6TL0B8M7WD 19-15772

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 19-15772			Investigating Officer/Deputy DEPUTY B. MEARS					
MD	Crash Date 12/27/2019	Crash Time 05:30 AM	Date	Date Arrived		Time	Time Arrived					
17	Date Notified Time Notified			l Units				l Injured	Total Killed			
≳	12/27/2019	06:24 AM	01	01			00	00				
6TL0B8M7WD	On Emergency H			k Zone				Reporting Threshold				
eTL	Government Active School Zone Crash Type			School Bus Related NO			Tags	Tags				
	✓ Reportable	ED ANIMAL W	ANIMAL W/ NO INJURY				Amended		Secondary Crash			
	✓ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location											
f	ON STH33 EB				Latitude				Longitude			
	39 FT E OF WILKINSON RD		7		43.617742309 X Coordinate		Y Coordi		434443			
	IN THE TOWN OF LA VALLE											
	IN SAUK COUNTY						246036.4375			4834232		
						Structure T	ype					
L												
(Crash Scene											
	First Harmful Event	(41.0/=)				First Harmful Event Location						
	NON DOMESTICATED ANIM Manner of Collision					ON ROADWAY						
	00 - NO COLLISION W/VEHI	CLE IN TRANSPORT				Light Condition						
	Road Surface Condition(s)	CLE IN TRANSPORT				Destruction Fester(s)						
	Troad Surface Condition(3)					Roadway Factor(s)						
l	Environment Factor(s)											
ŀ	Weather Condition(s)											
	weather Condition(s)											
	Animal Type DEER Crash Classification - Location					Relation To Trafficway						
								TRAFFICWAY - ON ROAD				
								on - Jurisdiction				
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURI Access Control				Special Study		
	Tilbai Lailu					Access Control				Special Study		
l												
	Unit Summary		L Vahiala Or	orotina	An Cla	accification		Line a Trans				
	Unit Status IN TRANSIT Vehicle Op. D CLASS			e Operating As Classification			Unit Type AUTOMOBILE					
	Vehicle Type					Operating As Endorsements						
01	PASSENGER VAN							operag,	2			
				al # Citations Issued		Total Trail	otal Trailers		Total HazMat Types			
	01		0				0		0			
_		Direction Of Travel EASTBOUND	Pre	Crash Mark			Speed Lin	nit	Total Lane	es		
L N O	Most Harmful Event: Collision With			Special Function			1		Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTIO			TION		OT APPLICABLE			
ŀ	Traffic Way			Traffic Control			Traffic Contro		ol Inoperative/Missing			
	Surface Type	Road Curv	Road Curvature				Road Grade					
		1										

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Crash Date 12/27/2019 Crash Time 05:30 AM

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	Truc	ck Bus or HazMat							
		Vehicle							
		License Plate Number	Plate Type	St	Country of Issuance				
		978HST	AUT - AUTOMOBILE	wı	UNITED STATES				
2	2	Vehicle Identification Number	Make	Year	Model				
0	0	1C4GP45R95B345046	CHRYSLER	2005	TOWN &				
		Color	Body Style		Bus Use				
		BLU - BLUE	VN - VAN						
	VEHICLE	Initial Contact Point	Vehicle Damage						
UNIT		12 - FRONT	11 - LEFT FRONT CORNER, 12 - FRONT Vehicle Removed By						
	王	Extent Of Damage							
	Ä	FUNCTIONAL DAMAGE							
		Towed Due To Damage							
		NOT TOWED	OPERATOR						
		What Driver Was Doing	Vehicle Factors						
		3							
		Driver Prior Action Other	-						
		Billy in the region of the							
		Driver Actions							
	111	NO CONTRIBUTING ACTION							
_	VEHICLE	NO CONTRIBOTINO ACTION							
UNIT	≌								
5	击								
	>								
		Owner Name	Owner Address	Owner Address					
2	5								
0	0								
 		Policy Holder							
LIND		Insurance Company	Individual						
>		WADENA-INSURANCE-CO	DAVID BODENDEIN						
		Individual							
		Driver	Citations Issued	Sex					
		DAVID LEROY BODENDEIN	0		MALE				
	4	(608) 464-3156	Date of Birth		Race				
l <u>∟</u>	\geq		24.0 0. 2		WHITE				
E S	DIVIDUAL	Address	Driver License Number						
5		204 S EAST STREET APT #8	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z	WONEWOC, WI 53968 , US							
		On Duty Crash	Safety Equipment						
	Sa	fety Equipment	Salety Equipment						
			CHOILI DED 8 I AD DE						
		Row Seat Position	SHOULDER & LAP BE	L I					
			Halmat Camplianas						
		Helmet Use	Helmet Compliance						
		Fire Destrotion	T. O. II						
		Eye Protection	Tint Compliance Airbag						
		Injury Sovority							
01	90	Injury Severity NO APPARENT INJURY	Allbay						
		Ejected Ejection Path	Trapped/Extricated						
		Medical Transport	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED			LING IXUII #				
		Hospital			Time of Death				
					Time of Bedain				
1									

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		Distracted By So	ource				
		Distracted By Action					
	,	Non Motorist Striking Unit #	Location				
		Prior Action	·				
		Action					
_	UAL						
UNIT	INDIVIDUAL						
	IN						
		Action Other					To/From School
		Suspected Alcol		Suspected Drug Use			
	L	Drug & Alcohol NO	noi ose	NO			
		Alcohol Test Given TEST NOT GIVEN	e Alcohol Test Resul				
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
2	001	Drug Type			1		
	•	Individual Condition					
		APPEARED NORMAL					