

6TL09B7D9N
18-14427

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 18-14427	Investigating Officer/Deputy DEPUTY A. MEEKER	
Crash Date 12/28/2018		Crash Time 09:03 PM	Date Arrived 12/28/2018	Time Arrived 09:58 PM	
Date Notified 12/28/2018		Time Notified 09:05 PM	Total Units 03	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

<p>Diagram</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 3 WAS LEGALLY PARKED. UNIT 1 WAS LEAVING THE LOBBY AREA, SLID DOWN THE HILL ON ICE, AND STRUCK UNIT 3. UNIT 1 THEN PARKED HIS VEHICLE TO LEAVE INFORMATION ON UNIT 3 AND WAS STRUCK BY UNIT 2 WHO ALSO SLID DOWN THE HILL DUE TO THE ICE.

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Location

PARKING LOT BLUFF RD LOT S6330 (OTHER S6330) IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude	Longitude
	43.417447928	-89.626395086
	X Coordinate	Y Coordinate
	287377.5625	4810524
Structure Type		OTHER

Crash Scene

First Harmful Event	First Harmful Event Location	
PARKED MOTOR VEHICLE	OFF ROADWAY, LOCATION UNKNOWN	
Manner of Collision	Light Condition	
03--FRONT TO FRONT	DARK/LIGHTED	
Road Surface Condition(s)	Roadway Factor(s)	
WET, SNOW, ICE	ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s)		
WEATHER CONDITIONS		
Weather Condition(s)	Relation To Trafficway	
CLOUDY, SNOW	NON TRAFFICWAY - PARKING LOT	
Animal Type	Crash Classification - Jurisdiction	
Crash Classification - Location	PRIVATE PROPERTY	
PRIVATE PROPERTY	Access Control	Special Study
Tribal Land	NO CONTROL	
Within Interchange Area	Junction Location	Intersection Type
NO	NON-JUNCTION	NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status	Vehicle Operating As Classification		Unit Type		
	IN TRANSIT	D CLASS		AUTOMOBILE		
	Vehicle Type	Operating As Endorsements				
	PASSENGER CAR					
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
	01		0	0	0	
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes	
	YES	NOT ON ROADWAY		N/A	1	
	Most Harmful Event: Collision With	Special Function		Emergency Motor Vehicle Use		
	PARKED MOTOR VEHICLE	NO SPECIAL FUNCTION		NOT APPLICABLE		
Traffic Way	Traffic Control		Traffic Control Inoperative/Missing			
TWO-WAY, NOT DIVIDED	NO CONTROL		NO			
Surface Type	Road Curvature		Road Grade			
BLACKTOP (BITUMINOUS)	CURVE RIGHT		DOWNHILL			
Truck Bus or HazMat	NO					

UNIT 01	Vehicle				
	01	License Plate Number	Plate Type	St	Country of Issuance
		40933US	AUT - AUTOMOBILE	IL	UNITED STATES
	VEHICLE	Vehicle Identification Number	Make	Year	Model
		1C4BJWDG2DL661047	JEEP	2013	WRANGLER
Color		Body Style	Bus Use		
YEL - YELLOW	UT - SPORT UTILITY VEHICLE	NOT A BUS			
	Initial Contact Point	Vehicle Damage			
	12--FRONT	6--REAR, 12--FRONT			
	Extent Of Damage				
	MINOR DAMAGE				

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	01	Owner Name CASEY M KEENAN (312) 489-6560		Owner Address 659 W RANDOLPH ST UNIT 1217 CHICAGO, IL 60661 , US	
		Sequence Of Events			
UNIT VEHICLE	01	Event PARKED MOTOR VEHICLE			
	02	Event MOTOR VEH IN TRANSPORT			
	03	Event			
	04	Event			
UNIT VEHICLE	Policy Holder				
	Insurance Company USAA-GENERAL-INDEMNITY-CO		Individual CASEY KEENAN		
UNIT INDIVIDUAL	Individual				
	Driver CASEY M KEENAN (312) 489-6560		Citations Issued 0	Sex MALE	
	Address 659 W RANDOLPH ST UNIT 1217 CHICAGO, IL 60661 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	01	001	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 NOT DISTRACTED					

