WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Time 0/14/82/019 0/4-15 PM 0/4-1	Document Number Overrid	de Primary Crash	Document #	Agency 19-007	Crash Number '59	Investigating DEPUTY I			
Photos By Additional Information Reconstruction By							1		
Photos By Additional Information Reconstruction By					nits	1			
Photos By Additional Information Reconstruction By	On Emergency	Hit and Run	Lane Close	ure	☐ Work Zone	Trailer	or Towe	ed	Reporting Threshold
Description Reconstruction By Photos By Photos By I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 1 WAS SOUTH ON COONBLUFF ROAD, UNIT 1 STATED HE SAW THE STOP SIGN AND WAS TRYING TO STOP. DUE TO SNOW AND ICE ON THE	1 1 1	Active So	chool Zone		Bus Related	Tags		·	
Photos By Additional Information NONE STOP Additional Information NONE STOP I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT'I WAS SOUTH ON COONBLUFF ROAD, UNIT'I STATED HE SAW THE STOP SIGN AND WAS TRYING TO STOP. DUE TO SNOW AND ICE ON THE	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	- 1)		Ameno	led		
Photos By Additional Information NONE STOP I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 1 WAS SOUTH ON COONBUUF ROAD, UNIT 1 STATED HE SAW THE STOP SIGN AND WAS TRYING TO STOP. DUE TO SNOW AND ICE ON THE								5	
not scale I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 1 WAS SOUTH ON COONBLUFF ROAD, UNIT 1 STATED HE SAW THE STOP SIGN AND WAS TRYING TO STOP. DUE TO SNOW AND ICE ON THE	Nagram		10						
Scale I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. UNIT 1 WAS SOUTH ON COONBLUFF ROAD. UNIT 1 STATED HE SAW THE STOP SIGN AND WAS TRYING TO STOP. DUE TO SNOW AND ICE ON THE	2)		2			on
UNIT 1 WAS SOUTH ON COONBLUFF ROAD. UNIT 1 STATED HE SAW THE STOP SIGN AND WAS TRYING TO STOP. DUE TO SNOW AND ICE ON THE			Coon Bluff Rd						
UNIT 1 WAS SOUTH ON COONBLUFF ROAD. UNIT 1 STATED HE SAW THE STOP SIGN AND WAS TRYING TO STOP. DUE TO SNOW AND ICE ON THE	I, a sworn law enfo	orcement officer, agr	ee that I have no	ot added	I any CJIS data in th	is report.	<u> </u>		
TO MEDICAL LINE FOR THE PROPERTY OF THE PROPER	UNIT 1 WAS SOUTH ON	COONBLUFF ROAD. UN	IT 1 STATED HE S	SAW THE	STOP SIGN AND WAS	TRYING TO STO			

