# 6TL0B3P3JG 22-11612

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/19/2022

Crash Time 08:53 AM

	DocumentNumber Override Primary Crash Document#		nent#	Agency Crash Numbe 22-11612		mber		Investigating Officer/Deputy DEPUTY J. GREENWOOD			
ව	Crash Date         Crash Time           11/19/2022         08:53 AM			Date Arrived			Time	Time Arrived			
က [	Date Notified	Time Notified		Total Ur	nits		Tota	Injured	Total Killed		
3P	11/19/2022	08:53 AM		01		(		·			
0B	On Emergency H	it and Run	Lane Clos			rk Zone		Trailer or 1	owed	Reporting  Threshold	
eTL	Government Property	Active School	Zone	School NO	Bus Relat	ed	Tags				
	Reportable	TED ANIM	IAL W/ N	O INJUR	Υ	Amended			Secondary Crash		
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
	Location										
	ON CTHB WB					Latitude Longitude					
	343 FT E					43.25668	0953	-89.953776192			
	OF FACTORY RD	OF FACTORY RD				X Coordin	ato.	Y Coordinate		inate	
	IN THE TOWN OF TROY					260240.5		4793556.5			
	IN SAUK COUNTY								413333	0.5	
						Structure Type NO STRUCTURE					
	Crash Scene										
1						T:11	f  [				
	FirstHarmfulEvent NON DOMESTICATED ANIMAL (ALIVE)					First Harmful Event Location					
Į.						ON ROADWAY					
	Manner of Collision					Light Condition					
	00 - NO COLLISION W/VEHIO	CLE IN TRANSPORT	7								
	Road Surface Condition(s)					Roadway	Factor(s)				
	• • • • • • • • • • • • • • • • • • • •					· ''					
Ì	Environment Factor(s)					1					
	, ,										
	Weather Condition(s)										
ľ											
ľ	Animal Type  DEER  Crash Classification - Location  PUBLIC PROPERTY				Relation To Trafficway						
						TRAFFICWAY - ON ROAD					
ŀ						Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
										I a	
	TribalLand					Access Co	ontrol			Special Study	
L											
Į	Jnit Summary 💳										
	Unit Status		Vel	hicle Oper	ating As C	lassification		UnitType			
				CLASS	•			AUTOMOBILE			
	Vehicle Type							Operating As Endorsements			
0						Operating As Endoisements					
_	(SPORT) UTILITY VEHICLE					TotalTrailers   TotalHazMatTypes					
	7	Train/Bus#Recorded		Total#Citations Issued						MatTypes	
	1		0	0		0		0			
Ī	Insurance?	Direction Of Travel		Pre C	rashTire		Speed Lin	nit	TotalLane	es	
-	YES				Mark						
LIND	Most Harmful Event: Collision With			ecial Func				Emergency Motor Vehicle Use			
<b>-</b>	NON DOMESTICATED ANIMAL (ALIVE)			SPECIA		TION		NOT APPLICABLE			
	Traffic Way			iffic Contro	Di			Traffic Control Inoperative/Missing			
	Surface Type		Ro	ad Curvatı	ure			Road Grade			

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	Truc	ck Bus or HazMat								
		Vehicle	namanan manananan anan	150601501501501501501501501501501501			NEDERLE DE DESPENSABILISTS DE LA COMPOSITION DE LA COMPOSITION DE LA COMPOSITION DE LA COMPOSITION DE LA COMPO			
		License Plate Number		Plate Type	St	Country of Issuance	Country of Issuance			
٦		393SUV  Vehicle Identification Number		AUT - AUTOMOBILE Make	WI Year	UNITED STATES Model	•			
	5	5XYPGDA3XJG399974		KIA MOTORS CORPOR	AT 2018	SORENTO				
		Color BLK - BLACK		Body Style Bus Use UT - SPORT UTILITY VEHICLE						
TINN	VEHICLE	Initial Contact Point 12 - FRONT		Vehicle Damage 7 8 9 10 111						
		Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE 5 4 8 2 1						
	2									
		Towed Due To Damage TOWED DUE TO DISABLIN	TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By OPERATOR				
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other								
	ш	Driver Actions NO CONTRIBUTING ACTION								
ĦN	VEHICLE									
5	I									
		Owner Varie								
2	5									
		Dalla dalla								
\ N		Policy Holder Insurance Company	Individual	Individual						
⊃		RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)								
		Individual Driver		Citations issued Sex						
		PATRICK ROBERT RICE (608) 692-3006 Address		0						
_	3				Race WHITE					
ş	Z			Driver License Number						
	Z	612 WORTHINGTON WAY WAUNAKEE, WI 53597 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sai	On Duty Crash  fety Equipment		Safety Equipment						
		Row	Seat Position	SHOULDER & LAP BELT						
		Helmet Use		Helmet Compliance	Halmat Camplianca					
		Eye Protection		Tint Compliance Airbag						
5	5									
	5	INJURY NO APPARENT INJURY Ejected Ejection Path		Trapped/Extricated						
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#	EMS Run#			
		Hospital		Date of Death		Time of Death	Time of Death			
l										

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To/From School
g Use
• • • •
Alcohol Test Results
Drug Test Results