

6TL0D942B9
23-13895

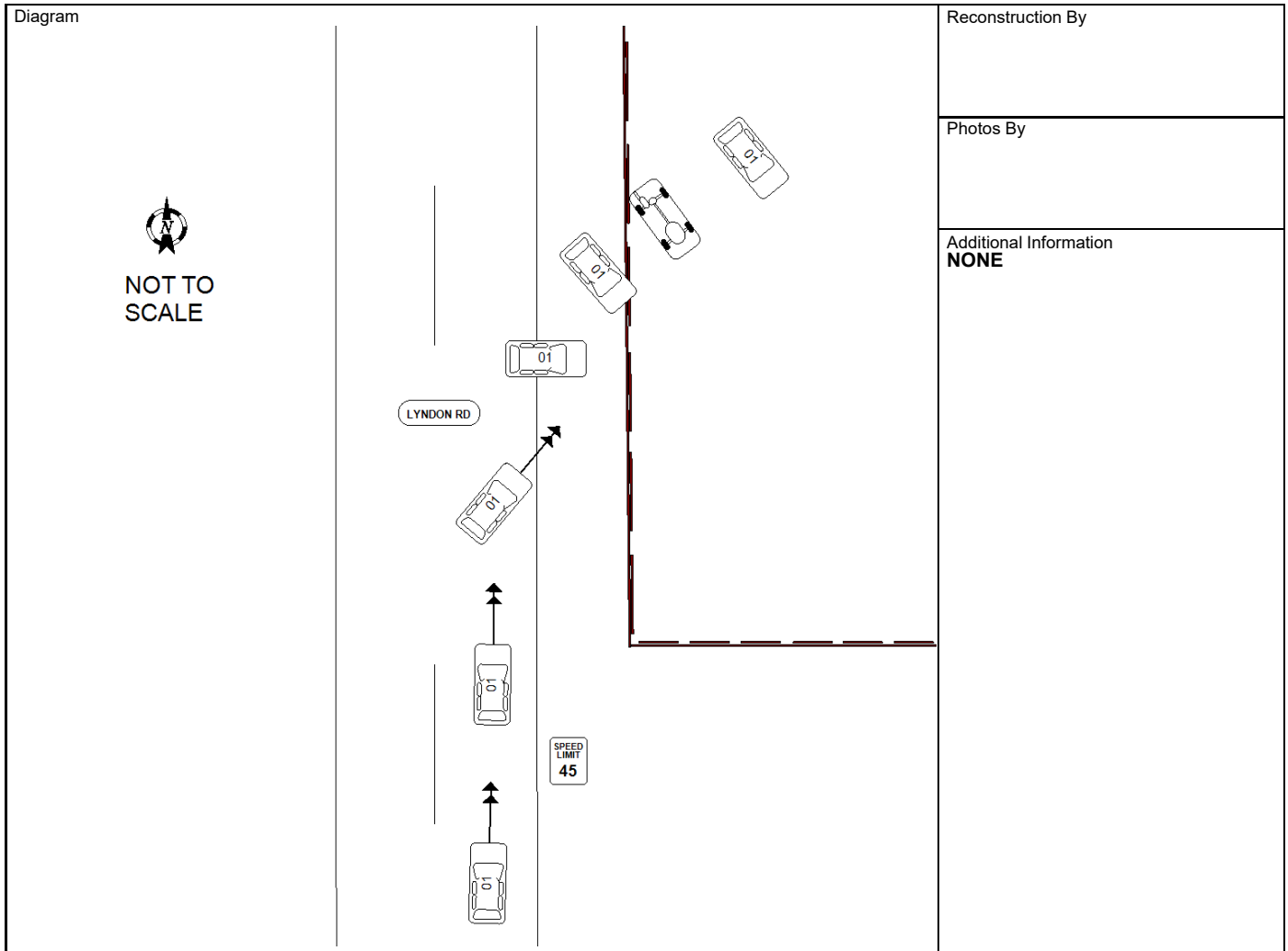
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 23-13895	Investigating Officer/Deputy DEPUTY M. PETERSON	
Crash Date 12/31/2023		Crash Time 09:01 PM	Date Arrived 12/31/2023	Time Arrived 09:53 PM	
Date Notified 12/31/2023		Time Notified 09:04 PM	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



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

UNIT 1 WAS TRAVELING NORTHBOUND ON LYNDON RD. THE ROADS CONDITIONS WERE ICY DUE TO RECENT SNOW AND RAIN. UNIT 1 LOST CONTROL AND BEGAN SLIDING TO THE EAST DITCH DUE TO THE ROAD CONDITIONS. UNIT 1 ENTERED THE EAST DITCH AND WAS SLIDING NORTHEAST TOWARD THE DRIVER SIDE. UNIT 1 STRUCK A FENCE AND ROLLED OVER, PASSENGER SIDE OVER DRIVER SIDE, ONE AND HALF TIMES. UNIT 1 CAME TO REST ON THE PASSENGER SIDE FACING SOUTH EAST. UNIT 1 OPERATOR REPORTED NO INJURIES AND WAS WEARING A SEATBELT. UNIT 1 FRONT SEAT PASSENGER REPORTED A HEAD INJURY AND WEARING A SEATBELT. THE PASSENGER WAS TRANSPORTED TO ST. CLARE HOSPITAL BY DELLS DELTON EMS FOR HER INJURIES. THE VEHICLE SUSTAINED DISABLING DAMAGE AND WAS TOWED BY PLATTS TOWING. UNIT 1 OPERATOR WAS ISSUED A CITATION FOR DRIVING TOO FAST FOR CONDITIONS. ALL PARENTS WERE CONTACTED AND NOTIFIED. THE VEHICLE IS INSURED BY PROGRESSIVE INSURANCE.

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Location

ON LYNDON RD 1284 FT S OF BERRY RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.597873154	Longitude -89.847435245
	X Coordinate 270168.40625	Y Coordinate 4831151
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event FENCE	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) ICE	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 01	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 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With FENCE	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 DOWNHILL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number ARY5413	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1J4FA49S42P750220	Make JEEP	Year 2002	Model WRANGLER /
	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage		
Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS			



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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions SPEED TOO FAST/COND		
01	01	Owner Name JUSTIN LUKOWSKI (608) 697-1913	Owner Address 404 N MAIN ST PARDEEVILLE, WI 53954 , US	
Sequence Of Events				
	01	Event RUN OFF ROADWAY RIGHT		
	02	Event FENCE		
	03	Event OVERTURN/ROLLOVER		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual JUSTIN LUKOWSKI		
UNIT	Individual			
	Driver CHLOE LUKOWSKI (608) 697-1913	Citations Issued 1	Sex FEMALE	
		Date of Birth	Race WHITE	
	Address 404 N MAIN ST PARDEEVILLE, WI 53954 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Safety Equipment		On Duty Crash
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity NO APPARENT 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 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 KIERA WESTBURY			Citations Issued 0	Sex FEMALE	
					Date of Birth	Race	
		Address 214 MORTON ST PARDEEVILLE, WI 53954 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	002	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
Injury				Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED		
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED			
Medical Transport EMS GROUND				EMS Agency Identifier 6000123	EMS Run #		
Hospital ST CLARE HOSP				Date of Death	Time of Death		
Distracted By				Distracted By Source			
Distracted By Action							
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL				
	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				
	Violations				
01	002	UTC Number BG943664	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS