

6TL0D2XVSN  
24-12771

# 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>24-12771</b>	Investigating Officer/Deputy <b>DEPUTY B. GOODREAU</b>	
Crash Date <b>11/16/2024</b>		Crash Time <b>06:55 PM</b>	Date Arrived	Time Arrived	
Date Notified <b>11/16/2024</b>		Time Notified <b>07:01 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

INTERSECTION ON N DUTCH HOLLOW RD AT PUBLIC ACCESS IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.607338354</b>	Longitude <b>-90.175666216</b>
	X Coordinate <b>243714.109375</b>	Y Coordinate <b>4833163.5</b>
	Structure Type <b>NO STRUCTURE</b>	

### 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

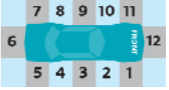
<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>			
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</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		

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		Truck Bus or HazMat				
01	UNIT	VEHICLE	<b>Vehicle</b>			
			License Plate Number <b>DINGR21</b>	Plate Type <b>AUT</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>1GNEVGKWLJ178246</b>	Make <b>CHEV</b>	Year <b>2020</b>	Model <b>TRAVERSE</b>
			Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>	Bus Use	
			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>MINOR DAMAGE</b>			
			Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
			What Driver Was Doing	Vehicle Factors		
			Driver Prior Action Other			
			01	UNIT	VEHICLE	Driver Actions <b>123</b>
Owner Name	Owner Address					
01	UNIT	<b>Policy Holder</b>				
		Insurance Company <b>COUNTRY-PREFERRED-INSURANCE-CO</b>	INDIVIDUAL <b>KEVIN HEIMERDINGER</b>			
01	UNIT	INDIVIDUAL	<b>Individual</b>			
			DRIVER <b>KEVIN HEIMERDINGER</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Date of Birth	Race	
			Address <b>2223 WOODLAND CT FREEPORT, IL 61032 , US</b>	Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
01	UNIT	001	<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	EMS Run #			
Hospital		Date of Death	Time of Death			

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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source		
		Distracted By Action				
	01	001	<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		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>						