

6TL0C9H5JT

20-10677

Wisconsin Motor Vehicle Crash Report

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

UNIT 01 INDIVIDUAL	Role DRIVER		Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name REED		First Name SHERRON		Middle Initial P		Suffix	
	Street Address 413 S JOLIET ST		Street Address 2		PO Box			
	City JOLIET		State IL		Zip Code 60432		Country of Residence UNITED STATES	
	DOB	Sex M	Race B	Hair BALD	Eyes BROWN	Height 507	Weight 185	Phone Number (414) 856-6633 EXT.
	Driver's License Number		State IL		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2024			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		RESTRAINT USE UNKNOWN				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
UNIT 01 INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE				
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT APPLICABLE			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action							
	Distracted By Source		Action Other					
	Drug & Alcoh	Individual Condition NOT OBSERVED						
	Suspected Alcohol Use		Suspected Drug Use					
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								
UNIT 02 INDIVIDUAL	Role PASSENGER		Citations Issued 0		<input checked="" type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name REED		First Name CRYSTAL		Middle Initial A		Suffix	
	Street Address 413 S JOLIET ST		Street Address 2		PO Box			
	City JOLIET		State IL		Zip Code 60432		Country of Residence UNITED STATES	

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UNIT INDIVIDUAL 02	DOB	Sex F	Race B	Hair BLACK	Eyes BROWN	Height 504	Weight 150	Phone Number (414) 856-6633 EXT.
	Driver's License Number			State IL	License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE			DL Expire Year 2023	
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT		RESTRAINT USE UNKNOWN				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
	Injury	Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE				
	Ejected NOT APPLICABLE			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT APPLICABLE		
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death			
UNIT INDIVIDUAL 02	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action			Action				
	Distracted By Action							
	Distracted By Source			Action Other				
	Drug & Alcoh	Individual Condition NOT OBSERVED						
	Suspected Alcohol Use			Suspected Drug Use				
	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							
	UNIT INDIVIDUAL 03	Role PASSENGER			Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	
Last Name ROBERTS			First Name KENNETH		Middle Initial NMN	Suffix		
Street Address 2821 MOUNT MARIAH RD			Street Address 2		PO Box			
City LISMAN			State AL	Zip Code 36912		Country of Residence UNITED STATES		

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UNIT
INDIVIDUALUNIT
INDIVIDUALUNIT
INDIVIDUAL01
04

DOB	Sex M	Race B	Hair BLACK	Eyes BROWN	Height 507	Weight 140	Phone Number (815) 715-9927 EXT.
Driver's License Number			State AL	License Jurisdiction STATE		Country of Issuance UNITED STATES	
License Type NON-CDL DRIVER'S LICENSE			License Status NOT LICENSED			DL Expire Year 2023	
Equipment	On Duty Accident		Safety Equipment				
Row 02 - SECOND ROW	Seat Position 07 - LEFT		RESTRAINT USE UNKNOWN				
Helmet Use			Helmet Compliance				
Eye Protection			Tint Compliance				
Injury	Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE				
Ejected NOT APPLICABLE			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT APPLICABLE		
Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death		
Non Motorist	Striking Unit #		Location		To/From School		
Prior Action			Action				
Distracted By Action							
Distracted By Source			Action Other				
Drug & Alcoh	Individual Condition NOT OBSERVED						
Suspected Alcohol Use			Suspected Drug Use				
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							
Role PASSENGER			Citations Issued 0	<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
Last Name JOHNSON			First Name TORNALIA			Middle Initial D	Suffix
Street Address 212 BARTLESON ST			Street Address 2			PO Box	
City JOLIET			State IL	Zip Code 60433		Country of Residence UNITED STATES	

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UNIT
INDIVIDUALUNIT
INDIVIDUALUNIT
INDIVIDUAL

04

04

DOB	Sex F	Race B	Hair BLACK	Eyes BROWN	Height 507	Weight 162	Phone Number (815) 715-9957 EXT.
Driver's License Number			State IL	License Jurisdiction STATE		Country of Issuance UNITED STATES	
License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE			DL Expire Year 2024	
Equipment	On Duty Accident		Safety Equipment				
Row 02 - SECOND ROW	Seat Position 09 - RIGHT		RESTRAINT USE UNKNOWN				
Helmet Use			Helmet Compliance				
Eye Protection			Tint Compliance				
Injury	Injury Severity NO APPARENT INJURY		Airbag NOT APPLICABLE				
Ejected NOT APPLICABLE			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT APPLICABLE		
Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #		
Hospital			Date of Death		Time of Death		
Non Motorist	Striking Unit #		Location		To/From School		
Prior Action			Action				
Distracted By Action							
Distracted By Source			Action Other				
Drug & Alcoh	Individual Condition NOT OBSERVED						
Suspected Alcohol Use			Suspected Drug Use				
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							
License Plate Number CC29752			Plate Type AUT - AUTOMOBILE		St IL	Country of Issuance UNITED STATES	
Vehicle Identification Number 2HNYD18925H547204					Year 2005	Make ACURA	
Model UTILITY			Body Style 4D - 4DR			Color GRY - GRAY	
Initial Contact Point 00 - NON-COLLISION							

