

9PL00NZLXG  
2020-6247

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>J. WILLIAMS</b>	
Crash Date <b>06/03/2020</b>		Crash Time <b>02:36 PM</b>		Date Arrived <b>06/03/2020</b>		Time Arrived <b>02:39 PM</b>	
Date Notified <b>06/03/2020</b>		Time Notified <b>02:37 PM</b>		Total Units <b>02</b>		Total Injured <b>02</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

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>B. CUTRELL</b>
	Additional Information <b>NONE, PHOTOS</b>

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

UNIT 1 WAS IN THE DRIVEWAY TO A PARKING LOT AND ATTEMPTED TO CROSS VIKING DR. UNIT 2 WAS OPERATING NORTHBOUND ON VIKING DR AND COLLIDED WITH UNIT 1 AS UNIT 1 CROSSED VIKING DR. UNIT 1 FAILED TO YIELD TO THE ONCOMING TRAFFIC WHICH IN THIS CASE WOULD BE UNIT 2.

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Location

ON VIKING DR 535 FT N OF STH23 EB IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.533943158</b>	Longitude <b>-89.984637587</b>
	X Coordinate <b>258838.453125</b>	Y Coordinate <b>4824439.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>4</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>Vehicle</b>						
	<b>01</b>	License Plate Number <b>824MNE</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>2GNALCEK5H1526168</b>		Make <b>CHEVROLET</b>	Year <b>2017</b>	Model <b>EQUINOX</b>	
		Color <b>GRY - GRAY</b>		Body Style <b>4D - 4DR</b>		Bus Use	
	<b>VEHICLE</b>	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage			
Extent Of Damage <b>DISABLING DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT</b>					

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>REEDSBURG SALVAGE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01	01	Owner Name <b>MARLENE E SLONIKER (608) 985-7535</b>		Owner Address <b>S2258 BUNDY HOLLOW RD LAVALLE, WI 53941 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>MARLENE SLONIKER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>MARLENE E SLONIKER (608) 985-7535</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Address <b>S2258 BUNDY HOLLOW RD LAVALLE, WI 53941 , US</b>		Date of Birth <b>08/29/1940</b>	Race <b>WHITE</b>
			Driver License Number <b>S4525454080902</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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 <b>UNKNOWN</b>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other				To/From School	
	<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>					
	01	001	<b>Violations</b>			
UTC Number <b>BB8241623</b>			Issue To? <b>001</b>	Statute Number <b>346.18(1)</b>	Description <b>FAIL/YIELD/UNCONTROLLED INTERSECTION</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>PASSENGER CAR</b>				Operating As Endorsements							
		Total Occs <b>1</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>NORTHBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>25</b>		Total Lanes <b>4</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>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>											

02	02	<b>Vehicle</b>								
		License Plate Number <b>AGY3725</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>1G1JC1241V7263249</b>			Make <b>CHEVROLET</b>		Year <b>1997</b>	Model <b>CAVALIER</b>		
		Color <b>RED - RED</b>			Body Style <b>2D - 2DR</b>			Bus Use		
		Initial Contact Point <b>12 - FRONT</b>								

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UNIT VEHICLE	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>REEDSBURG SALVAGE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>WILLIAMS J HENKE (608) 524-8606</b>	Owner Address <b>739 N LOCUST ST REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>		
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>HOME-OWNERS-INSURANCE-CO</b>	Individual <b>WILLIAM HENKE</b>	
	<b>Individual</b>		
	Driver <b>WILLIAM J HENKE (608) 524-8606</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT INDIVIDUAL	Date of Birth <b>10/09/1951</b>	Race <b>WHITE</b>	
	Address <b>739 N LOCUST ST REEDSBURG, WI 53959 , US</b>	Driver License Number <b>H5209305136900</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
UNIT INDIVIDUAL	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
	Hospital		EMS Run #
UNIT INDIVIDUAL	Date of Death		Time of Death

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UNIT           02  002	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
	Distracted By Action <b>NOT DISTRACTED</b>				
	<b>Non Motorist</b>	Striking Unit #	Location		
	Prior Action				
	Action				
	Action Other			To/From School	
	<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>					