

6TL0D1PTQM
25-01477

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0D1PTQM

Document Number Override		Primary Crash Document #	Agency Crash Number 25-01477	Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 02/16/2025		Crash Time 11:05 AM	Date Arrived 02/16/2025	Time Arrived 11:08 AM	
Date Notified 02/16/2025		Time Notified 11:05 AM	Total Units 02	Total Injured 08	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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> <p>Not to scale</p> <p>Unit 1 crosses fog line, hits slush and loses control</p> <p>Unit 2 comes to r</p> <p>Unit 1 spins 180 degrees, goes down an embankment and comes to rest</p> <p>Unit 1 overcorrects and crosses centerline</p> <p>Unit 2 attempts to brake, strikes Unit 1</p> <p>CTH A</p>	<p>Reconstruction By</p> <p>Photos By DEP. S. MESSNER #9134</p> <p>Additional Information PHOTOS</p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 2/16/2025, AT APPROXIMATELY 11:05 AM, UNIT 1, A 2019 SILVER FORD EDGE, BEARING WI#AKT7082 WAS DRIVEN BY THE REGISTERED OWNER, WAS SOUTHBOUND ON CTH A, TOWNSHIP OF DELTON, SAUK COUNTY, WISCONSIN. UNIT 1 CROSSED THE FOG-LINE AND HIT SLUSH. UNIT 1, LOST CONTROL IN AN ATTEMPT TO OVER-CORRECTED, CROSSING THE CENTERLINE. UNIT 2, A 2025 GRAY KIA SORENTO, BEARING MN # 3CZ840, WAS NORTHBOUND ON CTH A. UNIT 2 ATTEMPTED TO STOP AND STRUCK UNIT 1. UNIT 1 SPUN 180 DEGREES, LEFT THE ROADWAY, ENTERED A DITCH AND CAME TO REST. BOTH BACK PASSENGERS, JUVENILES, BOTH NOT WEARING SEAT BELTS, WERE EJECTED FROM THE VEHICLE. A JUVENILE PASSENGER, A ONE-YEAR-OLD, THAT WAS EJECTED WAS AIR-EMS WAS TRANSPORTED TO UW MADISON HOSPITAL, AND ALL OTHER INDIVIDUALS FROM UNIT 1 WERE GROUND TRANSPORTED TO ST. CLARE HOSPITAL. ALL INDIVIDUALS FROM UNIT 2 WERE GROUND TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER. BOTH VEHICLES WERE REMOVED BY CRAIG'S TOWING.

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Location

ON CTHA SB 1128 FT N OF BUNKER DR IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.571405657	Longitude -89.738453258
	X Coordinate 278868.34375	Y Coordinate 4827915.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) WET, SLUSH		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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	
Closure Type FULL CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS, OTHER	
Date Initial Lane/Rd Closed 02/16/2025	Time Initial Lane/Rd Closed 11:05 AM		
Date All Lanes Open 02/16/2025	Time All Lanes Open 12:13 PM	Date Scene Cleared 02/16/2025	Time Scene Cleared 12:13 PM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<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 LEVEL	
	Truck Bus or HazMat NO					
	01	Vehicle				
		License Plate Number AKT7082		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2FMPK3G95KBB89692		Make FORD	Year 2019	Model EDGE	

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 04 - RIGHT SIDE REAR	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions SPEED TOO FAST/COND		
	Owner Name GERSON BELENO SANCHEZ	Owner Address 731 SUNSET BLVD # 8 WISCONSIN DELLS, WI 53965 , US	
UNIT 01	Sequence Of Events		
	01	Event CROSS CENTERLINE	
	02	Event MOTOR VEH IN TRANSPORT	
	03	Event EMBANKMENT	
	04	Event	
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	INDIVIDUAL GERSON BELENO SANCHEZ	
UNIT INDIVIDUAL	Individual		
	DRIVER GERSON BELENO SANCHEZ	Citations Issued 3	Sex MALE
		Date of Birth	Race HISPANIC
	Address 731 SUNSET BLVD # 8 WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 01	Safety Equipment		
	On Duty Crash		Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
UNIT 001	Injury		Airbag
	Injury Severity SUSPECTED MINOR INJURY		DEPLOYED-COMBINATION
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND		EMS Agency Identifier 6000123	EMS Run #

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UNIT INDIVIDUAL	Hospital ST CLARE'S HOSPITAL		Date of Death	Time of Death	
	Distracted By		Distracted By Source UNKNOWN		
	Distracted By Action UNKNOWN				
	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	
01 001	Drug Type				
	Individual Condition APPEARED NORMAL				
	Individual				
	PASSENGER CLAUDIA RODRIGUEZ GOMEZ		Citations Issued 0	Sex FEMALE	
			Date of Birth	Race HISPANIC	
	Address 731 SUNSET BLVD # 8 WISCONSIN DELLS, WI 53965 , US		Driver License Number		
	Safety Equipment		On Duty Crash		
			Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT			
	Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance			
01 002	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6000123	EMS Run #	
	Hospital ST CLARE'S HOSPITAL		Date of Death	Time of Death	