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	Location =							
	ON COON BLUFF RD			Latitude			Longitud	de
	81 FT S			43.5905	55652		-89.867	' 390583
	OF CTHP SB			X Coordir	nate		Y Coord	linate
	IN THE TOWN OF DE	LLONA		268529.	59375		483039	3.5
	IN OAOR COORT			Structure	Туре		I.	
	Crash Scene							
	First Harmful Event			First Harr	mful Event L	ocation		
	MOTOR VEH IN TRAI	NSPORT		ON ROA	ADWAY			
	Manner of Collision			Light Cor	ndition			
	08FRONT TO SIDE				DAYLIGHT			
	Road Surface Condition(s)		Roadway	Factor(s)			
	SNOW, SLUSH, ICE							
	Environment Factor(s)							
	WEATHER CONDITION	NS		NONE				
	Weather Condition(s)							
	SNOW							
	Animal Type			Relation	To Trafficwa	ay		
				TRAFFI	CWAY - C	N ROAD		
	Crash Classification - Loc	ation				Jurisdiction		
	PUBLIC PROPERTY Tribal Land			Access C		RISDICTION		Special Study
	Tribai Land				NO CONTROL		Special Study	
	Within Interchange Area	Junction Location		rsection Type	DOFOTIO	.,		
	NO	INTERSECTION	FO	UR-WAY INTE	RSECTIO	N		
	Unit Summary			A OL ''.'		T		
	Unit Status IN TRANSIT		Vehicle Operating D CLASS	g As Classification	n	Unit Type	DII E	
	Vehicle Type		D CLASS				AUTOMOBILE Operating As Endorsements	
5	PASSENGER CAR							
	Total Occs	Train/Bus # Recorded	Total # Citations	Issued	Total Tra	ilers	Total Haz	Mat Types
	4		0		0		0	
	Insurance?	Direction Of Travel						
LNO	VEC		Pre Cras	hTire	Speed Li	mit	Total Lan	es
_	YES	SOUTHBOUND	☐ Mar		Speed Li		2	
5	Most Harmful Event: Colli	sion With	Special Function	k		Emergency	2 Motor Veh	icle Use
5	Most Harmful Event: Colli	sion With	Special Function NO SPECIAL	k		Emergency NOT APP	2 Motor Veh LICABLE	icle Use
5	Most Harmful Event: Colli	sion With	Special Function NO SPECIAL Traffic Control	k		Emergency NOT APP	2 Motor Veh LICABLE	icle Use
Ś	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way	sion With	Special Function NO SPECIAL Traffic Control STOP SIGN Road Curvature	k		Emergency NOT APP Traffic Cont	Motor Veh LICABLE rol Inopera	icle Use
5	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN	sion With NSPORT	Special Function NO SPECIAL Traffic Control STOP SIGN	k		Emergency NOT APP Traffic Cont	Motor Veh LICABLE rol Inopera	icle Use
Ś	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat	sion With NSPORT	Special Function NO SPECIAL Traffic Control STOP SIGN Road Curvature	k		Emergency NOT APP Traffic Cont NO Road Grade	Motor Veh LICABLE rol Inopera	icle Use
5	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO	sion With NSPORT	Special Function NO SPECIAL Traffic Control STOP SIGN Road Curvature	k		Emergency NOT APP Traffic Cont NO Road Grade	Motor Veh LICABLE rol Inopera	icle Use
5	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO	sion With NSPORT DED NOUS)	Special Function NO SPECIAL Traffic Control STOP SIGN Road Curvature STRAIGHT	k	45	Emergency NOT APP Traffic Cont NO Road Grade LEVEL	2 Motor Veh LICABLE rol Inopera	icle Use
5	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO	sion With NSPORT DED NOUS)	Special Function NO SPECIAL Traffic Control STOP SIGN Road Curvature	FUNCTION		Emergency NOT APP Traffic Cont NO Road Grade	Motor Veh LICABLE rol Inopera	icle Use
	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numb 711TB Vehicle Identification	sion With NSPORT DED NOUS)	Special Function NO SPECIAL Traffic Control STOP SIGN Road Curvature STRAIGHT Plate Type AUT - AUTON Make	FUNCTION	45 St MN Year	Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S	Motor Veh LICABLE rol Inopera	icle Use
01 U	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numb 711TB Vehicle Identification 4T1BF1FK0CU10	sion With NSPORT DED NOUS)	Special Function NO SPECIAL Traffic Control STOP SIGN Road Curvature STRAIGHT Plate Type AUT - AUTON Make TOYOTA	FUNCTION	45 St MN	Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model CAMRY	Motor Veh LICABLE rol Inopera	icle Use
	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numb 711TB Vehicle Identification	sion With NSPORT DED NOUS)	Special Function NO SPECIAL Traffic Control STOP SIGN Road Curvature STRAIGHT Plate Type AUT - AUTON Make	FUNCTION	45 St MN Year	Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S	Motor Veh LICABLE rol Inopera	icle Use
01	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numb 711TB Vehicle Identification 4T1BF1FK0CU10 Color BLK - BLACK Initial Contact Point	sion With NSPORT DED NOUS)	Special Function NO SPECIAL Traffic Control STOP SIGN Road Curvature STRAIGHT Plate Type AUT - AUTON Make TOYOTA Body Style	FUNCTION MOBILE	45 St MN Year	Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S' Model CAMRY Bus Use	Motor Veh LICABLE rol Inopera	icle Use
01	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle License Plate Numb 711TB Vehicle Identification 4T1BF1FK0CU10 Color BLK - BLACK Initial Contact Point	sion With NSPORT DED NOUS)	Plate Type AUT - AUTON Make TOYOTA Body Style 4D - 4DR Vehicle Damage	FUNCTION	45 St MN Year 2012	Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model CAMRY Bus Use NOT A BU	Motor Veh LICABLE rol Inopera	tive/Missing
	Most Harmful Event: Colli MOTOR VEH IN TRAI Traffic Way TWO-WAY, NOT DIVI Surface Type BLACKTOP (BITUMI) Truck Bus or HazMat NO Vehicle License Plate Numb 711TB Vehicle Identification 4T1BF1FK0CU10 Color BLK - BLACK Initial Contact Point	sion With NSPORT DED NOUS) eer n Number 67716	Plate Type AUT - AUTON Make TOYOTA Body Style 4D - 4DR Vehicle Damage	FUNCTION MOBILE	45 St MN Year 2012	Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S Model CAMRY Bus Use NOT A BU	Motor Veh LICABLE rol Inopera	tive/Missing

