6TL0DDT5NV

24-04018

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override 6TL0C884KR	Primary Crash E	Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy DEPUTY D. HORN				
					24-04018						
N<	Crash Date 04/22/2024	09:45 PM			Date Arrived		Time Arrived				
DT5	Date Notified 04/22/2024	Time Notified 09:45 PM			Total Units 01		,		Total Killed 00		
6TL0DDT5NV	On Emergency	Hit and Run	t and Run		Work Zone		Trailer or ⁻	Towed	Reporting Threshold		
ЗТL	Government Property	Active Sc	Active School Zone School Bus Relat			Tags	Tags				
•	Reportable	Crash Type NON-DOMES	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Amended			Secondary Crash		
-	↓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.										
ļ											
	ADDING AGENCY CRASH NUMBER										
	eastion										
	Location				Latitude			Longitu	udo		
	63 FT W				43.583		Longitu		ude 32624853		
	OF WEGNER RD							Y Coordinate			
	IN THE TOWN OF LA VALLE IN SAUK COUNTY				-	X Coordinate 251126.6875		4830282			
						Structure Type					
1	Oreah Caara										
1	Crash Scene										
	First Harmful Event					mful Event Lo	ocation				
	NON DOMESTICATED ANIMAL (DEAD)					ON ROADWAY Light Condition					
	Manner of Collision				Light Co						
	00 - NO COLLISION W/VEH	IICLE IN TRANSI	PORT		Deadura	(Fastar/a)					
	Road Surface Condition(s)				Roadwa	Roadway Factor(s)					
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Type DEER Crash Classification - Location BUBLIC BROBERTY					To Trafficway					
						TRAFFICWAY - ON ROAD					
						Crash Classification - Jurisdiction					
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTIO						
					Access	Access Control Special Study					
Ī	Unit Summary										
	Unit Status Vehicle Operating As C					Classification Unit Type					
	IN TRANSIT D CLASS					AUTOMOBILE					
				Vehicle Type				Operating As Endorsements			
_	Vehicle Type						operating	As Endorse	ements		
01							Operating	AS Endorse	ements		
01	Vehicle Type PASSENGER CAR Total Occs	Train/Bus # Recor		tal # Citatio	ns Issued	Total Trail		Total Ha	ements izMat Types		
01	Vehicle Type PASSENGER CAR	Train/Bus # Recor	0		ns Issued	Total Trail 0 Speed Lim	ers		zMat Types		

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S		Harmful Event: Collision With	Special Function NO SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use			
ł		N DOMESTICATED ANIMAL (DEAD)	Traffic Control		Traffic Control Inoperative/Missing			
	man	i nay						
	Surfa	асе Туре	Road Curvature		Road Grade			
	Truc	k Bus or HazMat						
	,	Vehicle						
		License Plate Number	Plate Type	St	Country of Issuance			
		ALU6506	AUT - AUTOMOBILE	wi	UNITED STATES			
2	6	Vehicle Identification Number	Make	Year	Model			
0		2GNAXJEV2J6264685	CHEVROLET	2018	EQUINOX			
			Body Style Bus Use					
	ш	SIL - SILVER (ALUMINUM) Initial Contact Point	UT - SPORT UTILITY VEHICLE Vehicle Damage 7 8 9 10 11					
E	VEHICLE	01 - RIGHT FRONT CORNER						
UNIT	Ī	Extent Of Damage	01 - RIGHT FRONT CO	ORNER	6 12			
-	¥	FUNCTIONAL DAMAGE		5 4 3 2 1				
		Towed Due To Damage	Vehicle Removed By					
		NOT TOWED What Driver Was Doing	ARNESON SERVICE Vehicle Factors					
			Vehicle Factors					
		Driver Prior Action Other	-					
	Ë	NO CONTRIBUTING ACTION						
UNIT	VEHICLE							
ر	Ň							
	-							
		Owner Name	Owner Address					
2	01							
E	I	Policy Holder						
UNIT								
-		PROGRESSIVE-ADVANCED-INSURANCE-CO	BRANDON RIZER					
		Individual Driver	Citations Issued	Sex				
		BRANDON RIZER	0					
	INDIVIDUAL		Date of Birth	Race				
E	Į			WHITE				
UNIT	5	Address 1117 CLARA AVE # B6	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment					
	Z	WISCONSIN DELLS, WI 53965 , US						
	Cod	On Duty Crash						
	Sal	fety Equipment						
		Row Seat Position	SHOULDER & LAP BELT					
		Helmet Use	Helmet Compliance					
		Eye Protection	Tint Compliance	Tint Compliance				
_	~	Injury Severity	Airbag					
6	001	Injury NO APPARENT INJURY						

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		Ejected	Ejection P	ath			Trapped/Extricated			
	Medical Transport				EMS Agency Identifier EMS Run #					
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By	Distracted By Source	ce	I					
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
	Prior Action									
- 1		Action								
	INDIVIDUAL									
⊨∣	Ы									
	Σ									
-	Ā									
	2									
		Action Other						To/From School		
	L	Drug & Alcohol	Suspected Alcohol NO		Suspected Drug Use					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
5	001	Drug Type				•				
		Individual Condition								
	APPEARED NORMAL									