

6TL0D942CB
24-14165

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D942CB

| | | | | | |
|--|---|--|--|---|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 24-14165 | Investigating Officer/Deputy DEPUTY M. PETERSON | |
| Crash Date 12/28/2024 | | Crash Time 09:59 PM | Date Arrived 12/28/2024 | Time Arrived 10:21 PM | |
| Date Notified 12/28/2024 | | Time Notified 10:02 PM | 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 DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|----------------|---------------------------------------|
| <p>Diagram</p> | Reconstruction By |
| | Photos By |
| | Additional Information NONE |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT ONE WAS TRAVELING WEST ON STH 33. UNIT ONE OPERATOR OBSERVED SOMETHING BLACK RUN ACROSS THE ROAD FROM NORTH TO SOUTH. THE OPERATOR TRIED TO BREAK AND AVOID COLLIDING WITH IT BUT WAS UNSUCCESSFUL. THE OPERATOR DROVE TO A SAFER LOCATION, DUE TO THE HEAVY FOG, TO REPORT THE ACCIDENT. MY INVESTIGATION REVEALED THAT UNIT ONE STRUCK A DOMESTICATED DOG. THE DOG WAS LOCATED DECEASED ON THE SOUTH SHOULDER OF STH 33. UNIT ONE SUSTAINED MINOR DAMAGE TO THE FRONT DRIVER SIDE CORNER. THERE WAS NO AIRBAG DEPLOYMENT AND THE OPERATOR WAS WEARING A SEAT BELT. THE VEHICLE WAS DRIVEN FROM THE SCENE BY THE OPERATOR. THE DOG OWNER WAS LOCATED AND ADVISED.

6TL0D942CB
24-14165

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

| | | |
|--|---------------------------------------|-----------------------------------|
| ON STH33 WB 551 FT W OF BREEZY HILL RD IN THE TOWN OF FAIRFIELD IN SAUK COUNTY | Latitude 43.503778713 | Longitude -89.608187186 |
| | X Coordinate 289152.09375 | Y Coordinate 4820066 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|---|---|
| First Harmful Event DOMESTICATED ANIMAL - ALIVE | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) WET | Roadway Factor(s) NONE | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) FOG | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | |
|------------|--|---|--|--|--------------------------------|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE | | |
| | Vehicle Type PASSENGER CAR | 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 WESTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 |
| | Most Harmful Event: Collision With DOMESTICATED ANIMAL - ALIVE | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | |

| | | | | |
|---|--|---|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | |
| | License Plate Number 376YAB | Plate Type AUT | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 5GAKVCD5CJ269487 | Make BUIC | Year 2012 | Model ENCLAVE |
| | Color WHI - WHITE | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | Initial Contact Point 11 - LEFT FRONT CORNER | Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| Extent Of Damage MINOR DAMAGE | | | | |



6TL0D942CB

24-14165

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | | | |
|--|---|--|--|----------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 01 | Owner Name BENJAMIN RICHARDS-MAGNUSON | | Owner Address 406 4TH AVE BARABOO, WI 53913 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event DOMESTICATED ANIMAL - ALIVE | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U | | INDIVIDUAL BENJAMIN RICHARDS-MAGNUSON | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER JESSICA ESPOSITO (608) 356-8640 | | Citations Issued 0 | Sex FEMALE |
| | Address 406 4TH AVE BARABOO, WI 53913 , US | | Date of Birth | Race |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | |
| | Eye Protection | | Helmet Compliance | |
| Tint Compliance | | Airbag NON DEPLOYED | | |
| Injury | | Injury Severity NO APPARENT INJURY | | |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | |
| Trapped/Extricated NOT TRAPPED | | Medical Transport NOT TRANSPORTED | | |
| EMS Agency Identifier | | EMS Run # | | |
| Hospital | | Date of Death | | |
| Time of Death | | Distracted By | | |
| Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | Distracted By Action NOT DISTRACTED | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | |
|------|------------|--|--|------------------------------------|----------|---------------------------------|
| UNIT | INDIVIDUAL | 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 | | | | |
| | | Individual Condition APPEARED NORMAL | | | | |