## Wisconsin Motor Vehicle Crash Report

	Document Number	Override		Primary Cras	h Document #		Agency <b>20-105</b>		sh Number		Investigating Offi DEPUTY K. M					
	Orash Date 08/28/2020 Date Notified		0 1 7			Date Arr				Time Arrived	UELL	EK				
13K	<b>08/28/2020</b> Date Notified			Crash Time 04:58 PM			08/28/2	020			05:18 PM	T				
⋛	Date Notified <b>08/28/2020</b>			Time Notified 04:58 PM			Total Un	iits			Total Injured  01	Total	l Killed			
0D7W1	On Emergen	ocv.	— Ці+	and Run	☐ Lane	Closu	ıre.		Work Zoi	10	☐ Trailer or	Fower	,		Reporting	
<u></u>		-		and Kun	Laile	Ciosu	School E	Rus F		16	Tags	owe		Ц.	Threshold	d _
eTL	Govern Prope			Ш	School Zone		NO	Jus 1	Tolated		Tays		-			
	<b>✓</b> Reportable			Crash Type DT4000 (ST	ANDARD CF	RASH	)				Amended				Secondary Crash	<b>y</b>
ļ	Location ===															
	ON CTHDL EB 1084 FT E					Latitu			Longitude		t/LongSource		Acces	s Contro	ol	
	OF BLUFF RD						0947098	5	-89.62645		LT/ILT	.,	0 0		0" .	
	IN THE TOWN O		RIMAC				ordinate 344.75		Y Coordina 4809638		n Roadway Link ID: 557413	#	1084	auway i	_ink Offset	
	IN SAUK COUNT	• •				Ove	erride	7	Tribal Land				Struct	ure Type	)	
						0,0	inde [									
(	Crash Scene First Harmful Event	<b>=</b>				First	Harmful F	ven	t Location							
			SPORT				DSIDE	_ , ,	it Location							
	Manner of Collision	- SIDESWIPE/SAME DIRECT ad Surface Condition(s)  Y adway Factor(s)					Condition	า								
	07 - SIDESWIPE	SAME	DIREC	CTION		DAY	LIGHT									
	Road Surface Cond	dition(s)				Envir	onment F	acto	or(s)							
	DRY					NON	IE .									
•	Roadway Factor(s)	•				Weat	ther Cond	lition	(s)							
	NONE			CLC	UDY											
•	Animal Type					ľ	tion To Tr		way ON ROAI	)						
	Crash Classification	n - Locati	ion						n - Jurisdicti							
	PUBLIC PROPE	RTY				NO:	SPECIA	L JI	JRISDICT	ION						
•	Tribal Land						ss Contro			Spec	ial Study					
ı	Within Interchange	Area		ction Location	AI.				section Type		SNI					
l	NO		NO	N-JUNCTIO	N			NOI	AN INTE	KSECTIC	JN					
- 1	Unit Summary Unit Status	<u> </u>			ehicle Operatir	~ ^ ^	Nessifiest	ion		Unit Type						
	IN TRANSIT				CLASS	ig As C	Jiassilicai	1011		AUTOM						
7	Vehicle Type (SPORT) UTILIT	Y VEHI	CLE							Operating	As Endorsements					
•	Total Occs	Train/B	us # Red	corded 7	otal # Citations	Issued	d		Total Trailer <b>0</b>	S	Total HazMat Ty	/pes				
LIND	Insurance? YES	Directio EASTE		T I	Pre Cras		Э		Speed Limit		Total Lanes 2					
5	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function	FUNC	CTION	ı		Emergend NOT AP	cy Motor Vehicle Us PLICABLE	se				
	Traffic Way Traffic C			raffic Control	L				Traffic Co	ntrol Inoperative/M	issing					
	Surface Type				Road Curvature					Road Gra	de					
	BLACKTOP (BI		OUS)		TRAIGHT						DWNHILL					
5	Truck Bus or HazM	lat														