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		Towed Due To Damage		Vehicle Removed By		
		TOWED DUE TO DISABI	LING DAMAGE	PLATTS WRECKER		
		What Driver Was Doing		Vehicle Factors		
		SLOW/STOPPING		venicle i actors		
				NOT APPLICABLE		
		Driver Prior Action Other		NOT ALL EIGABLE		
		Driver Actions				
		SPEED TOO FAST/CON	ID.			
	LE	SPEED TOO PAST/CON				
L	IC					
5	VEHICL					
	7					
		Owner Name		Owner Address		
_	7	JOHNATHON JAMES MI	EEK	301 SE FREMONT ST	n	
6	01	(507) 410-6313		BROWNSDALE, MN 55918 , U	•	
		Sequence Of Events	3			
		Event				
	01	MOTOR VEH IN TRANSI	PORT			
	2	Event				
	02					
	3	Event				
	03					
	4	Event				
	04					
		Policy Holder				
UNIT		Insurance Company		Individual		
5		PROGRESSIVE-ADVAN	CED-INSURANCE-CO	JOHNATHON MEEK		
		THOUSE CONTENTS	025 1110010 11102 00	OOTHORNION INCLES		
	I	Individual				
	l	Driver	EEV	Citations Issued	Sex	
		Driver JOHNATHON JAMES M	EEK	0	MALE	
		Driver	EEK		MALE Race	
=		Driver JOHNATHON JAMES MI (507) 410-6313	EEK	O Date of Birth	MALE	
UNIT		Driver JOHNATHON JAMES MI (507) 410-6313	EEK	0	MALE Race	
UNIT		Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST		O Date of Birth Driver License Number	MALE Race WHITE	
UNIT	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313		O Date of Birth	MALE Race WHITE	
LIND		Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559	918 , US	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY	MALE Race WHITE	
LINO	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559		O Date of Birth Driver License Number	MALE Race WHITE	
LINIT	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559	918 , US	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment	MALE Race WHITE	
TINO	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position	o18 , US oty Crash	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY	MALE Race WHITE	
TINO	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S	918 , US	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT	MALE Race WHITE	
TINO	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position	o18 , US oty Crash	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment	MALE Race WHITE	
TINO	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use	o18 , US oty Crash	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance	MALE Race WHITE	
TINO	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S	o18 , US oty Crash	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT	MALE Race WHITE	
TINO	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use	oty Crash SIDE (DRIVER/MOTORCY	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	MALE Race WHITE	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection	oty Crash SIDE (DRIVER/MOTORCY	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag	MALE Race WHITE	
UNIT UNIT	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A	Severity PPARENT INJURY	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	MALE Race WHITE T: UNITED STATES	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected	Severity PPARENT INJURY Ejection Path	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE T: UNITED STATES Trapped/Extricated	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED	Severity PPARENT INJURY	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE T: UNITED STATES Trapped/Extricated NOT TRAPPED	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport	Severity PPARENT INJURY Ejection Path	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE T: UNITED STATES Trapped/Extricated	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Severity PPARENT INJURY Ejection Path	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	MALE Race WHITE T: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport	Severity PPARENT INJURY Ejection Path	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	MALE Race WHITE T: UNITED STATES Trapped/Extricated NOT TRAPPED	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 Fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT APP	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	MALE Race WHITE T: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Severity PPARENT INJURY Ejection Path	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	MALE Race WHITE T: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By	Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT APP	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	MALE Race WHITE T: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #	
	INDIVIDUAL	Driver JOHNATHON JAMES MI (507) 410-6313 Address 301 SE FREMONT ST BROWNSDALE, MN 559 fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT APP	O Date of Birth Driver License Number STATE: MINNESOTA COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	MALE Race WHITE T: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #	

