

9PL00NZLXF
20-5507

WISCONSIN MOTOR VEHICLE
CRASH REPORT

REEDSBURG POLICE DEPARTMENT
200 SOUTH PARK STREET
REEDSBURG, WI 53959
(608) 524-2376

9PL00NZLXF

| | | | | | |
|--|---|--|------------------------------------|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number | Investigating Officer/Deputy J. WILLIAMS | |
| Crash Date 05/11/2020 | | Crash Time 04:05 PM | Date Arrived 05/11/2020 | Time Arrived 04:09 PM | |
| Date Notified 05/11/2020 | | Time Notified 04:07 PM | Total Units 02 | Total Injured 00 | Total Killed 00 |
| <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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|---|---|
| <p>Diagram</p> <p>Reconstruction By</p> <p>Photos By J. WILLIAMS</p> <p>Additional Information NONE, PHOTOS</p> | <p>Reconstruction By</p> |
| | <p>Photos By J. WILLIAMS</p> |
| | <p>Additional Information NONE, PHOTOS</p> |

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

UNIT 2 WAS STOPPED ON 8TH ST FACING WESTBOUND YIELDING TO ON-COMING TRAFFIC SIGNALING FOR A LEFT TURN. UNIT 1 WAS ALSO TRAVELING WESTBOUND ON 8TH ST APPROACHING UNIT 2. UNIT 1 THOUGHT UNIT 2 WAS PULLING OVER TO THE RIGHT HAND SIDE OF THE ROAD AND DIDN'T SEE THE SIGNAL AS SUN WAS IN THEIR EYES. UNIT 1 ATTEMPTED TO PASS UNIT 2 ON THE LEFT AND UNIT 2 TURNED LEFT INTO THE PASSENGER SIDE OF UNIT 1'S VEHICLE.

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Location

| | | |
|---|---------------------------------------|-----------------------------------|
| INTERSECTION ON 8TH ST AT N PARK ST IN THE CITY OF REEDSBURG IN SAUK COUNTY | Latitude 43.539649592 | Longitude -90.006675382 |
| | X Coordinate 257080.625 | Y Coordinate 4825137.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|---|--|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 01 - ANGLE | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location INTERSECTION | Intersection Type T-INTERSECTION |

Unit Summary

| | | | | | | |
|------------|---|---|--|--------------------------------|--|--|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | |
| | Vehicle Type PASSENGER CAR | | | Operating As Endorsements | | |
| | Total Occs 3 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 25 | Total Lanes 2 | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|--|---|--|--|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | | |
| | License Plate Number 650YHY | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1J8FF47W37D141084 | | Make JEEP | Year 2007 | Model COMPASS |
| | Color BLK - BLACK | | Body Style 4D - 4DR | | Bus Use |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | | Vehicle Damage 01 - RIGHT FRONT CORNER | | |
| Extent Of Damage FUNCTIONAL DAMAGE | | | | | |

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| | | | | | | |
|---|---|--|--|---|-------------------------------|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OWNER | | | |
| | What Driver Was Doing CHANGING LANES | | Vehicle Factors | | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | | |
| | Driver Actions IMPROPER OVERTAKING / PASSING LEFT | | | | | |
| 01 | 01 | Owner Name KRISTINA M GREENWOOD (608) 415-7450 | | Owner Address 546 MARY AVE REEDSBURG, WI 53959 , US | | |
| | | Sequence Of Events | | | | |
| UNIT INDIVIDUAL | 01 | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | | 02 | Event MOTOR VEH IN TRANSPORT | | | |
| | | 03 | Event | | | |
| | | 04 | Event | | | |
| UNIT | Policy Holder | | | | | |
| | Insurance Company STATE-FARM-GENERAL-INS-CO | | Individual KRISTINA GREENWOOD | | | |
| UNIT | Individual | | | | | |
| | 01 | Driver TIMOTHY A BASS (608) 415-0522 | | Citations Issued 1 | Sex MALE | |
| | | Date of Birth 03/05/1972 | | Race WHITE | | |
| | Address 546 MARY AVE REEDSBURG, WI 53959 , US | | Driver License Number B2008017208502 STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| Safety Equipment | | | | | | |
| 01 | 001 | On Duty Crash | | Safety Equipment | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | | |
| | | Helmet Use | | Helmet Compliance | | |
| | | Eye Protection | | Tint Compliance | | |
| | | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |
| | | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | | |
| Hospital | | Date of Death | | Time of Death | | |
| Distracted By | | Distracted By Source UNKNOWN | | | | |
| Distracted By Action UNKNOWN | | | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|---|------------|---|--|--|--|----------------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| 01 | 001 | Action Other | | | | | |
| | | To/From School | | | | | |
| | | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO | | |
| | | 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 | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |
| | | Individual | | | | | |
| | | Passenger KRISTINA M GREENWOOD (608) 415-7450 | | | Citations Issued 0 | Sex FEMALE | |
| | | Date of Birth 10/20/1969 | | | Race WHITE | | |
| Address 546 MARY AVE REEDSBURG, WI 53959 , US | | | Driver License Number G6535136988007 STATE: WISCONSIN COUNTRY: UNITED STATES | | | | |
| 01 | 002 | Safety Equipment | | On Duty Crash | | | |
| | | Safety Equipment | | SHOULDER & LAP BELT | | | |
| | | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | Helmet Use | | Helmet Compliance | |
| | | Eye Protection | | Tint Compliance | | | |
| | | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | | |
| | | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | | |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | | | | |
| Hospital | | Date of Death | Time of Death | | | | |
| Distracted By | | Distracted By Source | | | | | |
| Distracted By Action | | | | | | | |
| Non Motorist | | Striking Unit # | Location | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|---|-----------------------|---|--|--|--|
| UNIT | INDIVIDUAL | Prior Action | | | |
| | | Action | | | |
| | | Action Other | | To/From School | |
| 01 | 002 | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO | |
| | | 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 | | | |
| | | Individual Condition APPEARED NORMAL | | | |
| UNIT | INDIVIDUAL | Individual | | | |
| | | Passenger SIERRA A WOHLWEND | Citations Issued 0 | Sex FEMALE | |
| | | Date of Birth 11/13/2008 | Race WHITE | | |
| | | Address 546 MARY AVE REEDSBURG, WI 53959 , US | Driver License Number | | |
| | | Safety Equipment | On Duty Crash | Safety Equipment SHOULDER & LAP BELT | |
| 01 | 003 | Row 02 - SECOND ROW | Seat Position 10 - UNKNOWN SE | Helmet Use | |
| | | Helmet Use | Helmet Compliance | | |
| | | Eye Protection | Tint Compliance | | |
| | | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | |
| Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # | | | |
| Hospital | Date of Death | Time of Death | | | |
| Distracted By | Distracted By Source | | | | |
| Distracted By Action | | | | | |
| Non Motorist | Striking Unit # | Location | | | |
| Prior Action | | | | | |