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	Distracted By Distracted By Source		
		Distracted By Action		
		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	INDIVIDUAL	Individual		
		PASSENGER SOREC BELENO RODRIGUEZ	Citations Issued 0	Sex FEMALE
			Date of Birth	Race HISPANIC
		Address 731 SUNSET BLVD # 8 WISCONSIN DELLS, WI 53965 , US	Driver License Number	
		Safety Equipment	On Duty Crash	Safety Equipment NONE USED - VEHICLE OCCUPANT
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-CURTAIN
		Ejected TOTALLY EJECTED	Ejection Path THROUGH SIDE WINDOW	Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND	EMS Agency Identifier 6000123	EMS Run #		
Hospital ST CLARE HOSP	Date of Death	Time of Death		
UNIT	INDIVIDUAL	Distracted By Distracted By Source		

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UNIT	Distracted By Action					
	Non Motorist	Striking Unit #	Location			
		Prior Action				
	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						
01		003	PASSENGER LIAN CASTILIO BELENO	Citations Issued 0	Sex FEMALE	
				Date of Birth	Race HISPANIC	
		Address 731 SUNSET BLVD # 8 WISCONSIN DELLS, WI 53965 , US	Driver License Number			
01	004	Safety Equipment	On Duty Crash		Safety Equipment	
			Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	NONE USED - VEHICLE OCCUPANT	
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-CURTAIN		
			Ejected TOTALLY EJECTED	Ejection Path THROUGH SIDE WINDOW	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS AIR		EMS Agency Identifier 6001285	EMS Run #			
Hospital UW HEALTH-AMERICAN CENTER		Date of Death	Time of Death			
Distracted By		Distracted By Source				
Distracted By Action						

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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						
	Violations						
01	004	UTC Number BG944333	Issue To? 001	Statute Number 346.57(3)	Description DRIVING TOO FAST FOR CONDITIONS		
		UTC Number BG944334	Issue To? 001	Statute Number 347.48(4)(am)	Description VIOL OF CHILD SAFETY RESTRAINT - CHILD UNDER 4 YEARS OF AGE		
		UTC Number BG944335	Issue To? 001	Statute Number 347.48(2m)(c)	Description OPERATOR FAIL/HAVE PASSENGER/SEATBELTED		

Unit Summary


UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE					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 NORTHBOUND		<input type="checkbox"/> Pre Crash Tire 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 LEVEL		
		Truck Bus or HazMat NO							
		Vehicle							
		02	02	License Plate Number 3CZ840		Plate Type AUT	St MN	Country of Issuance UNITED STATES	
Vehicle Identification Number 5XYRL4JCXSG352143				Make KIA	Year 2025	Model SORENTO			

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UNIT VEHICLE	Color GRY - GRAY	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By CRAIGS TOWING
	What Driver Was Doing GOING STRAIGHT			Vehicle Factors NOT APPLICABLE
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name ZACHARY DOCKTER (612) 735-9703	Owner Address 9503 78TH ST S COTTAGE GROVE, MN 55016 3720, US		
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO	INDIVIDUAL ZACHARY DOCKTER		
UNIT INDIVIDUAL	Individual			
	DRIVER ZACHARY DOCKTER (612) 735-9703	Citations Issued 0	Sex MALE	
		Date of Birth	Race WHITE	
	Address 9503 78TH ST S COTTAGE GROVE, MN 55016 3720, US	Driver License Number STATE: MINNESOTA COUNTRY: UNITED STATES		
UNIT 02	Safety Equipment			
	On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 005	Injury Injury Severity SUSPECTED MINOR INJURY		Airbag DEPLOYED-COMBINATION	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6000368	EMS Run #

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Form containing fields for Hospital (REEDSBURG AREA MED CTR), Date of Death, Time of Death, Distracted By (NOT APPLICABLE), Striking Unit #, Location, Action, Drug & Alcohol (NO), Suspected Alcohol Use (NO), Suspected Drug Use (NO), Alcohol Test Given (TEST NOT GIVEN), Drug Test Given (TEST NOT GIVEN), Individual Condition (APPEARED NORMAL), Individual (PASSENGER PAULINE DOCKTER), Safety Equipment (SHOULDER & LAP BELT), Injury (POSSIBLE INJURY), Ejection Path (NOT EJECTED/NOT APPLICABLE), EMS Agency Identifier (6000368), and Hospital (REEDSBURG AREA MED CTR).

UNIT

INDIVIDUAL

02

005

UNIT

INDIVIDUAL

02

006

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UNIT	INDIVIDUAL	Distracted By Distracted By Source		
		Distracted By Action		
		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		
02	006	Individual Condition APPEARED NORMAL		
		Individual		
		PASSENGER CLAYTON DOCKTER (612) 735-9703	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address 9503 78TH ST S COTTAGE GROVE, MN 55016 3720, US	Driver License Number	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		02	007	Injury
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND	EMS Agency Identifier 6000368			EMS Run #
Hospital REEDSBURG AREA MED CTR	Date of Death			Time of Death
Distracted By	Distracted By Source			

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UNIT	Distracted By Action		
	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	Individual		
	PASSENGER CLARA DOCKTER (612) 735-9703	Citations Issued 0	Sex FEMALE
	Date of Birth	Race WHITE	
	Address 9503 78TH ST S COTTAGE GROVE, MN 55016 3720, US	Driver License Number	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Compliance
	Helmet Use	Tint Compliance	
	Eye Protection	Airbag NON DEPLOYED	
	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 6000368	EMS Run #	
Hospital REEDSBURG AREA MED CTR	Date of Death	Time of Death	
Distracted By	Distracted By Source		
Distracted By Action			

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		Prior Action			
	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				

Witness

WITN 01	Individual CORY BORKENHAGEN (608) 477-2774	Address 822 ADAMS CT # 610 BARABOO, WI 53913 , US	Date of Birth
	ESS		