Crash Date 01/18/2019

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		<u>_</u>								
		Non Motorist	Striking	Unit #	Location					
		Prior Action								
		Action								
	بِ									
E	INDIVIDUAL									
UNIT	₹									
		Action Other							To/From School	
			Suspec	ted Alcohol U	se	Suspected Drug Use				
		Drug & Alcohol	NO		Alcohol Toot Turo	NO		Alachal Toot Daguita		
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
01	Ξ	Drug Type								
0	001									
		Individual Condition								
		APPEARED NORM	//AL							
	1	L Individual								
		Passenger				Citations Issued		Sex		
	4	JESSICA MAE ME (507) 410-6313	EK			0		FEMALE		
_	INDIVIDUAL	(307) 410-0313				Date of Birth		Race WHITE		
UNIT	\geq	Address 301 SE FREMONT	ST			Driver License Number				
	Z	BROWNSDALE, M		18 , US		STATE: MINNESOTA COUNTRY: UNITED STATES				
			On Duty	v Crash		Safety Equipment				
	Sat	fety Equipment								
		Seat Position 3FRONT SEAT-R	IGHT S	SIDE (TRAI	N ENGINEER	SHOULDER & LAP	BELT			
		Helmet Use		•		Helmet Compliance				
		Eye Protection				Tint Compliance				
	~	L	Injury S	everity		Airbag				
01	005	Injury	NO AF	PARENT I	NJURY	NON DEPLOYED				
		Ejected NOT EJECTED		Ejection Pa	th CTED/NOT APPL	ICABI F		Trapped/Extricated NOT TRAPPED		
		Medical Transport		1101 202	OTED/NOT ALLE	EMS Agency Identifier		EMS Run #		
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death		
		Поѕрна				Date of Death		Time of Death		
		Distracted By	Distract	ed By Source	•					
		Distracted By Action								
			Striking	Unit #	Location					
		Non Motorist	9							

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		Prior Action						
		Action						
	INDIVIDUAL							
LNO	חם							
5	Σ							
	N							
		Action Other						To/From School
		Action Other						TO/TTOITI OCTION
		D 0. Al1	Suspected Alcohol U	se	Suspected Drug Use			
	L	Drug & Alcohol	NO		NO			
		Alcohol Test Given		Alcohol Test Type	9		Alcohol Test Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Results		
		Drug Test Given TEST NOT GIVEN				Drug root roound		
10	002	Drug Type		l		l		
0	Ŏ							
		Individual Condition						
		APPEARED NORM	ıAI					
		AIT LAKED NOKI	AL					
	i	Individual						
		Passenger	FF1/		Citations Issued		Sex	
	۸L	MAVERICK JON M (507) 410-6313	EEK		0		MALE Race	
_	INDIVIDUAL	,			Date of Birth		WHITE	
TNO	Σ	Address			Driver License Number			
_ ر	ND	301 SE FREMONT BROWNSDALE, MI						
		BROWNODALL, IIII	14 000 10 , 00					
			On Duty Crash		Safety Equipment			
	Sat	fety Equipment						
		Seat Position		220/01/5/21	BOOSTER SEAT			
		4SECOND SEAT- Helmet Use	LEFT SIDE(MOTO	DRCYCLE/BI	Helmet Compliance			
		Tielliet Osc			Tiernet Compilance			
		Eye Protection			Tint Compliance			
	~		Injury Severity		Airbag			
6	003	Injury	NO APPARENT II	NJURY	NON DEPLOYED			
		Ejected	Ejection Pa		<u> </u>		Trapped/Extricated	
		NOT EJECTED	NOT EJE	CTED/NOT APPI			NOT TRAPPED	
		Medical Transport NOT TRANSPORTE	FD		EMS Agency Identifier		EMS Run #	
		Hospital			Date of Death		Time of Death	
		Distracted By	Distracted By Source					
		Distracted By Action						
		1	Otalisia a Heit #	Logotion				
		Non Motorist	Striking Unit #	Location				
l				1				

