

6TL0DDT5Q1

25-03976

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0DDT5Q1

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| Document Number Override 6TL0FQBC3G | | Primary Crash Document # | | Agency Crash Number 25-03976 | | Investigating Officer/Deputy DEPUTY J. MACASKILL | |
| Crash Date 04/26/2025 | | Crash Time 04:15 PM | | Date Arrived 04/26/2025 | | Time Arrived 04:27 PM | |
| Date Notified 04/26/2025 | | Time Notified 04:18 PM | | Total Units 02 | | 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 checked="" type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

Diagram



Not Drawn to scale.

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.

ON 4/26/25 AT APPROXIMATELY 1615, UNIT 2 WAS DRIVING WESTBOUND ON CTH H NEAR COON BLUFF RD. UNIT 2 STATED THEY TURNED THEIR LEFT HAND TURN SIGNAL ON AND BEGAN TO SLOW DOWN TO TURN SOUTHBOUND ONTO COON BLUFF RD. UNIT 1 WAS DRIVING BEHIND UNIT 2 HEADING WESTBOUND ON CTH H. OPERATOR OF UNIT 1 STATED THEY DID NOT SEE A TURN SIGNAL AND BELIEVED UNIT 2 WAS SLOWING TO TURN RIGHT ONTO COON BLUFF RD. UNIT 1 CROSSED THE CENTERLINE NEAR THE INTERSECTION TO PASS UNIT 2 ON THE LEFT. WHEN UNIT 2 TURNED LEFT ONTO COON BLUFF RD, UNIT 1 STRUCK THE REAR OF UNIT 2. UNIT 2 CAME TO REST ON COON BLUFF RD AND UNIT 1 CAME TO REST ON CTH H JUST WEST OF COON BLUFF RD.

TO CORRECT TIME OF CRASH AND NOTIFICATION TO PM AND NOT AM

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Location

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| INTERSECTION ON CTHH AT COON BLUFF RD IN THE TOWN OF DELLONA IN SAUK COUNTY | Latitude 43.61606668 | Longitude -89.867781941 |
| | X Coordinate 268595.875 | Y Coordinate 4833228 |
| | Structure Type | |

Crash Scene

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|---|--|---|---------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 03 - FRONT TO REAR | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) CLEAR | | | |
| 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 INTERSECTION | Intersection Type FOUR-WAY INTERSECTION | |

Unit Summary

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| UNIT | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | | | | | | | | | | | | | | | | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | Operating As Endorsements | | | | | | | | | | | | | | | | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | | | | | | | | | | | | | | | | | |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 | | | | | | | | | | | | | | | | | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | 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 | | | | | | | | | | | | | | | | | | | | | |
| | Vehicle <table border="1"> <tr> <td>License Plate Number 0IGHIR</td> <td>Plate Type LTK</td> <td>St WI</td> <td>Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number 1FTFX1ET2EFA60025</td> <td>Make FORD</td> <td>Year 2014</td> <td>Model F150</td> </tr> <tr> <td>Color BLU - BLUE</td> <td colspan="2">Body Style PK - PICKUP</td> <td>Bus Use</td> </tr> <tr> <td colspan="2">Initial Contact Point 11 - LEFT FRONT CORNER</td> <td colspan="2"></td> </tr> </table> | | | | | | License Plate Number 0IGHIR | Plate Type LTK | St WI | Country of Issuance UNITED STATES | Vehicle Identification Number 1FTFX1ET2EFA60025 | Make FORD | Year 2014 | Model F150 | Color BLU - BLUE | Body Style PK - PICKUP | | Bus Use | Initial Contact Point 11 - LEFT FRONT CORNER | | | |
| | License Plate Number 0IGHIR | Plate Type LTK | St WI | Country of Issuance UNITED STATES | | | | | | | | | | | | | | | | | | |
| Vehicle Identification Number 1FTFX1ET2EFA60025 | Make FORD | Year 2014 | Model F150 | | | | | | | | | | | | | | | | | | | |
| Color BLU - BLUE | Body Style PK - PICKUP | | Bus Use | | | | | | | | | | | | | | | | | | | |
| Initial Contact Point 11 - LEFT FRONT CORNER | | | | | | | | | | | | | | | | | | | | | | |

