6TL09H5JQR

19-13061

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override		Primary Crash D	Oocument #	hent # Agency Crash Number 19-13061		Investigating Officer/Deputy DEPUTY S. MESSNER					
	10/20/2019 Date Notified		Crash Time 03:30 PM		Date Ar	rived	Tim	Time Arrived 04:20 PM			
ŽĽ					Total Ur		-				
2 1					01		02			L	
	On Emergency		and Run	Lane Closu	ire	Work Zone		Trailer or	Towed	Reporting Threshold	
	Government Property		Active Sc	Active School Zone School Bus Related NO		Bus Related	Tags				
	Reportable		Crash Type DT4000 (STA	NDARD CRASH	ASH)			Amended Secondary Crash			
_	escription										
	Diagram		Sth 23 sou	th of Herritz Rd		Debris			iotos By EP. S. MES	SNER	
	✔ I, a sworn law enfo										
2	ON SUNDAY, OCTOBER 20, 2019, AT APPROXIMATELY 3:30 PM, A SEDAN, BEARING WISCONSIN REGISTRATION PLATE #728WXL, AND BEING OPERATED BY THE OWNER, CAMILLE M. KULKA, WITH PASSENGERS OF WENDY V. PAULSEN AND JUDITH E. ERICKSON, WAS NORTHBOUND ON STH 23. A DEER CAME OFF OF THE ROADWAY IN FRONT OF UNIT 1 CAUSING UNIT 1 TO STRIKE THE DEER. UNIT 1 WAS ABLE TO CONTINUE OFF OF THE ROADWAY ONTO THE SHOULDER. UNIT 1 SUSTAINED DISBALING DAMAGE. BOTH FRONT AIRBAGS WERE DEPLOYED CAUSING BRUISING TO THE										

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19-13061

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Loc	cation 🛛 🗖								
	I STH23 EB			Latitude		Longitude			
-	7 FT S			43.481432597		-90.013893747			
OF	HERRITZ RD			X Coordinate		Y Coordinate			
	THE TOWN OF REE	DSBURG		256263.01562)E	4818692.5			
IN S	SAUK COUNTY								
				Structure Type NO STRUCT	IRF				
Cra	ash Scene								
-	st Harmful Event			First Harmful Ev	ent Location				
	N DOMESTICATED	ANIMAL (ALIVE)		ON ROADWAY					
	nner of Collision			Light Condition					
NO	COLLISION W/VEH	ICLE IN TRANSPORT		DAYLIGHT					
Roa	ad Surface Condition(s)			Roadway Facto	r(s)				
DR	Y								
Env	vironment Factor(s)			-					
NO	NE			NONE					
Wea	ather Condition(s)			-					
CL	EAR								
	mal Type			Relation To Trat					
DE				TRAFFICWA	WAY - ON ROAD				
	sh Classification - Locat	ion		Crash Classifica					
_	BLIC PROPERTY			NO SPECIAL	JURISDICTIC				
Trib	bal Land			Access Control	_	Special Study			
		-		NO CONTRO	L				
	hin Interchange Area	Junction Location		Intersection Type					
NO)	NON-JUNCTION		N INTERSECTIO					
L					VIN				
Uni	it Summary					•			
Un i Unit	t Status		Vehicle Operating As		Unit Typ				
Unit Unit IN	t Status TRANSIT				Unit Typ AUTOI	MOBILE			
Unit Unit IN Veh	t Status		Vehicle Operating As		Unit Typ AUTOI				
Unit Unit IN Veh PA	t Status TRANSIT hicle Type SSENGER CAR	Train/Bus # Recorded	Vehicle Operating As	Classification	Unit Typ AUTOI	MOBILE			
Unit Unit IN Veh PA	t Status TRANSIT nicle Type		Vehicle Operating As	ed Tota	Unit Typ AUTOI Operatir	MOBILE Ing As Endorsements			
Uni Uni IN Veh PA Tota 3	t Status TRANSIT hicle Type SSENGER CAR		Vehicle Operating As D CLASS Total # Citations Issu 0	ed Tota	Unit Typ AUTOI Operatir	MOBILE ng As Endorsements Total HazMat Types			
Unit IN Veh PA Tota 3 Insu	t Status TRANSIT nicle Type SSENGER CAR al Occs urance?	Train/Bus # Recorded Direction Of Travel	Vehicle Operating As D CLASS Total # Citations Issu 0 Pre CrashT	ed Tota o ire Spe	Unit Typ AUTOI Operatir I Trailers	MOBILE Ig As Endorsements Total HazMat Types 0 Total Lanes			
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19-13061