Crash Date 01/18/2019
Crash Time 04:15 PM

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Crash Date 01/18/2019

		Prior Action								
		Action								
	NDIVIDUAL									
LNO	ם									
5	<u>></u>									
	Ξ									
		Action Other							To/From School	
	,	Orug & Alcohol	Suspect	ed Alcohol L	lse	Suspected Drug Use NO				
	_	Alcohol Test Given	NO		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results		
		Drug Test Given			Drug Test Type		Drug Test Results			
		TEŠT NOT GIVEN								
5	003	Drug Type								
	٥									
		Individual Condition								
		APPEARED NORM	IAL							
		ndividual				Citations Issued		To.		
		Passenger AXEL R MEEK			Citations Issued 0		Sex MALE			
	INDIVIDUAL	(507) 410-6313			Date of Birth		Race			
⊨	ם							WHITE		
LNO	>	Address 301 SE FREMONT ST				Driver License Number				
	Ξ	BROWNSDALE, M		8 , US						
	Saf	ety Equipment	On Duty	Crash		Safety Equipment				
	Jai	Seat Position				SHOULDED & LAD	DELT			
		6SECOND SEAT-	RIGHT	SIDE		SHOULDER & LAP BELT				
		Helmet Use				Helmet Compliance				
		Eye Protection				Tint Compliance				
_	4		Injury S	everity		Airbag				
6	004	Injury	NO AP	PARENT I	NJURY	NON DEPLOYED				
		Ejected		Ejection Pa	th			Trapped/Extricated		
		NOT EJECTED Medical Transport		NOT EJE	CTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #		
		NOT TRANSPORT	ED			LIVIO Agency Identine		LIVIO IXUIT#		
		Hospital				Date of Death		Time of Death		
			Di-t :	- 1 D C						
		Distracted By	Distract	ed By Source	9					
		Distracted By Action								
			Striking	Unit #	Location					
		Non Motorist	9							
					•					

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	Prior Action								
INDIVIDUAL	Action Other						To/From School		
	Action Other						1 0/From School		
L	Orug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO					
	Alcohol Test Given TEST NOT GIVEN Alcohol Test		Alcohol Test Type			Alcohol Te	st Results		
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Res	sults			
004	Drug Type								
	Individual Condition								
	APPEARED NORMAL								
Unit	Summary ===								
					fication	Unit Type			
			D	CLASS					
						Operating A	As Endorsements		
					1		IT. III M. T		
otal	al Occs Train/Bus # Recorded		oraea 10	ital # Citations Issued	0	raliers	Total HazMat Types 0		
		Direction Of Travel WESTBOUND		Pre CrashTire Mark	Speed 55		Total Lanes 2		
MO	TOR VEH IN TRANSPO				N	NOT APP	Emergency Motor Vehicle Use NOT APPLICABLE		
	•						Traffic Control Inoperative/Missing		
		1							
	<u> </u>	1				DOMINI	= -		
NO									
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							TATES		
02					2015	SILVERAL	00		
	Color BRO - BROWN			= =		Bus Use NOT A BU	ıs		
щ	Initial Contact Point		V	ehicle Damage		1			
		IER		DICUT CIDE DEAD	E DICUT DE	AD CODNED			
VEF	FUNCTIONAL DAMAG	E			J-KIUNI KE	AR CURNER			
	TOWED DUE TO DISA	BLING DAMA			CE				
	What Driver Was Doing GOING STRAIGHT								
	Unit IN T Vehice UNIK MOOT Trafff TWO Surfas BLA Truck NO	Action Other Action Other	Action Other Action Other	Action Other Action Other	Action Other Action Other	Action Other Action Other	Action Other Ac		