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UNIT VEHICLE	Extent Of Damage MINOR DAMAGE		Vehicle Damage 09 - LEFT SIDE MIDDLE			
	Towed Due To Damage NOT TOWED		Vehicle Factors			
	Vehicle Removed By OPERATOR		NOT APPLICABLE			
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use	
	Driver Actions NO CONTRIBUTING ACTION					
	<input type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address			
	Organization Type INDIVIDUAL		Company Name			
	Last Name JOHNSON		First Name CRYSTAL	Middle A	Suffix	Date of Birth
	Street Address 413 S JOLIET ST		Street Address2		PO Box	
	City JOLIET		St IL	Zip Code 60432	Country of Residence UNITED STATES	
Telephone Number (414) 856-6633 EXT.						
01	Event MOTOR VEH IN TRANSPORT					
02	Event					
03	Event					
04	Event					
UNIT HOL 01	Insurance Company		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver	
	Organization Type INDIVIDUAL	Last Name JOHNSON	First Name CRYSTAL	Policy Holder Company		

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 0	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPE		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Role DRIVER		Citations Issued 0	<input type="checkbox"/> Use Driver Address	Individual Type INDIVIDUAL	

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BARABOO, WI 53913
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UNIT INDIVIDUAL	02		05		Last Name SHORE		First Name RILEY		Middle Initial HEBERT		Suffix			
	Street Address 216 S GRANT ST				Street Address 2				PO Box					
	City ADAMS				State WI		Zip Code 53910		Country of Residence UNITED STATES					
	DOB		Sex M	Race W	Hair	Eyes	Height 506	Weight 145	Phone Number (608) 474-2590 EXT.					
	Driver's License Number				State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES					
	License Type NON-CDL DRIVER'S LICENSE				License Status VALID LICENSE				DL Expire Year 2025					
	Equipment		On Duty Accident				Safety Equipment							
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT									
	Helmet Use				Helmet Compliance									
	Eye Protection				Tint Compliance									
UNIT INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY				Airbag NON DEPLOYED							
	Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICA				Trapped/Extricated NOT TRAPPED					
	Medical Transport NOT TRANSPORTED				EMS Agency Identifier				EMS Run #					
	Hospital				Date of Death				Time of Death					
	Non Motorist		Striking Unit #				Location				To/From School			
	Prior Action				Action									
	Distracted By Action NOT DISTRACTED													
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				Action Other									
	Drug & Alcoh		Individual Condition APPEARED NORMAL											
	Suspected Alcohol Use NO				Suspected Drug Use NO									
UNIT INDIVIDUAL	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													
	License Plate Number 373UYZ				Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES					
	Vehicle Identification Number 4A3AK24F48E019834						Year 2008		Make MITSUBISHI					
	Model ECLIPSE GS				Body Style 2D - 2DR				Color SIL - SILVER (ALUMINUM)					
	Initial Contact Point 01 - RIGHT FRONT CORNER													

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UNIT VEHICLE	02		Extent Of Damage MINOR DAMAGE		Vehicle Damage 01 - RIGHT FRONT CORNER		
			Towed Due To Damage NOT TOWED		Vehicle Factors		
			Vehicle Removed By		NOT APPLICABLE		
			What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use
			Driver Actions NO CONTRIBUTING ACTION				
			<input checked="" type="checkbox"/> Vehicle Owner Same As Operator		<input checked="" type="checkbox"/> Use Operator Address		
			Organization Type INDIVIDUAL		Company Name		
			Last Name SHORE		First Name RILEY	Middle HEBERT	Suffix Date of Birth
			Street Address 216 S GRANT ST		Street Address2 PO Box		
			City ADAMS	St WI	Zip Code 53910	Country of Residence UNITED STATES	
		Telephone Number (608) 474-2590 EXT.					
UNIT EVENT	01		Event MOTOR VEH IN TRANSPORT				
	02		Event				
	03		Event				
	04		Event				
UNIT HOL	02		Insurance Company AMERICAN-FAMILY-MUTUAL-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input checked="" type="checkbox"/> Policy Holder Same As Driver
			Organization Type INDIVIDUAL	Last Name SHORE	First Name RILEY	Policy Holder Company	

Description

Diagram

Reconstruction By

 Photos By
DEPUTY TATE

Additional Information

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ISHLANA PARKING LOT



NOT TO SCALE

PHOTOS

UNIT 1 WAS EXITING THE PARKING LOT OF ISHNALA AND SIDE SWIPE UNIT 2. UNIT 1 DID NOT REMAIN ON SCENE. UNIT 2 HAD MINOR DAMAGE TO THE FRONT PASSENGER SIDE BUMPER. UNIT 1 WAS LATER LOCATED AND HAD MINOR DRIVER SIDE DAMAGE.

Signature

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

Law Enforcement Agency

Agency Space 20-10677				
Officer Rank DEP	Officer Last Name TATE	Officer First Name MATTHEW	Officer Middle Name J	Suffix
DOT Officer ID 9105		DNR Officer ID	Officer Badge Number 9105	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN		TAS Agency Name SAUK COUNTY SHERIFF		
Law Enforcement Agency Street Address 1300 LANGE COURT		Law Enforcement Agency Street Address2		
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		

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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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