## Wisconsin Motor Vehicle Crash Report

_		Role DRIVER			Citations Issued  1  Use Driver Address					Individual Type INDIVIDUAL		
01	10	Last Name ACEVEDO			First Name ALEXIS		1		Middle Initi	ial	Suffix	
		Street Address 4038 N WHIPPLE	ST		Street Address 2				PO Box		1	
_	UAL	City CHICAGO			State IL		Zip Code <b>61618</b>		Country of Residence UNITED STATES			
UNIT	INDIVIDUAL	DOB	Sex <b>F</b>	Race H	Hair BROWN	Eyes BRO	WN 4	eight <b>11</b>	Weight 110	(773) 961-5533 EXT.		
	IN	Driver's License Num	ber		State IL		License Jurs STATE	idiction	Country of UNITED	STATES		
		License Type NON-CDL DRIVER			License Status VALID LICENS	SE			DL Expire 2023	Year		
		Equipment	On Duty Acc	ident	Safety Equipmen	t						
	1	Row 01 - FRONT ROW		Seat Position  7 - LEFT	SHOULDER &	LAP	BELT					
	01	Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
	_	Injury	Injury Severit	y RENT INJURY	Airbag NON DEPLOY	ED						
╘	DUA	Ejected NOT EJECTED			Ejection Path NOT EJECTEI	D/NOT	APPLICA	Trapped/Ex				
LINO	INDIVIDUAL	MedicalTransport NOT TRANSPORT	ΓED		EMS Agency Ide	ntifier		EMS Run #	‡			
	<b>∠</b>	Hospital			Date of Death			Time of De	ath			
		Non Motorist	Striking Unit	#	Location	7		To/FromSo	thool			
	1	Prior Action			Action							
	01	Distracted By Action UNKNOWN										
		Distracted By Source UNKNOWN			Action Other							
		Drug & Alcoh	Individual Co									
	JAL	Suspected Alcohol Us NO	se		Suspected Drug NO	Use						
UNIT	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol Te		S	
	IND	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	Results		
		Drug Type										
2		Role PASSENGER			Citations Issued 0			Driver Idress	Individual I			
0	02	Last Name SANCHEZ			First Name CHRISTINA				Middle Initi	ial	Suffix	
		Street Address 3601 S SEELEY A	VE		Street Address 2				PO Box			
		City CHICAGO			State IL	Zip Code <b>60609</b>			Country of Residence UNITED STATES			

## Wisconsin Motor Vehicle Crash Report

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

Crash Date 08/28/2020

Crash Time 04:58 PM

	ΑF									
LNO	INDIVIDUAL	DOB	Sex <b>F</b>	Race <b>H</b>	Hair BROWN	Eyes BRC	WN	Height 503	Weight 185	Phone Number
		Driver's License Num	ber		State IL	•	License C STATE	Jursidiction		f Issuance STATES
		License Type NON-CDL DRIVER	R'S LICEN	SE	VALID LICE				DL Expire <b>2024</b>	Year
		Equipment	On Duty A	ccident	Safety Equipm	nent				
	05	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	SHOULDER	& LAP	BELT			
	0	Helmet Use			Helmet Compl	liance				
		Eye Protection			Tint Complian	се		>		
	_	Injury	Injury Seve	rity ARENT INJURY	Airbag NON DEPLO	OYED	X			
LIND	INDIVIDUAL	NOT EJECTED			Ejection Path NOT EJECT	ED/NO	T APPLI		ed/Extricated TRAPPED	
5	M	MedicalTransport NOT TRANSPORT	ΓED		EMS Agency I	Identifier		EMS	Run #	
	<b>≤</b>	Hospital			Date of Death			Time	of Death	
		Non Motorist	Striking Un	it#	Location			To/Fro	omSchool	
	0.1	Prior Action			Action					
	05	Distracted By Action								
		Distracted By Source			Action Other					
		Drug & Alcoh	Individual (	Condition ED NORMAL						
	٩L	Suspected Alcohol Us			Suspected Dru NO	ug Use				
L N O	NDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol T	est Results
ر ر	N	Drug Test Given TEST NOT GIVEN	7	Drug Test Type					Drug Tes	Results
		Drug Type								
		License Plate Numbe BN52943	r		Plate Type AUT - AUTC	OMOBIL	E	St IL	Country of Issu UNITED STA	
		Vehicle Identification 3C4NJDBB7HT68			•			Year <b>2017</b>	Make <b>JEEP</b>	
		Model CHEROKEE			Body Style UT - SPORT	T UTILIT	Y VEHIC		Color GRY - GRA	,
		Initial Contact Point 11 - LEFT FRONT	CORNER					<del></del>		

