

9PL04ZCGG3  
20-6885

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL04ZCGG3

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>K. BLESKE</b>	
Crash Date <b>06/22/2020</b>		Crash Time <b>02:33 PM</b>		Date Arrived <b>06/22/2020</b>		Time Arrived <b>02:35 PM</b>	
Date Notified <b>06/22/2020</b>		Time Notified <b>02:33 PM</b>		Total Units <b>03</b>		Total Injured <b>04</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

Diagram		Reconstruction By <b>REEDSBURG POLICE DEPARTMENT</b>	
<p style="text-align: center;"><b>E. Main Street</b></p> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; text-align: center;">Subway</div>		Photos By <b>151</b>	
		Additional Information <b>PHOTOS, RECONSTRUCTION</b>	

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

UNIT 1 WAS TRAVELING WESTBOUND ON E. MAIN STREET. UNIT 1 WAS SLOWING TO TURN INTO SUBWAY IN THE INNER WESTBOUND LANE. UNIT 2 WAS BEHIND UNIT 1 AND WAS SLOWING TO STOP BEHIND UNIT 1 AS THERE WAS MODERATE TRAFFIC FLOW. UNIT 3 WAS TRAVELING IN THE INNER WESTBOUND LANE AND STRUCK UNIT 2, CAUSING UNIT 2 TO STRIKE UNIT 1.

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Location

Table with location details: ON MAIN ST/ STH23 WB, 385 FT W OF KING ST, IN THE CITY OF REEDSBURG, IN SAUK COUNTY. Includes Latitude (43.53246026), Longitude (-89.987902856), X Coordinate (258568.6875), Y Coordinate (4824284.5), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (03 - FRONT TO REAR), Road Surface Condition(s) (WET), Environment Factor(s) (NONE), Weather Condition(s) (RAIN), Animal Type, Crash Classification - Location (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Total Occs (3), Direction Of Travel (WESTBOUND), and Most Harmful Event (MOTOR VEH IN TRANSPORT).

Table with vehicle details: License Plate Number (AGN9834), Vehicle Identification Number (2G4WS52J641238111), Color (TAN - TAN), Initial Contact Point (05 - RIGHT REAR CORNER), and Extent Of Damage (FUNCTIONAL DAMAGE).

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	01	Owner Name <b>DAVID A BINGHAM (608) 213-8629</b>		Owner Address <b>506 LYNN ST #A BARABOO, WI 53913 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>DAVID BINGHAM</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DAVID A BINGHAM (608) 213-8629</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth <b>12/13/1976</b>		Race <b>WHITE</b>	
	Address <b>506 LYNN ST #A BARABOO, WI 53913 , US</b>		Driver License Number <b>B5251617645304 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01	001	<b>Injury</b>	Injury Severity <b>POSSIBLE 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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
01	001	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>				
		<b>Individual</b>				
		Passenger <b>LYLA R BINGHAM (608) 213-8629</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>506 LYNN ST #A BARABOO, WI 53913 , US</b>		Date of Birth <b>05/14/2010</b>	Race <b>WHITE</b>	
		Driver License Number				
01	002	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>POSSIBLE 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				
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	002	<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>			
		<b>Individual</b>			
UNIT	INDIVIDUAL	Passenger <b>NOAMI G BINGHAM (608) 213-8629</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth <b>08/30/2013</b>	Race <b>WHITE</b>		
		Address <b>506 LYNN ST #A BARABOO, WI 53913 , US</b>	Driver License Number		
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>BOOSTER SEAT</b>	
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	Helmet Use	
		Eye Protection	Tint Compliance		
01	003	<b>Injury</b>	Injury Severity <b>POSSIBLE 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>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	01	003	<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>			

**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>(SPORT) UTILITY VEHICLE</b>		Operating As Endorsements		
		Total Occs <b>2</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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

UNIT	02	<b>Vehicle</b>			
		License Plate Number <b>N262686</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2G1WB5EK1A1251605</b>	Make <b>CHEVROLET</b>	Year <b>2010</b>	Model <b>EQUINOX</b>
		Color <b>GRY - GRAY</b>	Body Style <b>4D - 4DR</b>		Bus Use
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 12 - FRONT</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>			

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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02	Owner Name JAMES H SCHWOERER (309) 275-3664	Owner Address 3823 W. ZIEBARTH BLOOMINGTON, IL 61705 , US	
	<b>Sequence Of Events</b>		
01 02 03 04	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company COUNTRY-CASUALTY-INSURANCE-CO	Individual JAMES SCHWOERER	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver JAMES H SCHWOERER (309) 275-3664	Citations Issued 0	
		Sex MALE	
		Date of Birth 09/22/1954	
	Address 3823 W. ZIEBARTH BLOOMINGTON, IL 61705 , US	Driver License Number S66044854270 STATE: ILLINOIS COUNTRY: UNITED STATES	
02 004	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	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	
<b>Distracted By</b>	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
<b>Non Motorist</b>	Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action				
		Action				
02	004	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>				
		<b>Individual</b>				
		Passenger <b>SANDRA J SCHWOERER</b> <b>(309) 275-3664</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>3823 W. ZIEBARTH</b> <b>BLOOMINGTON, IL 61705 , US</b>		Date of Birth <b>12/11/1954</b>	Race <b>WHITE</b>	
		Driver License Number <b>S66079054952</b> <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>				
02	005	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>	Injury Severity <b>NO APPARENT 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>Non Motorist</b>	Striking Unit #	Location				
	Prior Action					

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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
	02	005	<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>			

**Unit Summary**

UNIT	03	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire 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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

UNIT	03	<b>Vehicle</b>			
		License Plate Number <b>AFU6663</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2CNFLGEC1B6366889</b>	Make <b>CHEVROLET</b>	Year <b>2011</b>	Model <b>EQUINOX</b>
		Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	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		
		What Driver Was Doing <b>GOING STRAIGHT</b>			

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions			
	FOLLOWING TOO CLOSE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
03	03	Owner Name DYNA J LUKE (608) 474-0523	Owner Address N 1258 SAINT CLAIR RD MAUSTON, WI 53948 , US	
	<b>Sequence Of Events</b>			
04	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company GEICO-CASUALTY-CO	Individual DYNA LUKE		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver DYNA J LUKE (608) 474-0523	Citations Issued 1	Sex FEMALE	
		Date of Birth 11/01/2000	Race WHITE	
	Address N 1258 SAINT CLAIR RD MAUSTON, WI 53948 , US	Driver License Number L2001700090103 STATE: WISCONSIN COUNTRY: UNITED STATES		
03	006	<b>Safety Equipment</b>	On Duty Crash	
			Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity POSSIBLE 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	
	<b>Distracted By</b>	Distracted By Source UNKNOWN		
	Distracted By Action UNKNOWN			
	<b>Non Motorist</b>	Striking Unit #	Location	

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UNIT INDIVIDUAL	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>			
	<b>Violations</b>			
	01	UTC Number <b>BB824255</b>	Issue To? <b>006</b>	Statute Number <b>346.89(1)</b>