b>	Latitude <b>43.248695124</b>	Longitude <b>-89.866882787</b>
	X Coordinate <b>267263.65625</b>	Y Coordinate <b>4792424</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

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

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

		Truck Bus or HazMat	
UNIT 01	VEHICLE	<b>Vehicle</b>	
		License Plate Number <b>RPM33</b>	Plate Type <b>PAK - PACKER</b>
		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>JTMRFREXJJ253837</b>	Make <b>TOYOTA</b>
		Year <b>2018</b>	Model <b>RAV4</b>
		Color <b>DGR - GREEN, DARK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>11 - LEFT FRONT CORNER</b>
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By
		What Driver Was Doing	Vehicle Factors
Driver Prior Action Other			
Driver Actions <b>NO CONTRIBUTING ACTION</b>			
Owner Name	Owner Address		
UNIT 01	VEHICLE	<b>Policy Holder</b>	
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>PAMELA MAC LEOD</b>
		<b>Individual</b>	
UNIT 01	INDIVIDUAL	Driver <b>PAMELA MAC LEOD (608) 415-9669</b>	Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
			Date of Birth
			Race <b>WHITE</b>
		Address <b>E4621 WOODLAWN DR LOGANVILLE, WI 53943 , US</b>	Driver License Number
		<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row	Seat Position
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		
	Airbag		
Ejected	Ejection Path		
	Trapped/Extricated		
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier		
	EMS Run #		
Hospital	Date of Death		
	Time of Death		



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		
		01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
				Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results	
				Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results	
				Drug Type				
Individual Condition <b>APPEARED NORMAL</b>								