

6TL0D7W13K

20-10563

# Wisconsin Motor Vehicle Crash Report

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

6TL0D7W13K

Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-10563</b>		Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>08/28/2020</b>		Crash Time <b>04:58 PM</b>		Date Arrived <b>08/28/2020</b>		Time Arrived <b>05:18 PM</b>	
Date Notified <b>08/28/2020</b>		Time Notified <b>04:58 PM</b>		Total Units <b>02</b>		Total Injured <b>01</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 checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Location

ON CTHDL EB 1084 FT E OF BLUFF RD IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude <b>43.40947098</b>	Longitude <b>-89.6264554</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
	X Coordinate <b>287344.75</b>	Y Coordinate <b>4809638</b>	On Roadway Link ID# <b>4557413</b>	On Roadway Link Offset <b>1084</b>
	Override <input type="checkbox"/>	Tribal Land		Structure Type

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Environment Factor(s) <b>NONE</b>	
Roadway Factor(s) <b>NONE</b>		Weather Condition(s) <b>CLOUDY</b>	
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</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

01 UNIT	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>1</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"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	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>TWO-WAY, NOT DIVIDED</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

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UNIT 01 INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>1</b>	<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>ACEVEDO</b>		First Name <b>ALEXIS</b>		Middle Initial	Suffix		
	Street Address <b>4038 N WHIPPLE ST</b>		Street Address 2		PO Box			
	City <b>CHICAGO</b>		State <b>IL</b>	Zip Code <b>61618</b>		Country of Residence <b>UNITED STATES</b>		
	DOB	Sex <b>F</b>	Race <b>H</b>	Hair <b>BROWN</b>	Eyes <b>BROWN</b>	Height <b>411</b>	Weight <b>110</b>	
					Phone Number <b>(773) 961-5533 EXT.</b>			
	Driver's License Number		State <b>IL</b>	License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>		
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2023</b>			
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use		Helmet Compliance						
Eye Protection		Tint Compliance						
UNIT 01 INDIVIDUAL	<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 APPLICA</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>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>UNKNOWN</b>							
	Distracted By Source <b>UNKNOWN</b>		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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								
UNIT 02 INDIVIDUAL	Role <b>PASSENGER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>		
	Last Name <b>SANCHEZ</b>		First Name <b>CHRISTINA</b>		Middle Initial	Suffix		
	Street Address <b>3601 S SEELEY AVE</b>		Street Address 2		PO Box			
	City <b>CHICAGO</b>		State <b>IL</b>	Zip Code <b>60609</b>		Country of Residence <b>UNITED STATES</b>		

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UNIT  
INDIVIDUALUNIT  
INDIVIDUAL

02

UNIT  
INDIVIDUAL

DOB	Sex <b>F</b>	Race <b>H</b>	Hair <b>BROWN</b>	Eyes <b>BROWN</b>	Height <b>503</b>	Weight <b>185</b>	Phone Number
Driver's License Number			State <b>IL</b>	License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>	
License Type <b>NON-CDL DRIVER'S LICENSE</b>			License Status <b>VALID LICENSE</b>			DL Expire Year <b>2024</b>	
<b>Equipment</b>	On Duty Accident		Safety Equipment				
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 APPLICA</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>Non Motorist</b>	Striking Unit #		Location		To/From School		
Prior Action			Action				
Distracted By Action							
Distracted By Source			Action Other				
<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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							
License Plate Number <b>BN52943</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>3C4NJDBB7HT680020</b>					Year <b>2017</b>	Make <b>JEEP</b>	
Model <b>CHEROKEE</b>			Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Color <b>GRY - GRAY</b>	
Initial Contact Point <b>11 - LEFT FRONT CORNER</b>							

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UNIT VEHICLE	01	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		Vehicle Damage <b>08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>			
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors			
		Vehicle Removed By <b>OPERATOR</b>		<b>NOT APPLICABLE</b>			
		What Driver Was Doing <b>OVERTAKE RIGHT</b>		Driver Prior Action Other		Bus Use	
	Driver Actions <b>IMPROPER OVERTAKING / PASSING RIGHT</b>						
	<input checked="" type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address			
	Organization Type <b>INDIVIDUAL</b>		Company Name				
	Last Name <b>ACEVEDO</b>		First Name <b>ALEXIS</b>		Middle	Suffix	Date of Birth
	Street Address <b>4038 N WHIPPLE ST</b>		Street Address2		PO Box		
	City <b>CHICAGO</b>		St <b>IL</b>	Zip Code <b>61618</b>		Country of Residence <b>UNITED STATES</b>	
Telephone Number <b>(773) 961-5533 EXT.</b>							
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>					
	02	Event					
	03	Event					
	04	Event					
01	01	UTC Number <b>BG111156</b>	Issue To? <b>001</b>	Statute Number <b>346.08</b>	Description <b>UNSAFE PASSING ON RIGHT</b>		
	01	Insurance Company <b>ALLSTATE-VEHICLE-AND-PROPERTY-INS-CO</b>			<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>ACEVEDO</b>	First Name <b>ALEXIS</b>	Policy Holder Company		