		What Driver Was Doing GOING STRAIGHT		Vehicle Factors				
				T APPLICABLE				
		Driver Actions NO CONTRIBUTING ACTION						
E	CLE							
UNIT	VEHICL							
	VE							
		Owner Name		Owner Address				
5	01	CAMILLE MARY KULKA (651) 472-2518		282 ARBOR HILLS DR HOULTON, WI 54082 , US				
0	0	(051) 472-2510		100ETON, WI 34002 , 03				
		Sequence Of Events						
	01	Event NON DOMESTICATED ANIMAL (ALIVE)						
		Event						
	02	-						
	03	Event						
	04	Event						
с.		Policy Holder						
UNIT		Insurance Company	1	Individual				
2		AMERICAN-FAMILY-INS-CO		CAMILLE KULKA				
	l	ndividual			1.2			
		Driver CAMILLE MARY KULKA		Citations Issued	Sex FEMALE			
	INDIVIDUAL	(651) 472-2518		Date of Birth	Race			
UNIT		Address	,	Driver License Number	WHITE			
5		282 ARBOR HILLS DR		Driver License Number				
	4	HOULTON, WI 54082 , US		STATE: WISCONSIN COUNTRY: UNITED STATES				
		On Duty Crash	5	Safety Equipment				
	Saf	ety Equipment						
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tist Osmelianes				
				Tint Compliance				
6	001	Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-FRONT				
_	0	Ejected Ejection Path		DEFLOTED-FRONT	Trapped/Extricated			
		NOT EJECTED NOT EJECTED/NOT AF			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED	E	EMS Agency Identifier	EMS Run #			
		Hospital	[Date of Death	Time of Death			
		Distracted By Source						
	Distracted By							
		Distracted By Action						
		Striking Unit # Location						
		Prior Action						

19-13061

UNIT	INDIVIDUAL	Action							
	·	Action Other					To/From School		
	l	Suspecte	ed Alcohol Use	Suspected Drug Use					
	L	Alcohol Test Given	Alcohol Test Type	NO		Alcohol Test Results			
		TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results				
2	001	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
	l	ndividual							
		Passenger JUDITH E ERICKSON		Citations Issued		Sex FEMALE			
_	INUC	(512) 484-4396		Date of Birth		Race WHITE			
UNIT	INDIVIDUAL	Address 805 WILDWOOD RD APT MAHTOMEDI, MN 55115		Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES					
	Saf	On Duty	Crash	Safety Equipment					
	[Seat Position		SHOULDER & LAP	BELT				
		4SECOND SEAT-LEFT S Helmet Use	SIDE(MOTORCYCLE/BI	Helmet Compliance					
		Eye Protection							
				Tint Compliance					
5	002	Injury Se Injury NO AP	everity PARENT INJURY	Airbag NON DEPLOYED					
	-	Ejected	Ejection Path			Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APPI	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
	Distracted By Source								
		Distracted By Action							
		Non Motorist	Unit # Location						
		Prior Action							

19-13061

UNIT	INDIVIDUAL	Action							
		Action Other					To/From School		
	Ľ	Drug & Alcohol NO	ed Alcohol Use	Suspected Drug Use					
		Alcohol Test Given	Alcohol Test Type)		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results				
5	002	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
	I	ndividual		_					
	_	Passenger WENDY V PAULSEN		Citations Issued 0		Sex FEMALE			
⊢	DUA	(651) 332-6180		Date of Birth		Race WHITE			
UNIT	INDIVIDUAL	Address 14070 SAINT CROIX TRL STILLWATER, MN 55082		Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES					
	Saf	On Duty	Crash	Safety Equipment					
	[Seat Position		SHOULDER & LAP	BELT				
		3FRONT SEAT-RIGHT S Helmet Use	IDE (TRAIN ENGINEER	Helmet Compliance					
		Eye Protection		Tint Compliance					
_	е С	Injury Se	everity	Airbag					
2	003	Injury POSSI	BLE INJURY	DEPLOYED-FRONT					
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPI	Trapped/Extricated					
		Medical Transport		EMS Agency Identifier EMS Run #		EMS Run #			
		Hospital		Date of Death		Time of Death			
	Distracted By Source								
		Distracted By Action							
		Non Motorist	Unit # Location						
	[Prior Action							

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19-13061

UNIT	INDIVIDUAL	Action						
		Action Other Drug & Alcohol	Suspected Alcohol Us	5e	Suspected Drug Use			To/From School
	-	Alcohol Test Given	NO	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		Alconor rest rype			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
6	003	Drug Type						
		Individual Condition						
			MAL					