# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash I	Document #	Agency Crash Number Investigating DEPUTY E.			Officer/Deputy  . KNULL		
2	Crash Date <b>02/09/2020</b>	Crash Time 10:52 AM			Date Arrived <b>02/09/2020</b>				
6TL0B4X4N0	Date Notified <b>02/09/2020</b>	Time Notified 10:52 AM		Total U	nits	Total Injured <b>00</b>	Total Kille	ed	
À O	On Emergency	lit and Run	Lane Closu	ıre	☐ Work Zone	Trailer	or Towed	Reporting Threshold	
1 9	Government Property		chool Zone	School NO	Bus Related	Tags			
	Reportable	Crash Type PRIVATE PR	OPERTY/PARKI	ING LOT	Г	Amend	ed	Secondary Crash	
	Diagram Diagram						Reconstruction	_	
	NOT TO SCALE  DEVILS HEAD  PARKING LOT						Photos By  Additional Info		
	I, a sworn law enforcem  BOTH OPERATORS TRAVELING 2. NO INJURIES REPORTED ANI NOTHING FURTHER	THROUGH PARKIN	IG LOT OF DEVILS	HEAD RE	SORT. UNIT 1 WAS NO	T ABLE TO STOP I	DUE TO SNOWY ENE BY EACH	/ ROAD AND STRUCK UNIT RESPECTIVE OPERATOR.	

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Crash Date 02/09/2020

	LOC	ation									_
		RKING LOT				Latitude			Longitud		
		JFF RD LOT 'HE TOWN OF MERRI	MAC			43.41771	1789		-89.625	687769	
		BAUK COUNTY	IWIAC			X Coordin			Y Coordi		
						287435.7			481055	1.5	
						Structure NO STR	,,				
(	Cra	sh Scene									
		Harmful Event				First Harm	ıful Event Lo	cation			_
	MO	TOR VEH IN TRANSP	ORT			IN PARK	ING LANE	OR ZONE			
	Man	ner of Collision				Light Cond	dition				_
	ОТН	HER				DAYLIG	HT				
	Road	d Surface Condition(s)				Roadway	Factor(s)				_
	SNC	ow .									
	Envi	ronment Factor(s)				DOAD 6	IIDEACE (	CONDITION	I (MET IC	Y SNOW SILISH	
	WE	ATHER CONDITIONS				ETC)	UKFACE	CONDITION	I (WE1, IC	CY, SNOW, SLUSH,	
	Wea	ther Condition(s)									
	SNC	ow									
	Anim	nal Type					o Trafficway				
						NON TRAFFICWAY - PARKING LOT					
		sh Classification - Location VATE PROPERTY	l			Crash Classification - Jurisdiction PRIVATE PROPERTY					
		al Land				Access Control Special Study			_		
					NO CONTROL						
	With NO	in Interchange Area	Junction Location NON-JUNCTION		Intersectio	n Type INTERSE	CTION				
		f Cummary									_
		t Summary  Status		Vehicle One	erating As C	lassification		Unit Type			_
		RANSIT		D CLASS	•	AUTOMOBILE					
		Vehicle Type					Operating As Endorsements				
01		ORT) UTILITY VEHICI	LE					1,1,1,1,1			
		l Occs	Train/Bus # Recorded	Total # Cita	tions Issued	d Total Traile		ers	Total Hazi	Mat Types	_
	2			0			0		0		
	Insu	rance?	Direction Of Travel	Pre	CrashTire		Speed Lim	it	Total Lane	es	_
=	YES	3	NOT ON ROADWAY		Mark						
		t Harmful Event: Collision		Special Fur		CTION		Emergency Motor Vehicle Use NOT APPLICABLE  Traffic Control Inoperative/Missing			
		TOR VEH IN TRANSP	ORT								
		ic Way	TE DOODEDTY	Traffic Cont							
		RKING LOT OR PRIVA	TIE PROPERTY	NO CONT				NO Road Grade SAG(BOTTOM)			
		ACKTOP (BITUMINOU	IS)	STRAIGH							
		k Bus or HazMat	·~,	UNAGII	•			37.0(00)	,		_
	NO										
	•	Vehicle									
		License Plate Number	Plate Type		_			ountry of Issuance			
		H755925		JTOMOBIL			UNITED ST	TATES			
5	5	Vehicle Identification Nu		Make			Year	Model			
		KM8JUCAC8BU1346	HYUNDAI		2011		STN WGN				
		Color		Body Ctria	Body Style 4H - HATCHBACK 4 DOOR						
		Color	IINUM)			4 DOOR		Dus Ose			
		SIL - SILVER (ALUM	IINUM)	4H - HAT	СНВАСК	4 DOOR		Dus Ose			
	ш		IINUM)		СНВАСК	4 DOOR		Dus Ose			
		SIL - SILVER (ALUM Initial Contact Point	IINUM)	4H - HAT	TCHBACK amage	4 DOOR		Bus ose			