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|------|------------|---|---|--|--|
| UNIT | VEHICLE | Vehicle Damage | | | |
| | | Extent Of Damage DISABLING DAMAGE | 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By CRAIGS TOWING | | |
| | | What Driver Was Doing OVERTAKE LEFT | Vehicle Factors | | |
| UNIT | VEHICLE | Driver Prior Action Other | NOT APPLICABLE | | |
| | | Driver Actions FAILED TO YIELD RIGHT-OF-WAY | | | |
| | | Owner Name LOGAN HENNLICH (414) 526-3109 | Owner Address 506 E COOK ST PORTAGE, WI 53901 , US | | |
| | | Sequence Of Events | | | |
| UNIT | VEHICLE | Event CROSS CENTERLINE | | | |
| | | Event MOTOR VEH IN TRANSPORT | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | VEHICLE | Policy Holder | | | |
| | | Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO | INDIVIDUAL LOGAN HENNLICH | | |
| | | Individual | | | |
| | | DRIVER LOGAN HENNLICH (414) 526-3109 | Citations Issued 1 | Sex MALE | |
| UNIT | INDIVIDUAL | Date of Birth | Race WHITE | | |
| | | Address 506 E COOK ST PORTAGE, WI 53901 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | | Safety Equipment | | | |
| | | On Duty Crash | Safety Equipment SHOULDER & LAP BELT | | |
| UNIT | INDIVIDUAL | Row 01 - FRONT ROW | Seat Position 07 - LEFT | | |
| | | Helmet Use | Helmet Compliance | | |
| | | Eye Protection | Tint Compliance | | |
| | | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |
| UNIT | INDIVIDUAL | 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 | |
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|--|---|-------------------------|--|---|
| UNIT INDIVIDUAL 01 001 | Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | |
| | Distracted By Action NOT DISTRACTED | | | |
| | 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 | | | | |
| Violations | | | | |
| 01 | UTC Number BM655016 | Issue To? 001 | Statute Number 346.10(2) | Description PASSING AT INTERSECTION |

Unit Summary

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|---|---|---|---|----------------------------|--|---|--|
| UNIT 02 | 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 MOTOR VEH IN TRANSPORT | | 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 | | | | | | |
| | Vehicle | | | | | | |
| | 02 | License Plate Number AYA3913 | | Plate Type AUT | St WI | Country of Issuance UNITED STATES | |
| Vehicle Identification Number 1G1ZG57K594251571 | | Make CHEV | Year 2009 | Model MALIBU | | | |

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|------|---------|---|--|---------|--|
| UNIT | VEHICLE | Color WHI - WHITE | Body Style SD - SEDAN | Bus Use | |
| | | Initial Contact Point 06 - REAR | Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR | | |
| | | Extent Of Damage DISABLING DAMAGE | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By CRAIGS TOWING | | |
| | | What Driver Was Doing LEFT TURN | Vehicle Factors NOT APPLICABLE | | |
| UNIT | VEHICLE | Driver Prior Action Other | | | |
| | | Driver Actions NO CONTRIBUTING ACTION | | | |
| 02 | 02 | Owner Name BROOKE HENKELMAN (608) 572-0587 | Owner Address 425 VINCE ST # 1 PARDEEVILLE, WI 53954 , US | | |
| | | Sequence Of Events | | | |
| UNIT | 01 | Event MOTOR VEH IN TRANSPORT | | | |
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6TL0DDT5Q1

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CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
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|---|---|--|--|--|---------------------------------|--|
| UNIT INDIVIDUAL 02 002 | Hospital | | Date of Death | | Time of Death | |
| | Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | |
| | Distracted By Action NOT DISTRACTED | | | | | |
| | 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 | | | | | | |