## 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>4</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"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
	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>TWO-WAY, NOT DIVIDED</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>DOWNHILL</b>		
	02	Truck Bus or HazMat <b>NO</b>					

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UNIT INDIVIDUAL	02	Role <b>DRIVER</b>		Citations Issued <b>0</b>	<input type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>		
	03	Last Name <b>HARMS</b>		First Name <b>DUSTIN</b>		Middle Initial <b>M</b>	Suffix	
		Street Address <b>5 LISA CT</b>		Street Address 2		PO Box		
		City <b>LAKE IN THE HILL</b>		State <b>IL</b>	Zip Code <b>60156</b>	Country of Residence <b>UNITED STATES</b>		
		DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BLOND</b>	Eyes <b>BLUE</b>	Height <b>602</b>	Weight <b>200</b>
	Driver's License Number		State <b>IL</b>	License Jurisdiction <b>STATE</b>	Country of Issuance <b>UNITED STATES</b>			
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>			DL Expire Year <b>2021</b>		
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>SHOULDER &amp; LAP BELT</b>				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
UNIT INDIVIDUAL	03	<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 APPLICA</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>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>UNKNOWN</b>		Action Other					
	Distracted By Source <b>UNKNOWN</b>		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>						
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>					
UNIT INDIVIDUAL	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							
02 04	Role <b>PASSENGER</b>		Citations Issued <b>0</b>	<input checked="" type="checkbox"/> Use Driver Address	Individual Type <b>INDIVIDUAL</b>			
	Last Name <b>HARMS</b>		First Name <b>SAMANTHA</b>		Middle Initial <b>M</b>	Suffix		
	Street Address <b>5 LISA CT</b>		Street Address 2		PO Box			
	City <b>LAKE IN THE HILL</b>		State <b>IL</b>	Zip Code <b>60156</b>	Country of Residence <b>UNITED STATES</b>			

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UNIT INDIVIDUAL 04	DOB	Sex <b>F</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>GREEN</b>	Height <b>505</b>	Weight <b>140</b>	Phone Number <b>(847) 220-0765 EXT.</b>
	Driver's License Number			State <b>IL</b>	License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>	
	License Type <b>NON-CDL DRIVER'S LICENSE</b>			License Status <b>VALID LICENSE</b>			DL Expire Year	
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	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>POSSIBLE INJURY</b>		Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>			Ejection Path <b>NOT EJECTED/NOT APPLICA</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			
UNIT INDIVIDUAL 04	<b>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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							
	UNIT INDIVIDUAL 05	Role <b>PASSENGER</b>			Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>	Individual Type <b>INDIVIDUAL</b>	
Last Name <b>HARMS</b>			First Name <b>BRADLEY</b>		Middle Initial <b>E</b>	Suffix		
Street Address <b>5 LISA CT</b>			Street Address 2		PO Box			
City <b>LAKE IN THE HILL</b>			State <b>IL</b>	Zip Code <b>60156</b>		Country of Residence <b>UNITED STATES</b>		

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UNIT INDIVIDUAL	DOB	Sex <b>M</b>	Race <b>W</b>	Hair	Eyes	Height	Weight	Phone Number <b>(309) 368-9451 EXT.</b>
	Driver's License Number			State	License Jurisdiction		Country of Issuance	
	License Type			License Status			DL Expire Year	
	<b>Equipment</b>	On Duty Accident			Safety Equipment			
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>			<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</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 APPLICA</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			
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #			Location		To/From School	
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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							
	UNIT INDIVIDUAL	Role <b>PASSENGER</b>			Citations Issued <b>0</b>	<input checked="" type="checkbox"/> <b>Use Driver Address</b>	Individual Type <b>INDIVIDUAL</b>	
Last Name <b>HARMS</b>			First Name <b>ISAAC</b>		Middle Initial	Suffix		
Street Address <b>5 LISA CT</b>			Street Address 2		PO Box			
City <b>LAKE IN THE HILL</b>			State <b>IL</b>	Zip Code <b>60156</b>		Country of Residence <b>UNITED STATES</b>		