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		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing		Vehicle Factors				
		GOING STRAIGHT						
		Driver Prior Action Other		NOT APPLICABLE				
		Driver Actions						
	щ	NO CONTRIBUTING ACT	ION					
╘	VEHICLE							
LNO	Ī							
_	7							
		Owner Name		Owner Address				
2	5	WILLIAM C PALM   (224) 388-7144		3006 GROUSE LN ROLLING MEADOWS,	IL 60008 . US			
0	C	(22.) 000 1111		itto z z itto i i z i z o i i o ;	.2 00000 , 00			
		Sequence Of Events						
	2	Event MOTOR VEH IN TRANSP	ORT					
	02	Event						
		Event						
	03	Event						
	04	Event						
		L Policy Holder						
LNO		Insurance Company		Individual				
5		GEICO-GENERAL-INS-CO	0	WILLIAM PALM				
		Individual						
		Driver		Citations Issued	Sex			
		WILLIAM C PALM		0	MALE			
	₹	(224) 388-7144		Date of Birth	Race			
<b>—</b>	INDINIDUAL				WHITE			
	≥	Address		Driver License Number				
_	9	3006 GROUSE LN ROLLING MEADOWS, IL	60000 116	STATE: ILLINOIS COUNTRY: UNITED STATES				
	=	ROLLING WEADOWS, IL	00000 , 03					
	Sat	On Duty	/ Crash	Safety Equipment				
			0 10 11	SHOULDER & LAP BELT	<b>-</b>			
		Row 01 - FRONT ROW	Seat Position  07 - LEFT	SHOOLDER & LAF BLE	•			
		Helmet Use	0	Helmet Compliance				
		Eye Protection		Tint Compliance				
2	00	Injury S	•	Airbag				
_	0	Ejected NO AP	PPARENT INJURY Ejection Path	NON DEPLOYED	Transpod/Cutricated			
			Ejection Path		Trapped/Extricated			
		*	NOT E JECTED/NOT AR	DIICADIE				
		NOT EJECTED	NOT EJECTED/NOT AP		NOT TRAPPED			
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT AP	PPLICABLE  EMS Agency Identifier	EMS Run #			
		NOT EJECTED  Medical Transport  NOT TRANSPORTED	NOT EJECTED/NOT AP	EMS Agency Identifier	EMS Run #			
		NOT EJECTED  Medical Transport	NOT EJECTED/NOT AP					
		NOT EJECTED  Medical Transport  NOT TRANSPORTED  Hospital  Distract	ed By Source	EMS Agency Identifier  Date of Death	EMS Run #			
		NOT EJECTED  Medical Transport  NOT TRANSPORTED  Hospital	ed By Source	EMS Agency Identifier  Date of Death	EMS Run #			

