

6TL0FSSFC5  
SC26-01300

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 <b>SC26-01300</b>		Investigating Officer/Deputy <b>DEPUTY Z. DRILL</b>	
Crash Date <b>02/06/2026</b>		Crash Time <b>10:20 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>02/06/2026</b>		Time Notified <b>10:23 PM</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	
<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 EB 0.51 MI W OF STH33 WB IN THE TOWN OF EXCELSIOR IN SAUK COUNTY</b>	Latitude <b>43.533561413</b>	Longitude <b>-89.901826609</b>
	X Coordinate <b>265528.46875</b>	Y Coordinate <b>4824160</b>
	Structure Type	

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

01       UNIT	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 CrashTire 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	

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		Truck Bus or HazMat				
UNIT 01	VEHICLE 01	<b>Vehicle</b>				
		License Plate Number <b>FD37013</b>	Plate Type <b>IL</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>3N1CP5CV6ML537156</b>	Make <b>NISS</b>	Year <b>2021</b>	Model <b>KICK</b>	
		Color <b>RED - RED</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>	Bus Use		
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
		Extent Of Damage <b>DISABLING 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>				
UNIT 01	VEHICLE 01	Owner Name		Owner Address		
		<b>Policy Holder</b>				
		Insurance Company <b>STATE-FARM-CLASSIC-INS-CO</b>		INDIVIDUAL <b>KORI BOHN</b>		
		<b>Individual</b>				
		DRIVER <b>KORI BOHN</b> <b>(608) 415-7033</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>405 E PARK ST</b> <b>GENESEO, IL 61254 , US</b>		Date of Birth	Race	
		Driver License Number				
		Safety Equipment		Safety Equipment		
		UNIT 01	INDIVIDUAL 001	Row	Seat Position	<b>SHOULDER &amp; LAP BELT</b>
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
Injury <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

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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 <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		
01 001	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			