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| | | | | | | |
|------|------------|--------------|--|-------------------------|------------------------------------|--|
| UNIT | INDIVIDUAL | Action | | | | |
| | | Action Other | | | To/From School | |
| | 01 | 003 | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO |
| | | | 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 | | | |
| | | | Individual Condition APPEARED NORMAL | | | |
| | 01 | 01 | Violations | | | |
| | | | UTC Number BB8241516 | Issue To? 001 | Statute Number 346.09(4) | Description PASSING VEHICLE INDICATING LEFT TURN |

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 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | | | |
| | | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 25 | Total Lanes 2 | | | |
| | | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | | | |
| | | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade LEVEL | | | |
| | | Truck Bus or HazMat NO | | | | | | | |
| | | UNIT | 02 | Vehicle | | | | | |
| | | | | License Plate Number AEP2478 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| Vehicle Identification Number 1G2ZG558664204256 | | | | Make PONTIAC | Year 2006 | Model G6 | | | |
| Color BLU - BLUE | | | | Body Style 4D - 4DR | | Bus Use | | | |
| Initial Contact Point 10 - LEFT SIDE FRONT | | | | Vehicle Damage | | | | | |
| Extent Of Damage FUNCTIONAL DAMAGE | | 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT | | | | | | | |

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| | | | | |
|---|--|--|--|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OWNER | |
| | What Driver Was Doing LEFT TURN | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 02 | Owner Name RICHARD A WERTZ (608) 434-6815 | | Owner Address 605 N PARK ST LOWER REEDSBURG, WI 53959 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-CASUALTY-INS-CO | | Individual RICHARD WERTZ | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver MACKENZIE L WERTZ (608) 415-8427 | | Citations Issued 0 | Sex FEMALE |
| | Address 550 N DEWEY AVE REEDSBURG, WI 53959 , US | | Date of Birth 01/31/2003 | Race WHITE |
| | | | Driver License Number W6325520353105 STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 004 | Safety Equipment | | On Duty Crash | |
| | | | Safety Equipment | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # |
| Hospital | | Date of Death | | Time of Death |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|---|--|--|--|--|----------------------|
| UNIT | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | | To/From School |
| 02 004 | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO | |
| | 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 | | | | |
| | Individual Condition APPEARED NORMAL | | | | |
| | Individual | | | | |
| UNIT | INDIVIDUAL | Passenger MAKAYLA R WERTZ | | Citations Issued 0 | Sex FEMALE |
| | | | | Date of Birth 07/31/2006 | Race WHITE |
| | | Address 550 N DEWEY AVE REEDSBURG, WI 53959 , US | | Driver License Number | |
| 02 005 | Safety Equipment | | On Duty Crash | Safety Equipment | |
| | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | SHOULDER & LAP BELT | | |
| | Helmet Use | | Helmet Compliance | | |
| | Eye Protection | | Tint Compliance | | |
| | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED | |
| Medical Transport NOT TRANSPORTED | | | EMS Agency Identifier | EMS Run # | |
| Hospital | | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source | | | |
| Distracted By Action | | | | | |
| Non Motorist | | Striking Unit # | Location | | |

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CRASH REPORT

| | | | |
|------|--|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | | |
| | Prior Action | | |
| | Action | | |
| | Action Other | | To/From School |
| | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO |
| | 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 | | |
| | Individual Condition APPEARED NORMAL | | |
| | 02 | 005 | |