

6TL0D6N05G  
24-02546

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0D6N05G

Document Number Override		Primary Crash Document #		Agency Crash Number <b>24-02546</b>		Investigating Officer/Deputy <b>DEPUTY B. STODDARD</b>	
Crash Date <b>03/14/2024</b>		Crash Time <b>06:00 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>03/14/2024</b>		Time Notified <b>06:59 AM</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"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Trailer or Towed <input type="checkbox"/> Reporting Threshold <input type="checkbox"/>	
<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 STH23 EB 274 FT S OF TIMBERLINE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.203482698</b>	Longitude <b>-90.075078282</b>
	X Coordinate <b>250176.421875</b>	Y Coordinate <b>4788003.5</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>UNIT 01</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>SOUTHBOUND</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

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
1 of 3

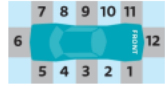
Crash Date **03/14/2024**  
Crash Time **06:00 AM**

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		Truck Bus or HazMat	
01	UNIT	<b>Vehicle</b>	
		License Plate Number <b>TS7530</b>	Plate Type <b>LTK - LIGHT TRUCK</b>
		Vehicle Identification Number <b>1GTHK29143E107158</b>	Make <b>GENERAL MOTORS COR</b>
		Color <b>WHI - WHITE</b>	Body Style <b>PK - PICKUP</b>
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>
		Extent Of Damage <b>DISABLING DAMAGE</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>WAGNERS</b>
		What Driver Was Doing	Vehicle Factors
		Driver Prior Action Other	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name	Owner Address		
01	UNIT	<b>Policy Holder</b>	
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>GAVIN BERANEK</b>
		<b>Individual</b>	
01	UNIT	Driver <b>GAVIN BERANEK (608) 588-4539</b>	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Date of Birth
			Race <b>WHITE</b>
		Address <b>28056 USH 14 RICHLAND CENTER, WI 53581 , US</b>	Driver License Number
01	UNIT	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row	Seat Position
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
			Airbag
		Ejected	Ejection Path
			Trapped/Extricated
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
Hospital	Date of Death		
	Time of Death		



UNIT	INDIVIDUAL	<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		
		01	001	<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		Alcohol Test Results	
				Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results	
				Drug Type				
Individual Condition <b>APPEARED NORMAL</b>								