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UNIT  
INDIVIDUALUNIT  
INDIVIDUALUNIT  
INDIVIDUAL

DOB	Sex <b>M</b>	Race <b>W</b>	Hair	Eyes	Height	Weight	Phone Number <b>(309) 368-9451 EXT.</b>
Driver's License Number			State		License Jurisdiction		Country of Issuance
License Type			License Status			DL Expire Year	
<b>Equipment</b>	On Duty Accident		Safety Equipment				
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>		<b>CHILD RESTRAINT SYSTEM - REAR FACING</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 APPLICA</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>Non Motorist</b>	Striking Unit #		Location		To/From School		
Prior Action			Action				
Distracted By Action							
Distracted By Source			Action Other				
<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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							
License Plate Number <b>BV73408</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1V2MR2CA9JC549122</b>					Year <b>2018</b>	Make <b>VOLKSWAGEN</b>	
Model <b>ATLAS</b>			Body Style <b>UT - SPORT UTILITY VEHICLE</b>			Color <b>WHI - WHITE</b>	
Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>							



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UNIT VEHICLE	02	Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors		
		Vehicle Removed By <b>OPERATOR</b>		<b>NOT APPLICABLE</b>		
		What Driver Was Doing <b>RIGHT TURN</b>		Driver Prior Action Other		Bus Use
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		<input type="checkbox"/> Vehicle Owner Same As Operator			<input checked="" type="checkbox"/> Use Operator Address	
		Organization Type <b>INDIVIDUAL</b>		Company Name		
		Last Name <b>HARMS</b>		First Name <b>SAMANTHA</b>	Middle <b>M</b>	Suffix <b></b>
		Street Address <b>5 LISA CT</b>		Street Address2		PO Box
		City <b>LAKE IN THE HILL</b>		St <b>IL</b>	Zip Code <b>60156</b>	Country of Residence <b>UNITED STATES</b>
	Telephone Number <b>(309) 368-9451 EXT.</b>					
UNIT	01	Event <b>RIGHT TURN</b>				
	02	Event <b>MOTOR VEH IN TRANSPORT</b>				
	03	Event				
	04	Event				
UNIT HOL	02	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver
		Organization Type <b>INDIVIDUAL</b>	Last Name <b>HARMS</b>	First Name <b>SAMANTHA</b>	Policy Holder Company	

## Description

Diagram

Reconstruction By

Photos By

Additional Information

6TL0D7W13K

20-10563

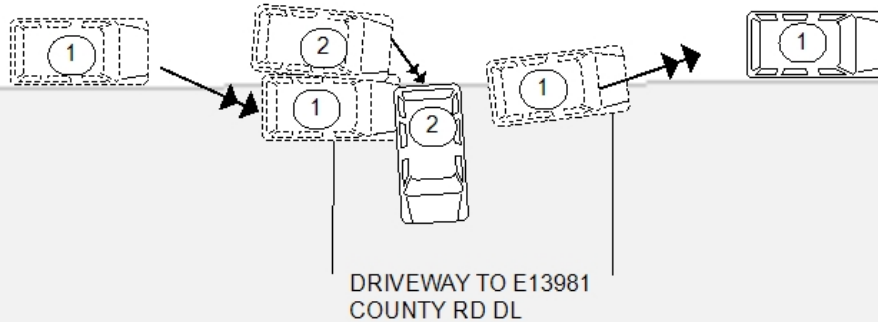
# Wisconsin Motor Vehicle Crash Report

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



NOT TO SCALE

COUNTY RD DL



NONE

UNIT 1 ATTEMPTED TO PASS UNIT 2 ON THE RIGHT SIDE AS UNIT 2 WAS TURNING RIGHT IN TO A DRIVEWAY. UNIT 1 STRUCK UNIT 2 AS IT ATTEMPTED TO PASS. THE DRIVER OF UNIT 1 SAID THE VEHICLE HAD STOPPED AND UNIT 2 WAS NOT USING A TURN SIGNAL. THE DRIVER OF UNIT 2 SAID HE USED HIS TURN SIGNAL AND THAT UNIT 1 WAS DRIVING AT A HIGH RATE OF SPEED.

## Signature

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

## Law Enforcement Agency

Agency Space				
Officer Rank <b>DEP</b>	Officer Last Name <b>MUELLER</b>	Officer First Name <b>KYLE</b>	Officer Middle Name <b>J</b>	Suffix
DOT Officer ID <b>9120</b>		DNR Officer ID	Officer Badge Number <b>9120</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPTMEN</b>		TAS Agency Name <b>SAUK COUNTY SHERIFF</b>		
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>		Law Enforcement Agency Street Address2		
Law Enforcement Agency City <b>BARABOO</b>	LEA State <b>WI</b>	Law Enforcement Agency Zip Code <b>53913</b>		

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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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