Crash Date **02/09/2020**Crash Time **10:52 AM** 

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Non Motorist	Striking U	Jnit #	Location					
		Prior Action								
		Action								
	_									
_	INDIVIDUAL									
L	₹									
_	Ξ									
		Action Other							To/From School	
			Suspecte	ed Alcohol U	se	Suspected Drug Use				
		Drug & Alcohol	NO	ou / Hoorioi C		NO				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results		
		Drug Test Given			Drug Test Type		Drug Test Results			
	_	TEST NOT GIVEN	Drug Type							
0	001	Diag Typo								
		Individual Condition								
		APPEARED NORMAL								
		 Individual								
	'	Passenger				Citations Issued		Sex		
	Ļ	VALERIE ANN PALM (847) 338-7005			0		FEMALE			
_	INDIVIDUAL	(0.17,000,000				Date of Birth		Race WHITE		
Ĭ N N	$\overline{\geq}$	Address 3006 GROUSE LN ROLLING MEADOWS, IL 60008 , US			Driver License Number					
	Z				STATE: ILLINOIS COUNTRY: UNITED STATES					
			On Duty	Crach		Sofati Favinment				
	Sat	fety Equipment	On Duty	Ciasii		Safety Equipment				
		Row 01 - FRONT ROW		Seat Po		SHOULDER & LAP	BELT			
		Helmet Use		03 - 10	J.111	Helmet Compliance				
		Eye Protection				Tint Compliance				
2	005		Injury Se	verity PARENT II	NJURY	Airbag NON DEPLOYED				
		Ejected		Ejection Pa		JOADI E		Trapped/Extricated		
		NOT EJECTED  Medical Transport		NOI EJE	CTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #		
		NOT TRANSPORT	ΓED							
		Hospital				Date of Death		Time of Death		
		Distracted Bu	Distracte	d By Source	<b>!</b>	<u> </u>		<u> </u>		
		Distracted By  Distracted By Action								
		Non Motorist	Striking U	Jnit #	Location					
					•					

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

Crash Date 02/09/2020

		Prior Action								
		A								
		Action								
	INDIVIDUAL									
<b>-</b>	J									
LIND	=									
⊃	$\leq$									
	Z									
		Action Other								To/From School
	l.	Susi	pected Alcohol U	Jse	Suspected Drug Use					
	L	Drug & Alcohol NO			NO					
		Alcohol Test Given		Alcohol Test Typ	20			Alcohol Tes	t Doculto	
		TEST NOT GIVEN		Alcohol Test Typ	DC .			Alcohol 168	i ivesuiis	
				Drug Toot Tune			T 10 11			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug	Test Results			
5	002	Drug Type								
0	ŏ									
		Individual Condition								
		APPEARED NORMAL								
		AFFEARED NORWAL								
		Summary ===								
		Status			Vehicle Operating As Class	ification		Unit Type		
	IN T	RANSIT			D CLASS			AUTOMO	BILE	
2	Vehicle Type							Operating A	s Endorsem	nents
02	(SP	ORT) UTILITY VEHICLE								
	Total	al Occs Train/Bus # Recorded			Total # Citations Issued Total			ers	Total Hazl	Mat Types
	2				0		0		0	
	Insur	ance?	Direction Of Travel		Pre CrashTire		Speed Lim	it	Total Lane	es
┕	YES	}	EASTBOUNI	D	Mark					
UNIT		Harmful Event: Collision Wi			Special Function			Emergency	Motor Vehic	cle Use
∃		TOR VEH IN TRANSPO			NO SPECIAL FUNCTION			NOT APP		
		ic Way	11.1		Traffic Control			Traffic Cont	rol Inonerati	ve/Missing
		•			NO CONTROL			NO	ioi inoperati	ve/iviissiiig
					Road Curvature			Road Grade		
		ACKTOP (BITUMINOUS)			STRAIGHT LEVEL					
		k Bus or HazMat								
	NO									
	,	Vehicle								
		License Plate Number			Plate Type		St	Country of Is	suance	
		251XSM			AUT - AUTOMOBILE			UNITED S		
		Vehicle Identification Numb	per		Make			Model		
05	02	1J8GN58K58W235336			JEEP			LIBERTY L	1	
		Color	•		Body Style			Bus Use		
						VELIC		Dus Use		
	1.1	BLU - BLUE			UT - SPORT UTILITY	V ENIC	LC			
╽╻╴│	VEHICLE	Initial Contact Point	_		Vehicle Damage					
۱Ę۱	<u>၁</u>	09 - LEFT SIDE MIDDL	.E							
LINO	표	Extent Of Damage			09 - LEFT SIDE MIDDI	LE				
	VE	FUNCTIONAL DAMAG	SE							
		Towed Due To Damage			Vehicle Removed By					
		NOT TOWED			OPERATOR					
'		What Driver Was Doing								
		GOING STRAIGHT								

