

6TLOB1715R

19-00759

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 19-00759	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 01/18/2019		Crash Time 04:15 PM	Date Arrived 01/18/2019	Time Arrived 04:49 PM	
Date Notified 01/18/2019		Time Notified 04:19 PM	Total Units 02	Total Injured 01	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 	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 SOUTH ON COONBLUFF ROAD. UNIT 1 STATED HE SAW THE STOP SIGN AND WAS TRYING TO STOP. DUE TO SNOW AND ICE ON THE ROADWAY UNIT 1 SLID INTO THE INTERSECTION ONTO CTH P. UNIT 2 WAS WEST ON CTH P. UNIT 1 STRUCK THE REAR PASSENGER SIDE OF UNIT 2. 9109

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Location

ON COON BLUFF RD 81 FT S OF CTHP SB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.590555652	Longitude -89.867390583
	X Coordinate 268529.59375	Y Coordinate 4830393.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE	Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW, SLUSH, ICE	Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) SNOW		
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number 711TB	Plate Type AUT - AUTOMOBILE	St MN	Country of Issuance UNITED STATES
	Vehicle Identification Number 4T1BF1FK0CU167716	Make TOYOTA	Year 2012	Model CAMRY
	Color BLK - BLACK	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 12--FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 11--LEFT FRONT CORNER, 12--FRONT		
Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND			
01	01	Owner Name JOHNATHON JAMES MEEK (507) 410-6313		Owner Address 301 SE FREMONT ST BROWNSDALE, MN 55918 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual JOHNATHON MEEK	
UNIT INDIVIDUAL	Individual			
	Driver JOHNATHON JAMES MEEK (507) 410-6313		Citations Issued 0	Sex MALE
	Address 301 SE FREMONT ST BROWNSDALE, MN 55918 , US		Date of Birth	Race WHITE
			Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES	
01	001	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
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	
01	001	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 JESSICA MAE MEEK (507) 410-6313			Citations Issued 0	Sex FEMALE	
		Address 301 SE FREMONT ST BROWNSDALE, MN 55918 , US			Date of Birth	Race WHITE	
		Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES					
		01	002	Safety Equipment		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER				Helmet Compliance			
Helmet Use				Tint Compliance			
Eye Protection				Airbag NON DEPLOYED			
Injury				Injury Severity NO APPARENT INJURY	Ejection Path NOT EJECTED/NOT APPLICABLE		
Ejected NOT EJECTED				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				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Prior Action				
	Action				
	Action Other		To/From School		
01	002	Drug & Alcohol			
		Suspected Alcohol Use	Suspected Drug Use		
		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 Type			
		Individual Condition			
		APPEARED NORMAL			
UNIT	003	Individual			
		Passenger	Citations Issued	Sex	
		MAVERICK JON MEEK	0	MALE	
		(507) 410-6313	Date of Birth	Race	
				WHITE	
		Address	Driver License Number		
		301 SE FREMONT ST			
		BROWNSDALE, MN 55918 , US			
		Safety Equipment		On Duty Crash	Safety Equipment
		Seat Position	BOOSTER SEAT		
4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI					
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				
01	003	Injury			
		Injury Severity	Airbag		
		NO APPARENT INJURY	NON DEPLOYED		
		Ejected	Ejection Path	Trapped/Extricated	
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
		Medical Transport	EMS Agency Identifier	EMS Run #	
		NOT TRANSPORTED			
		Hospital	Date of Death	Time of Death	
Distracted By		Distracted By Source			
Distracted By Action					
Non Motorist		Striking Unit #	Location		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
01	003	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		
UNIT	INDIVIDUAL	Passenger AXEL R MEEK (507) 410-6313	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address 301 SE FREMONT ST BROWNSDALE, MN 55918 , US	Driver License Number	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
01	004	Seat Position 6--SECOND SEAT-RIGHT SIDE	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	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 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			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						

UNIT	VEHICLE	Vehicle			
		License Plate Number ME3556	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GCUKREXFF201364	Make CHEVROLET	Year 2015	Model SILVERADO
		Color BRO - BROWN	Body Style PK - PICKUP		Bus Use NOT A BUS
		Initial Contact Point 5--RIGHT REAR CORNER	Vehicle Damage 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER		
		Extent Of Damage FUNCTIONAL DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By STEVES AUTO SERVICE		
		What Driver Was Doing GOING STRAIGHT			

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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name SANTIAGO OROZCO	Owner Address 325 S GROVE ST 19 REEDSBURG, WI 53959 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT INDIVIDUAL	Individual	
	Driver DEVIN TAYLOR QUICK (509) 221-0157	Citations Issued 0
	Address 1512 REGENCY RDG WAUNAKEE, WI 53597 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 005	Safety Equipment	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance
	Helmet Use	Tint Compliance
	Eye Protection	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	
	EMS Run #	
	Date of Death	
	Time of Death	
Distracted By		
Distracted By Source		
Distracted By Action NOT DISTRACTED		
Non Motorist	Striking Unit #	
	Location	
Prior Action		

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
02	005	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	INDIVIDUAL	Individual	
		Passenger ADILENE YESENIA QUICK (509) 221-0157	Citations Issued 0
			Sex FEMALE
			Date of Birth
			Race HISPANIC
	Address 1512 REGENCY RDG WAUNAKEE, WI 53597 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	006	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Seat Position 3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		Injury	Injury Severity SUSPECTED MINOR INJURY
			Airbag NON DEPLOYED
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #	
Hospital REEDSBURG AREA MED CTR	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	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				
		Individual				
		Passenger MARTHA YESENIA (509) 221-0157	Citations Issued 0	Sex FEMALE		
		Date of Birth	Race HISPANIC			
Address 111 CRIMSON CT REEDSBURG, WI 53959 , US	Driver License Number					
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment		
		Seat Position 6--SECOND SEAT-RIGHT SIDE	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				
Prior Action						

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UNIT	INDIVIDUAL	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					
		02	007				