

9PL00FKD6V
20-6804

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

9PL00FKD6V

Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy S. MITTLESTEADT	
Crash Date 06/20/2020		Crash Time 12:21 PM	Date Arrived 06/20/2020	Time Arrived 12:24 PM	
Date Notified 06/20/2020		Time Notified 12:21 PM	Total Units 02	Total Injured 02	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

Diagram 	Reconstruction By
	Photos By S.MITTELESTADT
	Additional Information PHOTOS

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

UNIT 2 NOTICED THAT A VEHICLE IN FRONT OF HIM HAD SLAMMED ON THEIR BRAKES. UNIT 2 WAS ABLE TO STOP INCHES AWAY FROM THE VAN HOWEVER UNIT 1 WAS NOT ABLE TO STOP AND STRUCK UNIT 2. A WITNESS ON SCENE ADVISED THAT THE CRASH HAPPENED BECAUSE OF A MAIL WOMAN WHO CROSSED THE ROAD WITHOUT LOOKING AND NOT WHILE IN A CROSS WALK. WITNESS ADVISED THAT IF THE WOMAN WOULD NOT HAVE CROSSED THE ROAD WITHOUT LOOKING THE CRASH WOULDN'T HAVE HAPPENED. WITNESS ALSO ADVISED THAT THE VAN (UNMARKED ON DIAGRAM) WHO LEFT THE SCENE ALMOST HIT THE MAIL WOMAN. ON 06/25/2020 I SPOKE WITH OFFICER SCHAEFER WHO IDENTIFIED THE MAIL WOMAN AS SADEE M HELMS DOB 10/24/1997. SADEE TOLD THE OFFICER THAT SHE TURNED AROUND FROM DELIVERING MAIL AND SAW TWO VEHICLES STOP FOR HER AND THAT IS WHY SHE CROSSED THE ROAD. SADEE HEARD WHAT SHE THOUGHT WAS A CRASH, LOOKED BEHIND HER AND CONTINUED WALKING AS SHE WASN'T SURE WHAT HAPPENED.

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Location

ON 1355 MAIN ST/ STH23 WB 326 FT E OF LOGELIN DR (OTHER 1355) IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.53245276	Longitude -89.989194894
	X Coordinate 258464.25	Y Coordinate 4824287
	Structure Type OTHER	

Crash Scene

First Harmful Event MOTOR VEH TRAN OTHER RDWY	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE	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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 4
	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 UPHILL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number ABC6149	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3GNAL3E53CS650267	Make CHEVROLET	Year 2012	Model CAPTIVA LT
		Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
Extent Of Damage DISABLING DAMAGE					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION, FOLLOWING TOO CLOSE			
01	01	Owner Name STEVEN E FOUCHE (262) 224-8069		Owner Address 3464 HIGH RD HARTFORD, WI 53027 , US
Sequence Of Events				
	01	Event PEDESTRIAN		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual STEVEN FOUCHE	
UNIT INDIVIDUAL	Individual			
	Driver STEVEN E FOUCHE (262) 224-8069		Citations Issued 0	Sex MALE
	Address 3464 HIGH RD HARTFORD, WI 53027 , US		Date of Birth 08/01/1958	Race WHITE
			Driver License Number F2007855828109 STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	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	
	01 001	Injury		Injury Severity POSSIBLE INJURY
		Airbag DEPLOYED-FRONT		
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				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		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					

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 3		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
	Insurance? YES		Direction Of Travel WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 25		Total Lanes 4			
	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 UPHILL			
	Truck Bus or HazMat NO											

UNIT	VEHICLE	Vehicle							
		License Plate Number 309ZUK		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number WMWRC33566TK18374		Make MINI		Year 2006		Model COOPER	
		Color BLU - BLUE		Body Style HB - HATCHBACK				Bus Use	
		Initial Contact Point 06 - REAR		Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 14 - UNDERCARRIAGE					
		Extent Of Damage DISABLING DAMAGE							
Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER							

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name GARETT W THOMTE (701) 793-0533		Owner Address 1610 15TH ST BARABOO, WI 53913 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH TRAN OTHER RDWY		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company COUNTRY-CASUALTY-INSURANCE-CO		Individual KEATON THOMTE	
	Individual			
UNIT INDIVIDUAL	Driver KEATON P THOMTE		Citations Issued 0	Sex MALE
	Date of Birth 05/17/2002		Race WHITE	
	Address 1610 15TH ST BARABOO, WI 53913 , US		Driver License Number T5305150217703 STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED	
	Hospital		EMS Agency Identifier	
	Date of Death		EMS Run #	
	Time of Death		Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action		NOT DISTRACTED		
Non Motorist		Striking Unit #		
		Location		

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	002	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
02	002	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
02	002	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		Passenger SYDNEY R THOMTE	Citations Issued 0	Sex FEMALE
02	003	Address 1610 15TH ST BARABOO, WI 53913 , US		Date of Birth 09/22/2007
		Driver License Number		Race WHITE
02	003	Safety Equipment	On Duty Crash	Safety Equipment
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
02	003	Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
02	003	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
02	003	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
		Hospital		EMS Run #
02	003	Date of Death		Time of Death
		Distracted By		
02	003	Distracted By Source		
		Distracted By Action		
02	003	Non Motorist	Striking Unit #	Location
		Prior Action		

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UNIT	INDIVIDUAL	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			
		Individual			
		Passenger BROOKE M BENSEMAN	Citations Issued 0	Sex FEMALE	
		Date of Birth 12/04/2002	Race WHITE		
Address 900 FURNACE ST LAVALLE, WI 53941 , US	Driver License Number B5250730294404 STATE: WISCONSIN COUNTRY: UNITED STATES				
UNIT	INDIVIDUAL	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 SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #	
		Hospital REEDSBURG AREA MED CTR	Date of Death	Time of Death	
		Distracted By	Distracted By Source		
		Distracted By Action			
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location	
		Prior Action			

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UNIT	INDIVIDUAL	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	004				