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20-01496

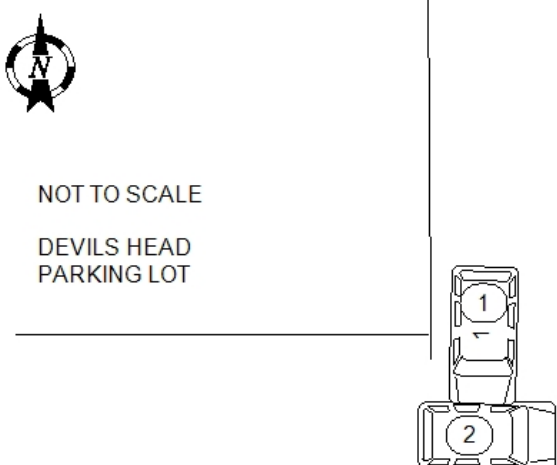
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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 <b>20-01496</b>		Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>02/09/2020</b>		Crash Time <b>10:52 AM</b>		Date Arrived <b>02/09/2020</b>		Time Arrived <b>11:48 AM</b>	
Date Notified <b>02/09/2020</b>		Time Notified <b>10:52 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram 		Reconstruction By  Photos By  Additional Information <b>NONE</b>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

BOTH OPERATORS TRAVELING THROUGH PARKING LOT OF DEVILS HEAD RESORT. UNIT 1 WAS NOT ABLE TO STOP DUE TO SNOWY ROAD AND STRUCK UNIT 2. NO INJURIES REPORTED AND BOTH UNITS SUSTAINED MINOR DAMAGE. BOTH WERE DRIVEN AWAY FROM THE SCENE BY EACH RESPECTIVE OPERATOR. NOTHING FURTHER

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**Location**

PARKING LOT BLUFF RD LOT IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude <b>43.417711789</b>	Longitude <b>-89.625687769</b>
	X Coordinate <b>287435.75</b>	Y Coordinate <b>4810551.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>OTHER</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW</b>		ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>SNOW</b>			
Animal Type		Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>		Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>NOT ON ROADWAY</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit	Total Lanes		
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>SAG(BOTTOM)</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>H755925</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>KM8JUCAC8BU134619</b>		Make <b>HYUNDAI</b>	Year <b>2011</b>	Model <b>STN WGN</b>			
Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use			
Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>12 - FRONT</b>					
Extent Of Damage <b>MINOR DAMAGE</b>							

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>WILLIAM C PALM (224) 388-7144</b>		Owner Address <b>3006 GROUSE LN ROLLING MEADOWS, IL 60008 , US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
02	Event			
	Event			
03	Event			
	Event			
04	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>GEICO-GENERAL-INS-CO</b>		Individual <b>WILLIAM PALM</b>	
UNIT	<b>Individual</b>			
	Driver <b>WILLIAM C PALM (224) 388-7144</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
INDIVIDUAL	Date of Birth		Race <b>WHITE</b>	
	Address <b>3006 GROUSE LN ROLLING MEADOWS, IL 60008 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>	
001	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
	Helmet Use		Tint Compliance	
001	Eye Protection		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
001	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
001	Hospital		Date of Death	Time of Death
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
001	Distracted By Action <b>NOT DISTRACTED</b>			

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>VALERIE ANN PALM</b> <b>(847) 338-7005</b>			Citations Issued <b>0</b>		Sex <b>FEMALE</b>
					Date of Birth		Race <b>WHITE</b>
		Address <b>3006 GROUSE LN</b> <b>ROLLING MEADOWS, IL 60008 , US</b>			Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
		01	002	<b>Safety Equipment</b>		On Duty Crash	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>						
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT TRAPPED</b>			
Medical Transport <b>NOT TRANSPORTED</b>				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	
<b>Distracted By</b>				Distracted By Source			
Distracted By Action							
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		

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UNIT 01	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	002	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit	Total Lanes
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				

UNIT 02	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>251XSM</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1J8GN58K58W235336</b>	Make <b>JEEP</b>	Year <b>2008</b>	Model <b>LIBERTY LI</b>
		Color <b>BLU - BLUE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>			

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>ASHLEE MARIE SMITH (260) 466-7381</b>		Owner Address <b>W1475 BIRCHWOOD RD GENOA CITY, WI 53128 , US</b>	
	<b>Sequence Of Events</b>			
UNIT 02	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>ASHLEE SMITH</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ASHLEE MARIE SMITH (260) 466-7381</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>W1475 BIRCHWOOD RD GENOA CITY, WI 53128 , US</b>		Date of Birth <b>WHITE</b>	
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT 02	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
			Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Hospital		EMS Agency Identifier <b>EMS Run #</b>	
Distracted By <b>Distracted By Source NOT APPLICABLE (NOT DISTRACTED)</b>		Date of Death		
Distracted By Action <b>NOT DISTRACTED</b>		Time of Death		
<b>Non Motorist</b>		Striking Unit #		
		Location		

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
02	003	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>DEREK JOHN HARTMANN (586) 216-2442</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>1222 E WASHINGTON AVE # 305 MADISON, WI 53703 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
		02	004	<b>Safety Equipment</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			<b>SHOULDER &amp; LAP BELT</b>	
Helmet Use				Helmet Compliance	
Eye Protection				Tint Compliance	
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>				EMS Agency Identifier	EMS Run #
Hospital				Date of Death	Time of Death
<b>Distracted By</b>					
Distracted By Source					
Distracted By Action					
02	004	<b>Non Motorist</b>		Striking Unit #	Location
		Prior Action			

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UNIT	INDIVIDUAL				
		Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>			
		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
02	004	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition			
		<b>APPEARED NORMAL</b>			