

6TL0D6N02V

22-04473

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document#		Agency Crash Number <b>22-04473</b>		Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>05/17/2022</b>		Crash Time <b>03:12 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>05/17/2022</b>		Time Notified <b>03:12 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

### Location

<b>ON STH60 EB</b> <b>0.66 MI W</b> <b>OF CTHC NB</b> <b>IN THE TOWN OF SPRING GREEN</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.198922284</b>		Longitude <b>-90.002944012</b>	
	X Coordinate <b>256018.875</b>		Y Coordinate <b>4787284</b>	
	Structure Type			

### Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition	
Road Surface Condition(s)		Roadway Factor(s)	
Environment Factor(s)			
Weather Condition(s)			
Animal Type <b>DEER</b>		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control	Special Study

### Unit Summary

<b>01 UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

NO

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Truck Bus or HazMat				
<b>Vehicle</b>				
01 UNIT VEHICLE 01	License Plate Number	Plate Type	St	Country of Issuance
	HYA445	LTK - LIGHT TRUCK	IA	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	5TFSX5EN8KX066103	TOYOTA	2019	TOYOTA
	Color	Body Style	Bus Use	
	WHI - WHITE	PK - PICKUP		
	Initial Contact Point	Vehicle Damage		
	01 - RIGHT FRONT CORNER	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage	FUNCTIONAL DAMAGE		
	Towed Due To Damage	Vehicle Removed By		
NOT TOWED	OPERATOR			
What Driver Was Doing	Vehicle Factors			
Driver Prior Action Other				
Driver Actions	NO CONTRIBUTING ACTION			
Owner Name		Owner Address		
<b>Policy Holder</b>				
Insurance Company		Organization/Company		
OLD-REPUBLIC-INS-CO		DAVEY RESOURCE GROUP		
<b>Individual</b>				
01 UNIT INDIVIDUAL 001	Driver	Citations Issued	Sex	
	CODY STEVEN JACKSON (218) 966-1074	0	MALE	
	Address	Date of Birth	Race	
	924 SONGBIRD LN APT B9 STEVENS POINT, WI 54482 9537, US		WHITE	
Driver License Number		STATE: MICHIGAN COUNTRY: UNITED STATES		
<b>Safety Equipment</b>		On Duty Crash		
Safety Equipment				
Row	Seat Position	SHOULDER & LAP BELT		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
<b>Injury</b>		Airbag		
Injury Severity				
NO APPARENT INJURY				
Ejected	Ejection Path	Trapped/Extricated		
Medical Transport		EMS Agency Identifier	EMS Run#	
NOT TRANSPORTED				
Hospital		Date of Death	Time of Death	

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<b>UNIT INDIVIDUAL          01 001</b>	<b>Distracted By</b> Distracted By Source	
	Distracted By Action	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>
		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
Drug Type		
Individual Condition <b>APPEARED NORMAL</b>		