

6TL0DRXHKT
24-13952

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 24-13952		Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 12/22/2024		Crash Time 08:46 AM		Date Arrived 12/22/2024		Time Arrived 09:32 AM	
Date Notified 12/22/2024		Time Notified 08:46 AM		Total Units 01		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 type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram <p style="text-align: center;">Not to Scale</p>	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.

UNIT 1 WAS TRAVELING EASTBOUND ON USH 14 IN THE TOWNSHIP OF SPRING GREEN. UNIT 1 HEARD A LOUD NOISE AND THEN NOTICED SMOKE COMING FROM THE HOOD AREA OF THE VEHICLE. UNIT 1 PULLED OFF THE SIDE OF THE ROAD AND LIFTED THE HOOD OF THE CAR. UNIT 1 OBSERVED FLAMES ONCE OPENING THE HOOD. UNIT 1 THEN BECAME ENGULFED IN FLAMES.

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Location

ON USH14 EB 112 FT W OF DYKE RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189631809	Longitude -90.133733653
	X Coordinate 245353.234375	Y Coordinate 4786642
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event FIRE/EXPLOSION	First Harmful Event Location ON ROADWAY	
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) 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 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 3	Train/Bus # Recorded	Total # Citations Issued 0	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 FIRE/EXPLOSION	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				

UNIT	Vehicle				
	VEHICLE	License Plate Number AHS8864	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JTDKN3DU8B5367839	Make TOYT	Year 2011	Model PRIUS
		Color SIL - SILVER (ALUMINUM)	Body Style HB - HATCHBACK		Bus Use
		Initial Contact Point 00 - NON-COLLISION	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	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		OTHER	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name HIDIE IHM (608) 572-5744		Owner Address 806 17TH ST MOSINEE, WI 54455 , US	
	Sequence Of Events			
01	01	Event FIRE/EXPLOSION		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO		INDIVIDUAL HIDIE IHM	
UNIT INDIVIDUAL	Individual			
	DRIVER HIDIE IHM (608) 572-5744		Citations Issued 0	Sex FEMALE
	Address 806 17TH ST MOSINEE, WI 54455 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED		
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
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					
01	001	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					
		Individual					
		PASSENGER LEXII FLANSBURGH (608) 632-7432			Citations Issued 0	Sex FEMALE	
		Date of Birth			Race WHITE		
Address 909 VALLEY STREET BOSCOBEL, WI 53805 , US			Driver License Number				
01	002	Safety Equipment		On Duty Crash			
		Safety Equipment		SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT		Helmet Compliance		
		Helmet Use		Tint Compliance		Eye Protection	
		Eye Protection		Airbag NON DEPLOYED		Injury Severity NO APPARENT INJURY	
		Injury		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
		Ejected NOT EJECTED		EMS Agency Identifier		EMS Run #	
Medical Transport NOT TRANSPORTED		Date of Death		Time of Death			
Hospital		Distracted By Source					
Distracted By							
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	002	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 KAYDEN HAESSLY (608) 632-0723		Citations Issued 0	Sex MALE
				Date of Birth	Race WHITE
		Address 801 E BLUFF STREET BOSCOBEL, WI 53805 , US		Driver License Number	
		01	003	Safety Equipment	On Duty Crash
Row 02 - SECOND ROW	Seat Position 09 - RIGHT				
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				
Distracted By Action					
Non Motorist	Striking Unit #	Location			
Prior Action					

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UNIT INDIVIDUAL 01 003	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		