## Wisconsin Motor Vehicle Crash Report

							\	/ehicle Damag	е							
								08 - LEFT SII	DE REAR,	09 - LI	EFT S	IDE MIDD	LE, 10 - LEFT SIDE FRONT, 11 -			
5	01	Extent Of Da	_	4405				LEFT FRONT					,			
		Towed Due T						/ehicle Factors								
			•	ye			'	renicie raciois	•							
		NOT TOWE						NOT APPLIC	ADIE							
		Vehicle Rem	•				ľ	NOI APPLIC	ADLE							
		What Driver		ng.			-	Oriver Prior Act	ion Othor			Bus Us	20			
		OVERTAK		•				JIIVEI FIIOI ACI	ion Other			Dus Os	oc .			
		Driver Action		•												
LINO	VEHICLE	IMPROPER	R OVER	TAKING	/ PASSI	NG RIGH	łT									
		<b>V</b> ehicle	Owner	Same A	s Opera	itor			✓ Use Ope	erator	Addre	ess				
		Organization	Туре			Compa	ny Name				7					
		INDIVIDUA	L													
		Last Name				First N	ame			Middle		Suffix	Date of Birth			
		ACEVEDO				ALEX	ALEXIS									
		Street Addres	ss			Street Address2				PO Bo	X					
		4038 N WH	IIPPLE S	ST												
		City				St	St Zip Code					sidence				
		CHICAGO				IL	61618			UNITI	ED ST	ATES				
		Telephone N		_												
		(773) 961-5	533 EX	т.												
	01	Event MOTOR VE	H IN TE	RANSPO	RT											
	2	Event														
	S Event															
	03	Event														
	04	Event														
		UTC Number		Issue To	2 9	atute Num	hor	Description								
01	01	BG111156		001		46.08	ibei	UNSAFE P	ASSING C	ON RIG	HT					
.	70	Insurance Co	. ,					Policy	y Holder		- Pal	iov Holdo	r Sama Aa Drivar			
H		ALLSTATE	-VEHIC	LE-AND	-PROPE	RTY-INS	-co	Same	As Owne	_			r Same As Driver			
5	보	Organization			Last Nar			First Name		P	Policy H	older Comp	any			
		INDIVIDUAI			ACEVE	:DO		ALEXIS								
		Summar	y <b>=</b>													
		Status						s Classification	า	Unit 7		=				
		N TRANSIT D CLAS									ОМОЕ					
02		cle Type <b>ORT) UTILIT</b>	Y VEHI	CLE						Opera	ating As	s Endorsem	ents			
	Total	I Occs	Train/Bu	us # Reco	rded	Total # C	itations Iss	ued	Total Traile	ers		Total HazM <b>0</b>	at Types			
	Insur	rance?	Directio	n Of Trave	el	P	re Crash1	Tire	Speed Lim	nit		Total Lanes	8			
UNIT	YES	YES EASTBOUND							55			2				
5	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Fund NO SPECI					unction	NCTION	•	Emer NOT	gency I	Motor Vehic	ele Use				
		ic Way	IKAN	or UK I		Traffic Co										
		D-WAY, NOT	DIVIDE	ED		NO CO				Traffic Control Inoperative/Missing NO						
	Surfa	асе Туре				Road Cu				Road Grade						
		CKTOP (BI		OUS)		STRAIG	HT			DOWNHILL						
02	Truci <b>NO</b>	k Bus or HazN	lat													

