

6TL0CR2KS5  
SC22-12219

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<br><b>SC22-12219</b> | Investigating Officer/Deputy<br><b>DEPUTY Z. DRILL</b> |   |
| Crash Date<br><b>12/08/2022</b>   | Crash Time<br><b>04:35 AM</b>                             | Date Arrived                             | Time Arrived   |   |
| Date Notified<br><b>12/08/2022</b>  | Time Notified<br><b>04:37 AM</b>                          | Total Units<br><b>01</b>                 | Total Injured<br><b>00</b>                             | Total Killed<br><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<br><b>NO</b>          | Tags   |   |
| <input checked="" type="checkbox"/> Reportable  | Crash Type<br><b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b> |  | <input type="checkbox"/> Amended                       | <input type="checkbox"/> Secondary Crash  |
| <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. |   |  |  |   |

Location

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <b>ON STH60 EB<br/>1268 FT E<br/>OF SKUNK VALLEY RD<br/>IN THE TOWN OF PRAIRIE DU SAC<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.257492132</b>       | Longitude<br><b>-89.811336743</b> |
|  | X Coordinate<br><b>271806.0625</b>    | Y Coordinate<br><b>4793247.5</b>  |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|  |   |               |
|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>          | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><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<br><b>DEER</b>   |   |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land  | Access Control  | Special Study |

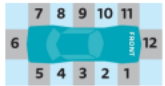
Unit Summary

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

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|            |            |  |   |                                |   |                  |  |
|------------|------------|--|---|--------------------------------|---|------------------|--|
|            |            | Truck Bus or HazMat  |   |                                |   |                  |  |
| UNIT<br>01 | VEHICLE    | <b>Vehicle</b>   |   |                                |   |                  |  |
|            |            | License Plate Number<br><b>FH9880</b>                                | Plate Type<br><b>APO - APPORTIONED</b>          | St<br><b>IA</b>                | Country of Issuance<br><b>UNITED STATES</b>   |                  |  |
|            |            | Vehicle Identification Number<br><b>1XKWDB9X55J098698</b>            | Make<br><b>KENWORTH MOTOR TRU</b>               | Year<br><b>2005</b>            | Model<br><b>W9</b>  |                  |  |
|            |            | Color<br><b>WHI - WHITE</b>  | Body Style<br><b>SE - SEMI-TRAILER</b>          | Bus Use                        |   |                  |  |
|            |            | Initial Contact Point<br><b>11 - LEFT FRONT CORNER</b>               | Vehicle Damage<br><b>11 - LEFT FRONT CORNER</b> |                                |  |                  |  |
|            |            | Extent Of Damage<br><b>MINOR DAMAGE</b>                              |   |                                |   |                  |  |
|            |            | Towed Due To Damage<br><b>NOT TOWED</b>                              | Vehicle Removed By                              |                                |   |                  |  |
|            |            | What Driver Was Doing  | Vehicle Factors                                 |                                |   |                  |  |
|            |            | Driver Prior Action Other  |   |                                |   |                  |  |
|            |            | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                      |   |                                |   |                  |  |
| UNIT<br>01 | VEHICLE    | Owner Name   | Owner Address                                   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
| UNIT<br>01 | INDIVIDUAL | <b>Individual</b>  |   |                                |   |                  |  |
|            |            | Driver<br><b>JUSTIN LIGENZA</b>                                      | Citations Issued<br><b>0</b>                    | Sex<br><b>MALE</b>             |   |                  |  |
|            |            |  | Date of Birth                                   | Race<br><b>WHITE</b>           |   |                  |  |
|            |            | Address<br><b>2201 MICHIGAN AVE<br/>STEVENS POINT, WI 54481 , US</b> | Driver License Number                           |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
|            |            |  |   |                                |   |                  |  |
| UNIT<br>01 | 001        | <b>Safety Equipment</b>  |   | On Duty Crash                  |   | Safety Equipment |  |
|            |            | Row  | Seat Position                                   | <b>SHOULDER &amp; LAP BELT</b> |   |                  |  |
|            |            | Helmet Use   |   | Helmet Compliance              |   |                  |  |
|            |            | Eye Protection   |   | Tint Compliance                |   |                  |  |
|            |            | Injury<br><b>NO APPARENT INJURY</b>                                  |   | Airbag                         |   |                  |  |
|            |            | Ejected  | Ejection Path                                   |                                | Trapped/Extricated  |                  |  |
|            |            | Medical Transport<br><b>NOT TRANSPORTED</b>                          |   | EMS Agency Identifier          |   | EMS Run #        |  |
|            |            | Hospital   |   | Date of Death                  |   | Time of Death    |  |
|            |            | <b>Distracted By</b>   |   | Distracted By Source           |   |                  |  |
|            |            |  |   |                                |   |                  |  |

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| UNIT<br>INDIVIDUAL<br>01<br>001                | 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<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                  |                                 |
|  | Alcohol Test Results                        |                                    |                                 |
|  | Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type                     | Drug Test Results               |
|  | Drug Type                                   |                                    |                                 |
| Individual Condition<br><b>APPEARED NORMAL</b> |   |                                    |                                 |