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					7	Vehi	cle Factors		
		Driver Prior Action Otl	her			NO	Γ APPLICABLE		
UNIT	VEHICLE	Driver Actions NO CONTRIBUTIN	IG ACTIO	DN					
02	02	Owner Name ASHLEE MARIE S (260) 466-7381	SMITH .				Owner Address W1475 BIRCHWOOD RD GENOA CITY, WI 53128, US		
		Sequence Of Ev	vents						
	01	Event MOTOR VEH IN T		RT					
	02	Event							
	03	Event							
	04	Event							
_	i	Policy Holder							
LIND		Insurance Company STATE-FARM-GENERAL-INS-CO				dividual SHLEE SMITH			
		ndividual							
		Driver ASHLEE MARIE SMITH (260) 466-7381				Ci	tations Issued	Sex	
	٦٢				0	(D) (I	FEMALE		
╘	יוםטי						ate of Birth	Race WHITE	
LINO	INDIVIDUAL	Address W1475 BIRCHWOOD RD GENOA CITY, WI 53128, US			Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sat	ety Equipment	On Duty (	Crash		Safety Equipment			
		Row 01 - FRONT ROW	Seat Position O7 - LEFT			SHOULDER & LAP BELT			
		Helmet Use		•		Helmet Compliance			
		Eye Protection				Tint Compliance			
05	003	Injury	Injury Sev NO APP	erity ARENT II	NJURY		rbag ON DEPLOYED		
		Ejected  NOT EJECTED		Ejection Pa	th CTED/NOT APP			Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORT	<u> </u>				MS Agency Identifier	EMS Run #	
		Hospital				Di	ate of Death	Time of Death	
	ļ	Distracted By	Distracted NOT AP	By Source	E (NOT DISTRA	CTI	=D)		
		Distracted By Action NOT DISTRACTED							
		Non Motorist	Striking U	nit #	Location				

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Crash Date 02/09/2020

		Prior Action								
		Action								
	NDIVIDUAL									
╘	2									
LINO	⅀									
	_									
		Action Other						To/From School		
			Supported	Alcohol Use	Suspected Drug Us	.0				
	L	Drug & Alcohol	NO	Alcohol Ose	NO	e e				
		Alcohol Test Given		Alcohol Test T			Alcohol Test Results			
		<b>TEST NOT GIVEN</b>			,, ·					
		Drug Test Given		Drug Test Typ	е	Drug Test Result	S			
		TEST NOT GIVEN								
05	003	Drug Type				•				
	0									
		Individual Condition								
		ADDEADED NODA	441							
		APPEARED NORMAL								
	ı	ndividual								
	-	Passenger DEREK JOHN HARTMANN (586) 216-2442  Address 1222 E WASHINGTON AVE # 305 MADISON, WI 53703 , US			Citations Issued		Sex			
	_				0		MALE			
	INDIVIDUAL				Date of Birth		Race			
╘	₽					-	WHITE			
LINO	$\leq$				Driver License Num	ber				
	Z				STATE: WISCOI	NSIN COUNTRY: UI	NITED STATES			
	0-1		On Duty Cr	ash	Safety Equipment					
	Sat	fety Equipment								
		Row		Seat Position	SHOULDER & L					
		01 - FRONT ROW		09 - RIGHT	Halmet Compliance					
		Helmet Use			Heimet Compliance	Helmet Compliance				
		Eye Protection			Tint Compliance	Tint Compliance				
05	004	lniuru	Injury Seve	rity	Airbag					
J	Ō		NO APPA	ARENT INJURY	NON DEPLOYE	D				
		Ejected  NOT EJECTED		ection Path  OT EJECTED/NOT A	DDI ICABI E		Trapped/Extricated NOT TRAPPED			
		Medical Transport	14	OT ESECTED/NOT A	EMS Agency Identi	fier	EMS Run #			
		NOT TRANSPORT	ED							
		Hospital			Date of Death	Date of Death		Time of Death		
		Distracted By	Distracted I	By Source						
		Distracted By Action								
			Striking Uni	it # Location						
		Non Motorist	-							

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Crash Date 02/09/2020

		Action						
	AL							
LIND	DO.							
5	INDIVIDUAL							
	Z							
		Action Other						To/From School
	,	Drug & Alcohol	Suspected Alcohol Use	е	Suspected Drug Use			
	L	_			NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		D T + T				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	004	Drug Type	<u> </u>					
	0							
		Individual Condition						
		APPEARED NORM	AL					