

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

6TL0FSSFC8

Document Number Override		Primary Crash Document #	Agency Crash Number <b>26-02334</b>	Investigating Officer/Deputy <b>DEPUTY Z. DRILL</b>	
Crash Date <b>03/08/2026</b>		Crash Time <b>02:20 PM</b>	Date Arrived <b>03/08/2026</b>	Time Arrived <b>02:41 PM</b>	
Date Notified <b>03/08/2026</b>		Time Notified <b>02:23 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  NOT TO SCALE  	Reconstruction By
	Photos By <b>DEPUTY DRILL</b>
	Additional Information <b>PHOTOS</b>

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

UNIT ONE DRIVING SOUTH ON HWY 113. UNIT TWO TRAVELING NORTH ON HWY 113. AS THE VEHICLES APPROACHED ONE ANOTHER, THE REAR DRIVER SIDE TIRE FROM UNIT TWO SUFFERED CATASTROPHIC FAILURE AND THE TIRE BROKE OFF OF THE HUB ASSEMBLY. THE TIRE THEN STRUCK THE FRONT DRIVER SIDE QUARTER PANEL OF UNIT ONE CAUSING FUNCTIONAL DAMAGE. UNIT ONE REMOVED FROM THE SCENE BY OPERATOR. UNIT TWO WAS TOWED BY CRAIGS TOWING. PHOTOGRAPHS TAKEN AND CASE NUMBERS GIVEN TO BOTH DRIVERS NO INJURIES REPORTED. DRIVER/OWNER OF UNIT TWO BOUGHT THE VEHICLE WITHIN THE LAST 24 HOURS. ADVISED TO MAKE INSURANCE COMPANY AWARE OF THE ACCIDENT AND COMPLETE PAPERWORK WITH DMV ON MONDAY 3/9/2026 ONCE THEY ARE OPEN, DUE TO THE VEHICLE BEING PURCHASED ON THE WEEKEND.

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

Location

ON STH113 SB 822 FT S OF HALWEG RD IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude <b>43.392153126</b>	Longitude <b>-89.67571557</b>
	X Coordinate <b>283294.40625</b>	Y Coordinate <b>4807842</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>06 - SIDESWIPE/OPPOSITE DIRECTION</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

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>2</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>CARGO/EQUIPMENT LOSS OR SHIFT</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>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>118SSV</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JM3TB3CA9B0323177</b>	Make <b>MAZD</b>	Year <b>2011</b>	Model <b>CX-9</b>
	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>KIMBERLEE HENDRICKSON</b>		Owner Address <b>W9015 BLACK OTTER CT HORTONVILLE, WI 54944 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>CARGO/EQUIPMENT LOSS OR SHIFT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>GEICO-ADVANTAGE-INSURANCE-CO</b>		INDIVIDUAL <b>CONNOR HENDRICKSON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>CONNOR HENDRICKSON (920) 257-6847</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>W9015 BLACK OTTER CT HORTONVILLE, WI 54944 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <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		EMS Run #
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>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>001</b>	<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>Individual</b>						
		PASSENGER <b>SYDNEY TOBIN</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
					Date of Birth	Race <b>WHITE</b>		
		Address <b>723 MCMILLAN RD POYNETTE, WI 53955 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Safety Equipment</b>		On Duty Crash		
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>							
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>01</b>	<b>002</b>			<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <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	EMS Run #	
		Hospital		Date of Death	Time of Death			
		<b>Distracted By</b>		Distracted By Source				
		Distracted By Action						
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location			

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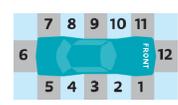
UNIT INDIVIDUAL
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
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 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NORTHBOUND Pre Crash Tire Mark Speed Limit 55 Total Lanes 2
Most Harmful Event: Collision With OTHER NON-COLLISION 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

UNIT 02 VEHICLE 02
License Plate Number WK3538 Plate Type LTK St WI Country of Issuance UNITED STATES
Vehicle Identification Number 3D7KS28C05G763903 Make DODG Year 2005 Model RAM 2500
Color WHI - WHITE Body Style PK - PICKUP Bus Use
Initial Contact Point 00 - NON-COLLISION Vehicle Damage
Extent Of Damage DISABLING DAMAGE 08 - LEFT SIDE REAR, 14 - UNDERCARRIAGE
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE Vehicle Removed By CRAIGS TOWING
What Driver Was Doing GOING STRAIGHT



WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	UNKNOWN
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name RYLAN TAYLOR (608) 643-9899	Owner Address E12781 WEST POINT DR MERRIMAC, WI 53561 , US
UNIT 02	<b>Sequence Of Events</b>	
	01	Event MOTOR VEH IN TRANSPORT
	02	Event CARGO/EQUIPMENT LOSS OR SHIFT
	03	Event MOTOR VEH IN TRANSPORT
	04	Event
UNIT	<b>Policy Holder</b>	
	Insurance Company WISCONSIN-MUTUAL-INS-CO	INDIVIDUAL RYLAN TAYLOR
UNIT INDIVIDUAL	<b>Individual</b>	
	DRIVER RYLAN TAYLOR (608) 643-9899	Citations Issued 0
		Sex MALE
		Date of Birth Race WHITE
	Address E12781 WEST POINT DR MERRIMAC, WI 53561 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
UNIT 02	<b>Safety Equipment</b>	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	
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
<b>Distracted By</b>		
Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED		
<b>Non Motorist</b>		
Striking Unit #	Location	

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UNIT	INDIVIDUAL			
	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>			
	02	003		