## Wisconsin Motor Vehicle Crash Report

8		Role <b>DRIVER</b>			Citations Issued  0			e Driver ddress	Individual INDIVIDU				
02	03	Last Name HARMS			First Name <b>DUSTIN</b>				Middle Init	ial	Suffix		
		Street Address 5 LISA CT			Street Address 2	2			PO Box				
<b>–</b>	JAL	City LAKE IN THE HILI	L		State IL		Zip Code <b>60156</b>		Country of Residence UNITED STATES				
LIND	INDIVIDUAL	DOB	Sex M	Race W	Hair BLOND	Eyes <b>BLU</b>	E	Height <b>602</b>	Weight 200		Number 368-9451 EXT.		
	IND	Driver's License Num	ber		State IL		License Jur STATE	sidiction	Country of UNITED				
		License Type NON-CDL DRIVER	R'S LICENS	E	License Status VALID LICEN	ISE			DL Expire <b>2021</b>	Year			
		Equipment	On Duty Acc	ident	Safety Equipme	nt							
	03	Row 01 - FRONT ROW		Seat Position  07 - LEFT	SHOULDER 8	& LAP	BELT						
	0	Helmet Use			Helmet Complia	ince							
		Eye Protection			Tint Compliance								
	7	Injury	Injury Sever	ty RENT INJURY	Airbag NON DEPLO	YED	X,						
⊨	DUA	NOT EJECTED			Right Ejection Path NOT EJECTE	D/NO	T APPLICA		/Extricated RAPPED				
LIND	INDIVIDUAL	MedicalTransport NOT TRANSPORT	ΓED		EMS Agency Ide	entifier		EMS Run	#				
	2	Hospital			Date of Death			Time of De	eath				
		Non Motorist	Striking Unit	#	Location			To/FromSo	chool				
	3	Prior Action			Action								
	03	Distracted By Action UNKNOWN											
		Distracted By Source UNKNOWN			Action Other								
		Drug & Alcoh	Individual Co	ondition D NORMAL									
	JAL	Suspected Alcohol Us NO	se		Suspected Drug NO	J Use			_				
LNO	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol Te		ts		
	IND	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	Results			
		Drug Type											
		Role PASSENGER			Citations Issued	l		e Driver	Individual				
05	04	Last Name			First Name		<b>✓</b> A	ddress	Middle Init		Suffix		
	)	HARMS Street Address			SAMANTHA Street Address 2	2			M PO Box				
		5 LISA CT City			State		Zip Code		Country of				
		LAKE IN THE HILI	L		IL	60156		UNITED STATES					

## Wisconsin Motor Vehicle Crash Report

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

Crash Time 04:58 PM

	Ι										
L NO	INDIVIDUAL	DOB	Sex <b>F</b>	Race <b>W</b>	Hair BROWN	Eyes GRE		Height 505	Weight 140	Phone I (847) 2	Number 220-0765 EXT.
	IND	Driver's License Num	ber		State IL	•	License C	Jursidiction	Country o		
		License Type NON-CDL DRIVER	R'S LICENS	E	License Status VALID LICE				DL Expire	Year	
		Equipment	On Duty Ac	cident	Safety Equipm	ent					
	4	Row 01 - FRONT ROW	•	Seat Position  09 - RIGHT	SHOULDER	& LAP	BELT				
	04	Helmet Use			Helmet Compli	ance					
		Eye Protection			Tint Compliand	e		>			
	7	Injury	Injury Sever	•	Airbag NON DEPLO	YED	X				
_	NΑ	Ejected NOT EJECTED			Ejection Path NOT EJECT	ED/NO:	T A DDI 14	Trapped/E  CA NOT TRA			
L N N	INDIVIDUAL	MedicalTransport NOT TRANSPORT	red.		EMS Agency Id		ALLEN	EMS Run			
	Z	Hospital	· <u></u>		Date of Death			Time of De	eath		
		Non Motorist	Striking Uni	t #	Location			To/FromSo	chool		
		Prior Action			Action						
	04	Distracted By Action									
		Distracted By Source			Action Other						
		Drug & Alcoh	ALLEAN	ondition ED NORMAL							
	JAL	Suspected Alcohol Us <b>NO</b>	se		Suspected Dru NO	ıg Use					
LNO	NDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type					Alcohol T		ts
	IND	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Test	t Results	
		Drug Type									
8		Role PASSENGER			Citations Issue  0	d	ا یا	Jse Driver Address	Individual INDIVID		
05	02	Last Name HARMS			First Name BRADLEY				Middle Ini	tial	Suffix
		Street Address 5 LISA CT			Street Address	2			PO Box		
		City LAKE IN THE HILI	L		State IL		Zip Code <b>60156</b>		Country o		
Visco	nsin N	Notor Vehicle Crash							С	rash Date	08/28/2020

