

6TL0F3SSHS  
25-02039

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0F3SSHS

Document Number Override		Primary Crash Document #		Agency Crash Number <b>25-02039</b>		Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>03/05/2025</b>		Crash Time <b>08:11 AM</b>		Date Arrived <b>03/05/2025</b>		Time Arrived <b>08:14 AM</b>	
Date Notified <b>03/05/2025</b>		Time Notified <b>08:14 AM</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

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

U2 WAS TRAVELING EASTBOUND ON CH P NEAR LYNDON RD WHEN U1 WAS SOUTH BOUND ON LYNDON RD APPROACHING CH P. WHEN U1 APPROACHED THE INTERSECTION, THE VEHICLE WAS UNABLE TO COME TO STOP DUE TO THE DOWNHILL WITH ICE/SNOW MIX ON THE ROADWAY. U1 PROCEEDED THROUGH THE INTERSECTION AND STRUCK U2. ALL OCCUPANTS DENIED INJURIES. U1 WAS REMOVED FROM THE SCENE BY OPERATOR AND U2 WAS REMOVED BY PLATT'S TOWING. U1 OPERATOR WAS CITED FOR OPERATING VEHICLE TOO FAST FOR CONDITIONS.

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Location

ON CTHP 52 FT E OF LYNDON RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude <b>43.590714051</b>	Longitude <b>-89.847147027</b>
	X Coordinate <b>270164.40625</b>	Y Coordinate <b>4830355</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>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW</b>	Roadway Factor(s) <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</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>INTERSECTION-RELATED</b>	Intersection Type <b>T-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>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</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 CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>AYH2271</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1N4BL4BV0MN367544</b>	Make <b>NISS</b>	Year <b>2021</b>	Model <b>ALTIMA</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>12 - FRONT</b>		
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>SPEED TOO FAST/COND</b>			
01	01	Owner Name <b>MEEGAN TORKELESON (608) 404-0272</b>	Owner Address <b>400 S MAIN ST #1 NECEDAH, WI 54646 , US</b>		
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
01	01	<b>Policy Holder</b>			
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	INDIVIDUAL <b>MEEGAN TORKELESON</b>		
		<b>Individual</b>			
		DRIVER <b>MEEGAN TORKELESON (608) 404-0272</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
01	01	Date of Birth	Race <b>WHITE</b>		
		Address <b>400 S MAIN ST #1 NECEDAH, WI 54646 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>		Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
01	01	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>	
01	01	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death	Time of Death	
		<b>Distracted By</b>			
01	01	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>RILEY GRANGER</b> <b>(608) 613-0531</b>			Citations Issued <b>0</b>	Sex <b>MALE</b>	
					Date of Birth	Race <b>WHITE</b>	
		Address <b>400 S MAIN ST #1</b> <b>NECEDAH, WI 54646 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>01</b>	<b>002</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>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
01	002	<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>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		PASSENGER <b>TAYLOR DENMAN</b> <b>(608) 415-9790</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race	
		Address <b>1820 HUNTINGTON PARK DR APT 11</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	003	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</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			
Distracted By Action				
<b>Non Motorist</b>	Striking Unit #	Location		
Prior Action				

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UNIT	INDIVIDUAL	Action						
		Action Other			To/From School			
	01	003	<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>Violations</b>					
			01	01	UTC Number <b>BK261580</b>	Issue To? <b>001</b>	Statute Number <b>346.57(3)</b>	Description <b>DRIVING TOO FAST FOR CONDITIONS</b>

Unit Summary

UNIT	02	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>1</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>EASTBOUND</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>MOTOR VEH IN TRANSPORT</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>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

UNIT	02	<b>Vehicle</b>			
		License Plate Number <b>933BFNV</b>	Plate Type <b>AUT</b>	St <b>TN</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>JN8AS5MTXBW182407</b>	Make <b>NISS</b>	Year <b>2011</b>	Model <b>RGE</b>
		Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage <b>08 - LEFT SIDE REAR</b>		
		Extent Of Damage <b>DISABLING DAMAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>PLATTS WRECKER</b>	
	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>			
02	Owner Name <b>M SCOTT PATTY</b>		Owner Address <b>3167 HAPPY HOLLOW RD SEVIERVILLE, TN 37862 , US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
02	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U</b>		INDIVIDUAL <b>M PATTY</b>	
	<b>Individual</b>			
	DRIVER <b>MICHAEL PATTY (865) 654-4886</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
Address <b>3167 HAPPY HOLLOW RD SEVIERVILLE, TN 37862 8123, US</b>		Date of Birth	Race	
On Duty Crash		Driver License Number <b>STATE: TENNESSEE COUNTRY: UNITED STATES</b>		
03	<b>Safety Equipment</b>		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	
04	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<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	
02	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>02</b>	<b>004</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>			