7 of 11

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/18/2019

				Vehicle Factors			
				NOT ADDITION DE			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions					
	LE	NO CONTRIBUTING AC	TION				
L	VEHICL						
>	∕E⊦						
		Owner Name SANTIAGO OROZCO		Owner Address 325 S GROVE ST 19			
05	02	07.11.11.10.0 O.11.0.2.00		REEDSBURG, WI 53959 , US			
		Sequence Of Events					
	01	Event MOTOR VEH IN TRANSI	PORT				
	02	Event					
	03	Event					
	04	Event					
		Individual					
		Driver		Citations Issued	Sex		
	Ļ	DEVIN TAYLOR QUICK (509) 221-0157		0	MALE		
_	INDIVIDUAL	(309) 221-0137		Date of Birth	Race WHITE		
	N	Address		Driver License Number	1		
	Z	1512 REGENCY RDG WAUNAKEE, WI 53597	, US	STATE: WISCONSIN COUNTRY: UNITED STATES			
	Sat	On Du fety Equipment	ty Crash	Safety Equipment			
		Seat Position		SHOULDER & LAP BELT			
			IDE (DRIVER/MOTORCY				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
~	2	Injury S	Severity	Airbag			
05	002	Injury _{NO A}	PPARENT INJURY	NON DEPLOYED			
		Ejected	Ejection Path NOT EJECTED/NOT API	DI ICADI E	Trapped/Extricated		
		NOT EJECTED Medical Transport	NOT EJECTED/NOT AFT	EMS Agency Identifier	NOT TRAPPED EMS Run #		
		NOT TRANSPORTED					
		Hospital		Date of Death	Time of Death		
		Distracted By	cted By Source				
	1	Distracted By Action					
		NOT DISTRACTED	a linit #				
		Non Motorist	g Unit # Location				
		Prior Action					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/18/2019

		Action									
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_	INDIVIDUAL										
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UNIT	=										
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		Action Other					To/From School				
		Action Other					10/110m School				
				10							
	,	Drug & Alcohol NO	cted Alcohol Use	Suspected Drug Use NO							
		orug & Alconol No		NO							
		Alcohol Test Given	Alcohol Test Type	,		Alcohol Test Results					
		TEST NOT GIVEN									
		Drug Test Given	Drug Test Type		Drug Test Results						
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02	005	Drug Type									
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		APPEARED NORMAL									
		Individual									
		Passenger		Citations Issued		Sex					
		ADILENE YESENIA QUI	CK	0		FEMALE					
	ΑI	(509) 221-0157		Date of Birth		Race					
	J			Date of Birtin		HISPANIC					
UNI	INDIVIDUAL	A 11		D: 1: N 1							
5	\leq	Address 1512 REGENCY RDG		Driver License Number							
_	Ħ	WAUNAKEE, WI 53597	II C	STATE: WISCONSIN COUNTRY: UNITED STATES							
	_	WAGNAREE, WI 55557	, 03	OTATE. WOODNON		III D OTATEO					
	_ '	On Du	ty Crash	Safety Equipment							
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		Seat Position		SHOULDER & LAP	BFI T						
				SHOULDER & LAP BELT							
		2 EDONT SEAT DIGHT	CIDE /TD AIN ENGINEED								
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		3FRONT SEAT-RIGHT Helmet Use	SIDE (TRAIN ENGINEER	Helmet Compliance							
		Helmet Use	SIDE (TRAIN ENGINEER	Helmet Compliance							
			SIDE (TRAIN ENGINEER	Helmet Compliance Tint Compliance							
		Helmet Use	SIDE (TRAIN ENGINEER								
2	9(Helmet Use Eye Protection Injury 5	SIDE (TRAIN ENGINEER Severity								
02	900	Eye Protection Injury S	Severity	Tint Compliance							
02	900	Eye Protection Injury Susp	Severity ECTED MINOR INJURY	Tint Compliance		Trapped/Extricated					
02	900	Eye Protection Injury 3 SUSP	Severity PECTED MINOR INJURY Ejection Path	Tint Compliance Airbag NON DEPLOYED		Trapped/Extricated					
02	900	Eye Protection Injury Suspension Ejected NOT EJECTED	Severity ECTED MINOR INJURY	Tint Compliance Airbag NON DEPLOYED		NOT TRAPPED					
02	900	Eye Protection Injury Susp Ejected NOT EJECTED Medical Transport	Severity PECTED MINOR INJURY Ejection Path	Tint Compliance Airbag NON DEPLOYED ICABLE EMS Agency Identifier							
02	900	Eye Protection Injury SUSP Ejected NOT EJECTED Medical Transport EMS GROUND	Severity PECTED MINOR INJURY Ejection Path	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					
02	900	Eye Protection Injury SUSP Ejected NOT EJECTED Medical Transport EMS GROUND Hospital	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL	Tint Compliance Airbag NON DEPLOYED ICABLE EMS Agency Identifier		NOT TRAPPED					
02	900	Eye Protection Injury SUSP Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA ME	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL D CTR	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					
02	900	Eye Protection Injury Susp Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA ME	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					
02	900	Eye Protection Injury SUSP Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA ME	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL D CTR	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					
02	900	Eye Protection Injury Susp Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA ME Distracted By	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL D CTR	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					
02	900	Eye Protection Injury Susp Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA ME	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL D CTR	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					
02	900	Eye Protection Injury SUSP Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA ME Distracted By Distracted By Action	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL D CTR tted By Source	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					
02	900	Eye Protection Injury SUSP Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA ME Distracted By Distracted By Action	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL D CTR	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					
02	900	Eye Protection Injury SUSP Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA ME Distracted By Distracted By Striking	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL D CTR tted By Source	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					
02	900	Eye Protection Injury SUSP Ejected NOT EJECTED Medical Transport EMS GROUND Hospital REEDSBURG AREA ME Distracted By Distracted By Action	Severity PECTED MINOR INJURY Ejection Path NOT EJECTED/NOT APPL D CTR tted By Source	Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier 6001024		NOT TRAPPED EMS Run #					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/18/2019