## Wisconsin Motor Vehicle Crash Report

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

	JAL										
L	INDIVIDUAL	DOB	Sex M	Race <b>W</b>	Hair	Eyes		Height	Weight		Number 868-9451 EXT.
	IND	Driver's License Num	ber		State	•	License Ju	rsidiction	Country o	f Issuance	е
		License Type			License Status				DL Expire	e Year	
		Equipment	On Duty Acc	sident	Safety Equipmen						
	05	Row 02 - SECOND ROV	N	Seat Position  07 - LEFT	CHILD REST		SYSTEM	- FORWARD	FACING		
	)	Helmet Use			Helmet Complia	nce					
		Eye Protection			Tint Compliance						
		Injury	Injury Sever	ity RENT INJURY	Airbag NON DEPLO	/ED					
⊑l	DUA	NOT EJECTED			Ejection Path NOT EJECTE	D/NO	T APPLICA	Trapped/Ex			
E N	INDIVIDUAL	MedicalTransport NOT TRANSPORT	ΓED		EMS Agency Ide	entifier		EMS Run #	<i>‡</i>		
	2	Hospital			Date of Death			Time of De	ath		
		Non Motorist	Striking Unit	#	Location			To/FromSo	hool		
		Prior Action			Action						
	05	Distracted By Action									
		Distracted By Source			Action Other						
		Drug & Alcoh	Individual Co	ondition D NORMAL	•						
	٩٢	Suspected Alcohol Us NO	se		Suspected Drug NO	Use					
LNO	INDIVIDUAL	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1				Alcohol T	est Resul	ts
_	IND	Drug Test Given TEST NOT GIVEN		Drug Test Type					Drug Tes	t Results	
		Drug Type		·							
05		Role PASSENGER			Citations Issued 0			se Driver Address	Individual INDIVID		
0	90	Last Name HARMS			First Name ISAAC				Middle Ini	tial	Suffix
		Street Address 5 LISA CT			Street Address 2	2			PO Box		
		City  LAKE IN THE HILI	L		State IL		Zip Code <b>60156</b>		Country o		

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## Wisconsin Motor Vehicle Crash Report

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

Crash Date 08/28/2020

Crash Time 04:58 PM

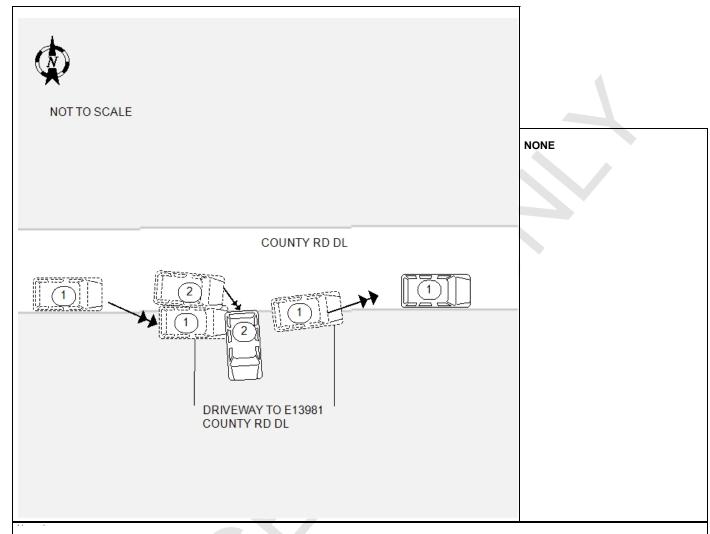
	JΑL									
	NDIVIDUAL	DOB	Sex M	Race <b>W</b>	Hair	Eyes		Height	Weight	Phone Number (309) 368-9451 EXT.
	IND	Driver's License Num	nber		State		License Ju	rsidiction	Country	of Issuance
		License Type			License Status				DL Expir	e Year
		Equipment	On Duty A	ccident	Safety Equipme					
	90	Row 02 - SECOND RO	w	Seat Position  09 - RIGHT	CHILD REST		SYSTEM	- REAR	FACING	
	0	Helmet Use			Helmet Compli					
		Eye Protection			Tint Complianc	е				
	ı,	Injury	NO APP	ARENT INJURY	Airbag NON DEPLO	YED				
L N O	שסו	NOT EJECTED			Ejection Path NOT EJECTI		T APPLIC	A NOT	ed/Extricated TRAPPED	
5	INDIVIDUAL	MedicalTransport NOT TRANSPOR	TED		EMS Agency Id	dentifier		EMS F		
		Hospital			Date of Death				of Death	_
		Non Motorist	Striking Ur	nit #	Location			To/Fro	omSchool	
	90	Prior Action  Distracted By Action			Action					
		Distracted By Source	<u> </u>		Action Other					
			Individual	Condition	Action Other					
		Drug & Alcoh	APPEAR	ED NORMAL						
_	JAL	Suspected Alcohol U NO	se		Suspected Dru NO	g Use				
L N O	INDIVIDUA	Alcohol Test Given TEST NOT GIVEN	1	Alcohol Test Type						est Results
	IND	Drug Test Given TEST NOT GIVEN	ı	Drug Test Type					Drug Tes	t Results
		Drug Type								
		License Plate Number BV73408			Plate Type AUT - AUTO	MOBIL	.E	St IL	Country of Iss UNITED ST	
		Vehicle Identification  1V2MR2CA9JC54			- T			Year <b>2018</b>	Make VOLKSWA	GEN
		Model ATLAS			Body Style UT - SPORT	UTILIT	Y VEHICL	.E	Color WHI - WHIT	E
		Initial Contact Point  02 - RIGHT SIDE	FRONT							

