

WISCONSIN MOTOR VEHICLE CRASH REPORT

6TL0DRXHMP

Document Number Override, Primary Crash Document #, Agency Crash Number 26-04489, Investigating Officer/Deputy DEPUTY S. ELLICKSON, Crash Date 05/04/2026, Crash Time 09:12 AM, Date Arrived 05/04/2026, Time Arrived 09:28 AM, Date Notified 05/04/2026, Time Notified 09:12 AM, Total Units 02, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type DT4000 (STANDARD CRASH), Amended, Secondary Crash.

Description

Diagram, Not to Scale, USH 12, Reconstruction By, Photos By, Additional Information PHOTOS. Includes a diagram showing two vehicles (02 and 10) on a road with a north arrow.

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT 1 WAS TRAVELING NORTHBOUND ON USH 12. UNIT 2 WAS TRAVELING SOUTHBOUND ON USH 12 BOTH NEAR CTH Z. BOTH UNIT 1 AND UNIT 2 CLAIM THE OTHER CROSSED THE CENTER LINE AND HIT EACH OTHERS DRIVER SIDE MIRRORS CAUSING DAMAGE. THERE WAS NO WITNESSES AND NO CAMERAS IN THE AREA TO DETERMINE WHO ACTUALLY WENT OVER THE CENTER LINE. UNIT 2 INFORMED ME LATER ON STATING THAT UNIT 1'S COMPANY WAS GOING TO PAY FOR THE DAMAGES TO HIS TRUCK.

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

## Location

ON USH12 WB 656 FT S OF CTHZ SB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.312959135</b>	Longitude <b>-89.759133501</b>
	X Coordinate <b>276247.09375</b>	Y Coordinate <b>4799266.5</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02 - FRONT TO FRONT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	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 <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## 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>PASSENGER VAN</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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>XE88024</b>	Plate Type <b>HTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTBR1Y83SKA51630</b>	Make <b>FORD</b>	Year <b>2025</b>	Model <b>TRANSIT</b>
		Color <b>WHI - WHITE</b>	Body Style <b>VN - VAN</b>		Bus Use
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT</b>		
		Extent Of Damage <b>MINOR DAMAGE</b>			



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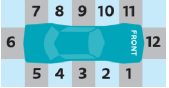
UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>			
01 01	Owner Name <b>KLEENMARK SERVICE CORP (608) 258-3131</b>		Owner Address <b>1206 ANN STREET MADISON, WI 53713 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>HAUSMANN GROUP INC</b>		ORGANIZATION/COMPANY <b>KLEENMARK SERVICE CORP</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>LUCIEN AMEND (608) 690-0568</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>6402 MILWAUKEE ST # 106 MADISON, WI 53718 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01 001	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>NOT TRANSPORTED</b>	
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
Time of Death		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
<b>Distracted By</b>				
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<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>					

**Unit Summary**

UNIT	02	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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>						

UNIT	VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>17801ER</b>		Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1FTFW1ED4PFA71025</b>		Make <b>FORD</b>	Year <b>2023</b>	Model <b>F150</b>	
		Color <b>GRY - GRAY</b>		Body Style <b>PK - PICKUP</b>		Bus Use	
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage <b>10 - LEFT SIDE FRONT</b>			
		Extent Of Damage <b>MINOR DAMAGE</b>					
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>					

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
VEHICLE	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>		
	Owner Name <b>TODD ENDL</b>	Owner Address <b>S3121 MIRROR LAKE RD BARABOO, WI 53913 , US</b>	
02	<b>Sequence Of Events</b>		
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	Event		
03	Event		
04	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>ALLSTATE-INS-CO</b>	INDIVIDUAL <b>TODD ENDL</b>	
INDIVIDUAL	<b>Individual</b>		
	DRIVER <b>TODD ENDL (608) 206-5219</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race <b>WHITE</b>
	Address <b>S3121 MIRROR LAKE RD BARABOO, WI 53913 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02	<b>Safety Equipment</b>		On Duty Crash
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
002	<b>Injury</b>		Airbag
	<b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
			Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
Hospital		Date of Death	
		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location

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<b>UNIT</b>	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>				
	<b>02</b>	<b>002</b>			