

6TL0D2XVSL
24-12405

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0D2XVSL

| | | | | | |
|--|---|---|--|---|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 24-12405 | Investigating Officer/Deputy DEPUTY B. GOODREAU | |
| Crash Date 11/06/2024 | | Crash Time 11:55 AM | Date Arrived | Time Arrived | |
| Date Notified 11/06/2024 | | Time Notified 11:56 AM | Total Units 01 | Total Injured 00 | Total Killed 00 |
| <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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY | | <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

| | | |
|--|---------------------------------------|-----------------------------------|
| ON USH12 EB 0.45 MI S OF STH136 EB IN THE TOWN OF BARABOO IN SAUK COUNTY | Latitude 43.468111914 | Longitude -89.776661032 |
| | X Coordinate 275399.78125 | Y Coordinate 4816545.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

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

Unit Summary

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

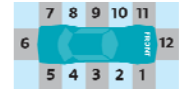
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| | | | |
|--|---|---|---|
| | | Truck Bus or HazMat | |
| 01 | UNIT | Vehicle | |
| | | License Plate Number UH9078 | Plate Type LTK - LIGHT TRUCK |
| | | Vehicle Identification Number 2D8GP44L06R872944 | Make DODGE |
| | | Color GLD - GOLD | Year 2006 |
| | | Initial Contact Point 12 - FRONT | Country of Issuance UNITED STATES |
| | | Extent Of Damage DISABLING DAMAGE | Model GRAND CARA |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Body Style VN - VAN |
| | | What Driver Was Doing | Bus Use |
| | | Driver Prior Action Other | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 12 - FRONT |
| | | Driver Actions NO CONTRIBUTING ACTION | Vehicle Removed By CRAIGS TOWING |
| Owner Name | Owner Address | | |
| Policy Holder | | | |
| Insurance Company STATE-FARM-GENERAL-INS-CO | Individual BENJIE KENDALL | | |
| Individual | | | |
| Driver BENJIE KENDALL | Citations Issued 0 | | |
| | Sex MALE | | |
| | Date of Birth | | |
| | Race WHITE | | |
| Address 2826 CIMARRON TRL # D MADISON, WI 53719 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| Safety Equipment | On Duty Crash | | |
| | Safety Equipment SHOULDER & LAP BELT | | |
| Row | Seat Position | | |
| Helmet Use | Helmet Compliance | | |
| Eye Protection | Tint Compliance | | |
| Injury | Injury Severity NO APPARENT INJURY | | |
| | Airbag | | |
| Ejected | Ejection Path | | |
| | Trapped/Extricated | | |
| Medical Transport NOT TRANSPORTED | EMS Agency Identifier | | |
| | EMS Run # | | |
| Hospital | Date of Death | | |
| | Time of Death | | |



WISCONSIN MOTOR VEHICLE
CRASH REPORT

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