6TL0D6N059 24-01263

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary Crash Document #			Agency Crash Number 24-01263				Investigating Officer/Deputy DEPUTY B. STODDARD			
159	Crash Date 02/05/2024	Crash Time 06:59 AM			Date Arrived		Time	Time Arrived			
6 I LUD6NU59	Date Notified 02/05/2024	Time Notified 06:59 AM	Time Notified 06:59 AM		Total Units 01		Total	,		al Killed	
_ _ეე_	On Emergency	it and Run	Lane Clos			rk Zone		Trailer or T	owed	Reporting Threshold	
9	Government Property	Crash Type	hool Zone	NO School	Bus Relat	ed	Tags				
	Reportable	TICATED ANIM	ANIMAL W/ NO INJURY			/	Amended		Secondary Crash		
	I, a sworn law enforcem	ent officer, agre	e that I have no	ot added	l any CJ	IS data in	this repor	t.			
	Location ———										
ł	ON USH14 EB					Latitude Longitude				le	
	0.29 MI W					43.191098711		-90.178			
	OF PORTER RD					X Coordina		Y Coord 47869 4		ordinate	
	IN THE TOWN OF SPRING	GREEN				241692.9					
	IN SAUK COUNTY							4/8094		-3.3	
						Structure Type					
(Crash Scene										
1	First Harmful Event					F:	6.1 F (1.				
						First Harmful Event Location					
	NON DOMESTICATED ANIN	IAL (ALIVE)				ON ROADWAY					
	Manner of Collision					Light Cond	lition				
	00 - NO COLLISION W/VEHI	CLE IN TRANSI	PORT								
	Road Surface Condition(s)					Roadway F	Factor(s)				
	Environment Factor(s)										
	Weather Condition(s)										
	Animal Tune										
	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	
i	Unit Summary									•	
	Unit Status		Veh	nicle Oper	ating As C	lassification		Unit Type			
				Vehicle Operating As Classification D CLASS				TRUCK			
	Vehicle Type							Operating As Endorsements			
7	••							Operating i	45 Elluulsei	Helito	
_	CARGO VAN (10,000 LBS OR LESS)									=	
	Total Occs	0			Total # Citations Issued 0		0			Mat Types	
	1								0		
	Insurance?	Direction Of Travel	- FIE CIASITII			Speed Limi		it Total Lanes		es	
=	UNKNOWN EASTBOUND			N	/lark						
ζ	Nost Harmful Event: Collision With			cial Funct				Emergency Motor Vehicle Use			
ر	NON DOMESTICATED ANIMAL (ALIVE) Traffic Way			NO SPECIAL FUNCTION			TION		NOT APPLICABLE		
				ffic Contro	ı			Traffic Control Inoperative/Missing			
									Road Grade		
	Surface Type				Road Curvature			Road Grad			
Suriace Type				Noda Guivaluie				ad Grado			

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 3

Crash Date 02/05/2024
Crash Time 06:59 AM

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	Truck Bus or HazMat								
	,	Vehicle							
	VEHICLE 01	License Plate Number XE14027		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES			
٤		Vehicle Identification Number 1N6BF0KM2LN803940		Make NISSAN	Year 2020	Model NV			
		Color WHI - WHITE		Body Style VN - VAN					
LIND		Initial Contact Point 01 - RIGHT FRONT CORNER Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT 5 4 3 2 1					
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		Driver Prior Action Other							
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION							
		Owner Name		Owner Address					
2	2								
		L Individual							
	INDIVIDUAL	Driver RICKY SPRINGER		Citations Issued 0	Sex MALE				
L		(608) 459-5368	Date of Birth	Race WHITE					
TNU		Address E2694 BRACE RD LONE ROCK, WI 53556 , US		Driver License Number					
	Sat	fety Equipment On Duty Cr	Safety Equipment						
		Row Seat Position		SHOULDER & LAP BELT					
	001	Helmet Use		Helmet Compliance					
		Eye Protection	Tint Compliance						
5		Injury Severity NO APPARENT INJURY Ejected Ejection Path		Airbag					
				Trapped/Extricated					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
		Hospital	Date of Death	Date of Death Time of Death					
Distracted By Source									

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. $2 \quad \text{of} \quad 3$

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		Distracted By Action					
		Non Motorist Striking Unit #	Location				
		Prior Action					
		Action					
	JAL						
LNS	INDIVIDUAL						
	<u>N</u>						
		Action Other					To/From School
	1	Drug & Alcohol NO	Use	Suspected Drug Use NO			
		Alcohol Test Given Alcohol Test Type TEST NOT GIVEN		Alcohol Test R			
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
2	001	Drug Type					
		Individual Condition					
		APPEARED NORMAL					
		ALL ENVER HOMBIAE					