6TL0DKRB1J 23-11901

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash	Primary Crash Document #		Agency Crash Number 23-11901			Investigating Officer/Deputy DEPUTY R. BARNES			
11	Crash Date 11/02/2023	Crash Time 06:24 PM			Date Arrived		Time	Time Arrived			
B	Date Notified	Time Notified		Total U	nits		Total	Injured	Total Killed	d	
K	11/02/2023	06:24 PM	T	01	T		00		00		
6TLODKRB1	On Emergency Hit and Run		Lane Clos	losure Work Zone					Reporting Threshold		
eTL	Government Active School Zo			School Bus Related NO			Tags	Tags			
	✓ Reportable	STICATED ANII	ANIMAL W/ NO INJURY				Amended	Secondary Crash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
ĺ	Location										
	ON LIME RIDGE RD/ CTHK EB 0.31 MI W					Latitude 43.52507	70734	Longitude -90.040208185			
	OF THIEMAN HILL RD										
	IN THE TOWN OF REEDS	BURG				X Coordinate 254312.03125			Y Coord 482361		
	IN SAUK COUNTY					Structure Type			1020011		
							. , , , ,				
	Crash Scene					I					
1	First Harmful Event	Eiret Harm	ful Event Le	eation							
	NON DOMESTICATED ANIMAL (ALIVE)						First Harmful Event Location ON ROADWAY				
	Manner of Collision	MINAL (ALIVE)				Light Condition					
	00 - NO COLLISION W/VE	HICLE IN TRANS	PORT								
	Road Surface Condition(s)					Roadway	Factor(s)				
	Environment Factor(s)										
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type					Relation To Trafficway					
	DEER					TRAFFICWAY - ON ROAD					
	Crash Classification - Location					Crash Classification - Jurisdiction					
	PUBLIC PROPERTY					NO SPECIAL JURISDICTION					
	Tribal Land				Acc		Access Control			Special Study	
- (Unit Summary										
	Unit Status Vehicle Operating As (lassification	71				
	IN TRANSIT D CLASS							AUTOMOBILE			
01	Vehicle Type PASSENGER CAR					Operating As Endorsements					
_					Total # Citations Issued		Total Trai		ilers Total HazMat Types		
	2	Traili/Bus # Reco	0	nai # Citatio	ons issued	0		o		iviat Types	
	Insurance?	Direction Of Trave					0		Total Lan	es	
_	YES	EASTBOUND		Pre CrashTire Mark							
UNI	Most Harmful Event: Collision With Special Function							Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIMAL (ALIVE)				NO SPECIAL FUNCTION			NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing			
	Surface Type			Road Curvature				Road Grade			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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	Truck Bus or HazMat										
	,	Vehicle	ehicle								
	VEHICLE 01	License Plate Number 105RGL		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES					
٤		Vehicle Identification Number 1G1ZA5E09AF220674		Make CHEVROLET	Year 2010	Model MALIBU					
		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use	Bus Use				
LIND		Initial Contact Point 11 - LEFT FRONT CORNER Extent Of Damage		Vehicle Damage 01 - RIGHT FRONT CORNER, 09 - LEFT SIDE 12 12 12							
⋾		FUNCTIONAL DAMAGE Towed Due To Damage		MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT Vehicle Removed By							
		NOT TOWED What Driver Was Doing		OPERATOR Vehicle Factors							
		, and the second		venicie ractors							
UNIT	VEHICLE	Driver Prior Action Other									
		Driver Actions NO CONTRIBUTING ACTION									
		Owner Name		Owner Address							
2	2										
Ŀ		Policy Holder									
LIND	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO			Individual BRADLEY HANSEN							
		ndividual									
	INDIVIDUAL	Driver RILEY HAN	SEN	Citations Issued 0	Sex FEMALE	FEMALE					
E				Date of Birth	Race WHITE						
N L		Address 142 4TH ST REEDSBURG, WI 53959	, US	Driver License Number	Driver License Number						
		On Duty Crash		Safety Equipment	Safety Equipment						
	Sat	fety Equipment	SHOULDER & LAP BELT								
	1	Helmet Use	Seat Position	Helmet Compliance							
		Eye Protection		Tint Compliance							
_		Injury Seventy		Airbag							
2	9	Injury NO AF	PARENT INJURY Ejection Path		Trapped/Extricated						
			- ,								
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier							
		Hospital		Date of Death	Date of Death Time of Death						

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Distracted By Source								
		Distracted By Action						
		Non Motorist	riking Unit #	Location				
		Prior Action						
		Action						
١.	UAL							
LNO	INDIVIDUAL							
	N							
		Action Other						To/From School
	Drug & Alcohol NO			se	Suspected Drug Use NO			
		Alcohol Test Given 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 NORMA	L					