6TL0F1BQ7F 24-00835

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override			0 ,			nvestigating Officer/Deputy DEPUTY D. KROLIKOWSKI			
Q7F	Crash Date 01/23/2024	Crash Time 06:43 AM	Date Arr	Date Arrived		Time	Time Arrived			
1BQ	Date Notified 01/23/2024	Time Notified 06:43 AM			s To 00		Injured Total Killed 00		I	
0F	On Emergency Hi	t and Run Lane 0	Closure		rk Zone		Γrailer or T	owed	Reporting Threshold	
6TL	Government Property	NO				Tags				
	✓ Reportable	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.									
j	Location									
ł	ON THOMAS RD				Latitude Longitude			le		
		0.78 MI W				43.529039931			-90.119618288	
	OF WHITE RD IN THE TOWN OF IRONTON				X Coordinate				Y Coordinate 4824295.5	
	IN SAUK COUNTY			24791						
					Structure Type					
					NO STRI	UCTURE				
(Crash Scene									
1	First Harmful Event	First Harm	ıful Event Lo	cation						
	NON DOMESTICATED ANIM	AL (ALIVE)			ON ROA	ON ROADWAY				
	Manner of Collision			Light Condition						
	00 - NO COLLISION W/VEHIC	CLE IN TRANSPORT								
	Road Surface Condition(s)				Roadway Factor(s)					
	Environment Factor(s)				1					
	Environment actor(c)									
	Weather Condition(s)									
	Animal Type				Relation To Trafficway					
	DEER				TRAFFICWAY - ON ROAD					
	Crash Classification - Location			Crash Classification - Jurisdiction						
	PUBLIC PROPERTY			NO SPECIAL JURISI		SDICTION				
	Tribal Land				Access Control Special Study					
	Unit Summary ——									
	Unit Status Vehicle Operating As			iting As C	lassification		Unit Type			
	IN TRANSIT D CLASS				AUTOMOBILE Operating As Endorsements					
01	Vehicle Type (SPORT) UTILITY VEHICLE						Operating F	s Endorsen	nents	
	Total Occs Train/Bus # Recorded Total # Citations Issue				d Total Trail		ers Total HazMat Typ		Mat Tynes	
-	1	Traili, Das # Necoraea	0	iis issued	•	0	213	0	wat Types	
		Direction Of Travel		rachTiro		Speed Lim	it	Total Lane	es	
	YES	EASTBOUND	Pre CrashTire Mark		, i					
UNIT	Most Harmful Event: Collision With	Special Funct		TION		Emergency Motor Vehicle Use		cle Use		
ر	NON DOMESTICATED ANIM	NO SPECIA	TION		NOT APPLICABLE					
	Traffic Way	Traffic Control	1		Traffic Control Inoperative/Missing					
	Surface Type	Dood Commit	D 10 1			Road Grade				
	ошнасе туре		Road Curvature					Noad Glade		

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	Truc	k Bus or HazMat							
	Vehicle								
		License Plate Number	Plate Type	St	Country of Issuance				
	2	RICES	AUT - AUTOMOBILE	WI	UNITED STATES				
10		Vehicle Identification Number 1FM5K8GC3LGB33776	Make FORD	Year 2020	Model EXPLORER				
_		Color	Body Style	2020	Bus Use				
		WHI - WHITE		UT - SPORT UTILITY VEHICLE					
	VEHICLE	Initial Contact Point	Vehicle Damage 7 8 9 10 11						
LIND		12 - FRONT				6 2 2 12			
5		Extent Of Damage FUNCTIONAL DAMAGE	11 - LEFT FRONT CO	JRNER, 12 - FR	ONI	5 4 3 2 1			
		Towed Due To Damage	Vehicle Removed By						
		NOT TOWED	, in the second						
		What Driver Was Doing	Vehicle Factors						
		Driver Prior Action Other							
		Driver Actions							
	Щ	NO CONTRIBUTING ACTION							
L	<u>□</u>								
5	VEHICLE								
	>								
		Owner Name	Owner Address						
7	01								
0	0								
		L Policy Holder		_					
LNO		Insurance Company Individual							
>		ERIE-INS-CO	BRIANNE RICE						
	DIVIDUAL	ndividual							
		Driver BRIANNE RICE	Citations Issued 0	Sex FEMALE					
		(608) 548-0223	Date of Birth	Race					
 				WHITE					
L N N	≥	Address	Driver License Numbe	Driver License Number					
	<u>N</u>	140 N LAKEVIEW DR CAZENOVIA, WI 53924 , US	STATE: WISCONSIN COUNTRY: UNITED STATES						
		, ,							
		On Duty Crash	Safety Equipment	Safety Equipment					
	Sai	fety Equipment							
		Row Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
	001	Helmet Use	Helmet Compliance						
			Tint Compliance						
İ		Eye Protection							
		Injury Severity	Airbag						
2		Injury NO APPARENT INJURY							
		Ejected Ejection Path	Trapped/Extricated						
l		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED	3 - 7						
İ		Hospital	Date of Death	Date of Death		Time of Death			

Crash Time 06:43 AM

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Crash Date 01/23/2024

Crash Time 06:43 AM

Distracted By Source								
	Distracted By Action							
	'	Non Motorist Striking Unit #	Location					
		Prior Action						
		Action						
L	UAL							
LNU	INDIVIDUAL							
	IND							
		Action Other					To/From School	
							TO/FIGHT SCHOOL	
	L	Drug & Alcohol NO	Jse	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			
10	001	Drug Type			1			
		Individual Condition						
		APPEARED NORMAL						