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UNIT	INDIVIDUAL	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					

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE						
		Vehicle Type PASSENGER CAR				Operating As Endorsements						
	Total Occs 02		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
	Insurance? YES		Direction Of Travel NOT ON ROADWAY		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit N/A		Total Lanes 1			
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE				Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way PARKING LOT OR PRIVATE PROPERTY				Traffic Control NO CONTROL				Traffic Control Inoperative/Missing NO			
	Surface Type BLACKTOP (BITUMINOUS)				Road Curvature CURVE RIGHT				Road Grade DOWNHILL			
	Truck Bus or HazMat NO											

UNIT	VEHICLE	Vehicle							
		License Plate Number AM75728		Plate Type AUT - AUTOMOBILE		St IL		Country of Issuance UNITED STATES	
		Vehicle Identification Number 2T1BURHE5HC912433		Make TOYOTA		Year 2017		Model CAROLLA	
		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR				Bus Use NOT A BUS	
		Initial Contact Point 12--FRONT		Vehicle Damage 12--FRONT					
		Extent Of Damage MINOR DAMAGE							
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR					

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name CHRISTINA M THOMAS (217) 801-8727		Owner Address 85 ISLAND BAY LANE SPRINGFIELD, IL 62712 9526, US	
UNIT 02	Sequence Of Events			
	01	Event PARKED MOTOR VEHICLE		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company SHELTER-GENERAL-INS-CO		Individual CHRISTINA THOMAS	
	Individual			
UNIT INDIVIDUAL	Driver EVAN K SALATHE (224) 392-5105		Citations Issued 0	Sex MALE
	Address 3850 LAKE CLEARWATER PL APT626 INDIANAPOLIS, IN 46240 7737, US		Date of Birth	Race WHITE
			Driver License Number STATE: INDIANA COUNTRY: UNITED STATES	
UNIT 02	Safety Equipment		On Duty Crash	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		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		
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
02	002	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 CHRISTINA M THOMAS (217) 801-8727	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address 85 ISLAND BAY LANE SPRINGFIELD, IL 62712 9526, US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
02	003	Safety Equipment	On Duty Crash	Safety Equipment	
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	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				
Distracted By Action					
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

Unit Summary

UNIT 03
Unit Status LEGALLY PARKED Vehicle Operating As Classification D CLASS Unit Type TRUCK
Vehicle Type UTILITY TRUCK/PICKUP TRUCK Operating As Endorsements
Total Occs 0 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel NOT ON ROADWAY Pre Crash Tire Mark Speed Limit N/A Total Lanes 1
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way PARKING LOT OR PRIVATE PROPERTY Traffic Control NO CONTROL Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature UNKNOWN Road Grade LEVEL
Truck Bus or HazMat NO

UNIT 03 VEHICLE
Vehicle
License Plate Number 6KT242 Plate Type LTK - LIGHT TRUCK St MO Country of Issuance UNITED STATES
Vehicle Identification Number 1FTFW1EV3AFA56239 Make FORD Year 2010 Model F150
Color SIL - SILVER (ALUMINUM) Body Style TK - TRUCK Bus Use NOT A BUS
Initial Contact Point 12--FRONT Vehicle Damage
Extent Of Damage MINOR DAMAGE 12--FRONT
Towed Due To Damage NOT TOWED Vehicle Removed By OWNER
What Driver Was Doing LEGALLY PARKED

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UNIT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
03	Owner Name ROGER D VANDEZANDE (630) 508-2624	Owner Address 402 MUSTANG DR ASHLAND, MO 65010 , US
	Sequence Of Events	
04	01 Event MOTOR VEH IN TRANSPORT	
	02 Event	
	03 Event	
	04 Event	
UNIT	Policy Holder	
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual ROGER VANDEZANDE