## Wisconsin Motor Vehicle Crash Report

					Vehicle	Dam	age							
05	02	Extent Of Damage					FRONT COI	RNER, 02 -	RIGHT SIE	DE FRONT, 11 - LEFT FRONT				
0	0	DISABLING DAMAGE												
		Towed Due To Damage			Vehicle	Facto	ors							
		NOT TOWED												
		Vehicle Removed By			NOT A	NOT APPLICABLE								
		OPERATOR			<u> </u>		A 1' C''		- TE ::					
		What Driver Was Doing			Driver F	Prior A	Action Other		Bus Us	se				
		RIGHT TURN												
LINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	ON											
		Vehicle Owner Same A	s Operate				<b>✓</b> Use Ope	erator Addre	ess					
		Organization Type INDIVIDUAL		Company N	lame									
		Last Name		First Name				Middle	Suffix	Date of Birth				
		HARMS		SAMANTI				M						
		Street Address		Street Addre	ess2			PO Box						
		5 LISA CT		C+   7:	Codo			Country of D	nidonas	200				
		City  LAKE IN THE HILL			Code 1 <b>156</b>			Country of Re						
		Telephone Number		j.L   30				CHILDSI	AILU					
		(309) 368-9451 EXT.												
	10	Event RIGHT TURN			<b>(</b>									
	02	Event MOTOR VEH IN TRANSPO	RT											
	03	Event												
	04	Event												
Ęĺ		Insurance Company STATE-FARM-GENERAL-I	NS-CO			Pol Sar	icy Holder ne As Owner			r Same As Driver				
END	오	Organization Type INDIVIDUAL	Last Name			st Nar	me <b>NTHA</b>	Policy H	lolder Comp	pany				
	Des	cription												
	Diag	ram								Reconstruction By				
										81.1.8				
										Photos By				
										Additional Information				

#### Wisconsin Motor Vehicle Crash Report

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



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 DRIVE 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 Enforce	ment Agenc	y <del></del>							
Agency Space									
Officer Rank <b>DEP</b>	Officer Last N	lame	Officer <b>KYLE</b>	First Name		Office	er Middle Name	Suffix	
DOT Officer ID 9120			DNR Officer ID			Office 9120	er Badge Number		
Officer EMail						•			
Local Agency Nun	nber	Law Enf	orcement Agency Ju	ırisdiction			Law Enforcement Age COUNTY SHERIF		
Law Enforcement	Agency Name  / SHERIFFS DE	PARTM	ΞN		Agency Name JK COUNTY		IFF		
Law Enforcement 1300 LANGE C	Agency Street Add	Iress		Law	Enforcement A	Agency	Street Address2		
Law Enforcement Agency City  BARABOO  LEA State  WI				•	Law Enforce	ement A	Agency Zip Code		

# Wisconsin Motor Vehicle Crash Report

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

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

Wisconsin Motor Vehicle Crash
Form DT4000

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