

6TL09XQZ4H

22-09113

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 22-09113	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 09/11/2022		Crash Time 11:10 AM	Date Arrived 09/11/2022	Time Arrived 11:30 AM	
Date Notified 09/11/2022		Time Notified 11:12 AM	Total Units 01	Total Injured 01	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

Diagram		Reconstruction By
		Photos By ISAAC GALVAN
		Additional Information PHOTOS
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		
UNIT 1 TRAVELING EASTBOUND ON CTH H BETWEEN CHRISTMAS MOUNTAIN ROAD AND LYNDON ROAD. UNIT 1 HAD A REAR PASSENGER SIDE TIRE BLOW OUT AND CAUSED HER TO LOSE CONTROL AND LEAVE ROADWAY. UNIT 1 STRUCK A CULVERT AND THEN A CONCRETE UTILITY BOX. NO DAMAGE DONE TO PROPERTY. UNIT 1 PASSENGER COMPLAINED OF MINOR PAIN. UNIT 1 REMOVED BY OWNER.		

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Location

ON CTHH EB 1179 FT W OF LYNDON RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.618909726	Longitude -89.853443925
	X Coordinate 269763.71875	Y Coordinate 4833504
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event CULVERT	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OTHER FIXED OBJECT		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				

Vehicle

UNIT	VEHICLE	License Plate Number 869ZED	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2G4WB52K231155203	Make BUICK	Year 2003	Model REGAL LS
		Color BRZ - BRONZE	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE		
Extent Of Damage FUNCTIONAL DAMAGE					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		TIRES	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name JAMIE L HENRIKSEN (608) 403-2568		Owner Address 2103 W 10TH LN ADAMS, WI 53910 , US	
	Sequence Of Events			
01	01	Event CULVERT		
	02	Event OTHER FIXED OBJECT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ALLSTATE-INS-CO		Individual MERIDETH HENRIKSEN	
UNIT INDIVIDUAL	Individual			
	Driver MERIDETH ROSE HENRIKSEN (608) 403-2568		Citations Issued 0	Sex FEMALE
	Address 2103 W 10TH LN ADAMS, WI 53910 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	Trapped/Extricated NOT TRAPPED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
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				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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					
		Individual					
		Passenger MEEGAN M TORKELSON (608) 432-6867			Citations Issued 0	Sex FEMALE	
		Address 920 RACE ST APT 415 WISCONSIN DELLS, WI 53965 , US			Date of Birth	Race WHITE	
		Driver License Number					
		Safety Equipment		On Duty Crash	Safety Equipment		
Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT					
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
01	002	Injury		Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED		
		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					
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT INDIVIDUAL 01 002	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		