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	Action Other					To/From School	
	Action Other					10/110/1130/100/	
			10 (15 11				
,	Drug & Alcohol No.	cted Alcohol Use					
	orug & Alcohol No		NO				
	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
	TEST NOT GIVEN						
	Drug Test Given	Drug Test Type		Drug Test Results			
	TEST NOT GIVEN			Drug root recount			
90	Drug Type						
0							
	Individual Condition						
	ADDEADED NODMAL						
	APPEARED NORMAL						
	Individual						
	Passenger		Citations Issued		Sex		
	MARTHA YESENIA		0		FEMALE		
A	(509) 221-0157						
Ú			Date of Billi				
10							
>			Driver License Number				
닐		He					
=	REEDSBURG, WI 55959	, 03					
l.	On Dut	y Crash	Safety Equipment				
Sat	fety Equipment						
	Seat Position		SHOULDER & LAP	RFIT			
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		I SIDE					
	Helmet Use		Helmet Compliance				
	Eye Protection		Tint Compliance				
_	Injury S	Severity	Airbag				
8	Injury _{NO AF}	PPARENT INJURY	NON DEPLOYED				
					Trapped/Extricated		
	· ·		ICARI E				
		NOT ESECTED/NOT AFFE					
			EMS Agency Identifier		EMS Run #		
	Hospital		Date of Death		Time of Death		
	Distrac	ted By Source			<u> </u>		
	Distracted By						
	Distracted By Action						
	2.0.1.dolod Dy / lolloll						
	10:::	a Hait II					
	Non Motorist	Unit # Location					
	Prior Action						
	INDIVIDUAL 006	Action Other Drug & Alcohol No	Action Other Drug & Alcohol Suspected Alcohol Use NO	Action Other Drug & Alcoho No	Action Other Drug & Alcoho No	Action Other Drug & Alcohol No	

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/18/2019

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	INDIVIDUAL						
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	Z						
		Action Other					To/From School
		Action office					10/110III SCHOOL
		Suspected Alcohol L	Jse	Suspected Drug Use			
	L	Drug & Alcohol		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN	D T .T		T =		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	i	
۱	7	Drug Type					
05	007	2.09 .),p0					
		Individual Condition					
		APPEARED NORMAL					