

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

9PL010TWSK

Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy <b>J. WILLIAMS</b>	
Crash Date <b>07/29/2020</b>		Crash Time <b>02:54 PM</b>	Date Arrived <b>07/29/2020</b>	Time Arrived <b>02:58 PM</b>	
Date Notified <b>07/29/2020</b>		Time Notified <b>02:55 PM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input checked="" 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>J. WILLIAMS</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 STOPPED AT THE STOP SIGN ON WENGEL DR FACING NORTHBOUND. UNIT 2 WAS OPERATING EASTBOUND ON E. MAIN ST APPROACHING THE INTERSECTION OF E. MAIN ST AND WENGEL DR. UNIT 1 STATED SHE DID NOT SEE UNIT 2 UNTIL SHE WAS OUT IN THE INTERSECTION. UNIT 1 ADVISED UNIT 2 SPED UP AND TRIED TO AVOID THE COLLISION. BOTH VEHICLES COLLIDED IN THE INTERSECTION CAUSING ROAD BLOCKAGE. UNIT 2 WAS TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER FOR A MINOR HEAD INJURY. UNIT 1 WAS CITED FOR FAILURE TO YIELD RIGHT OF WAY AND UNIT 2 WAS CITED FOR FAILURE TO WEAR SEAT BELT AND OPERATE WHILE SUSPENDED.

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Location

ON WENDEL DR 7 FT S OF STH23 EB IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.53247693</b>	Longitude <b>-89.969515936</b>
	X Coordinate <b>260054.53125</b>	Y Coordinate <b>4824233</b>
	Structure Type <b>NO STRUCTURE</b>	

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</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>
Closure Type <b>FULL CLOSURE</b>	Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>07/29/2020</b>	Time Initial Lane/Rd Closed <b>02:54 PM</b>	
Date All Lanes Open <b>07/29/2020</b>	Time All Lanes Open <b>03:30 PM</b>	Date Scene Cleared <b>07/29/2020</b>
		Time Scene Cleared <b>03:30 PM</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>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</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>STOP SIGN</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>				
	<b>Vehicle</b>				
		License Plate Number <b>AGC9232</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
<b>01</b>	Vehicle Identification Number <b>1G4HP52K34U233410</b>	Make <b>BUICK</b>	Year <b>2004</b>	Model <b>LESABRE</b>	

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

UNIT VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>SD - SEDAN</b>	Bus Use	
	Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>REEDSBURG SALVAGE</b>		
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
	Owner Name <b>CARRINA NICOLE DELP (608) 495-4160</b>	Owner Address <b>E5970 SUNRISE RD LOGANVILLE, WI 53943 , US</b>		
UNIT 01	<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>GENERAL-CASUALTY-INS-CO</b>	Individual <b>CARRINA DELP</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>CARRINA NICOLE DELP (608) 495-4160</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
		Date of Birth <b>12/29/2000</b>	Race <b>WHITE</b>	
	Address <b>E5970 SUNRISE RD LOGANVILLE, WI 53943 , US</b>	Driver License Number <b>D4101140096904 STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT 01	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment			
	Row <b>01 - FRONT 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>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 #	

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UNIT	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source			
	Distracted By Action <b>UNKNOWN</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>						
<b>Violations</b>						
01	001	01	UTC Number <b>BD874930</b>	Issue To? <b>001</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>

**Unit Summary**

UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</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"/> Pre Crash Tire Mark	Speed Limit <b>45</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>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>					
	<b>Vehicle</b>					
	License Plate Number <b>RL8913</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	

02

WISCONSIN MOTOR VEHICLE  
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02 UNIT VEHICLE	Vehicle Identification Number <b>1FTNX21F7XEA01403</b>		Make <b>FORD</b>	Year <b>1999</b>	Model <b>F250 SUPER</b>	
	Color <b>WHI - WHITE</b>		Body Style <b>PK - PICKUP</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 <b>REEDSBURG SALVAGE</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
02 UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	Owner Name <b>DENNIS W LAUKANT</b>		Owner Address <b>E6681 ENTERPRISE DR REEDSBURG, WI 53959 , US</b>			
<b>Sequence Of Events</b>						
02 UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event <b>MOTOR VEH IN TRANSPORT</b>				
	03	Event				
	04	Event				
<b>Policy Holder</b>						
02 UNIT	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>DENNIS LAUKANT</b>			
	<b>Individual</b>					
02 UNIT INDIVIDUAL	Driver <b>MERCEDES MARIE GEORGESON</b>		Citations Issued <b>2</b>	Sex <b>FEMALE</b>		
			Date of Birth <b>02/23/2001</b>	Race <b>WHITE</b>		
	Address <b>S3907A MOUNTAIN RD BARABOO, WI 53913 , US</b>		Driver License Number <b>G6225530156308 STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>						
02 UNIT	On Duty Crash		Safety Equipment			
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
02 UNIT	<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>		

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UNIT	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	EMS Run # <b>514</b>							
	Hospital <b>REEDSBURG AREA MED CTR</b>		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>										
	<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>											
<b>Violations</b>											
02	02	UTC Number <b>BD874931</b>	Issue To? <b>002</b>	Statute Number <b>343.44(1)(a)</b>	Description <b>OPERATING WHILE SUSPENDED</b>						
03	02	UTC Number <b>AP2738794</b>	Issue To? <b>002</b>	Statute Number <b>347.48(2m)(b)</b>	Description <b>VEHICLE OPERATOR FAIL/WEAR SEAT BELT</b>						
<b>Carrier</b>											
<input checked="" type="checkbox"/> <b>Use Vehicle Owner Same as Carrier</b>			Source <b>DRIVER</b>								
Name <b>DENNIS W LAUKANT</b>			Address <b>E6681 ENTERPRISE DR REEDSBURG, WI 53959 , US</b>								
GVWR <b>NOT APPLICABLE</b>		Vehicle Configuration <b>VEHICLE 10,000 LBS OR LESS PLACARDED FOR HAZ</b>		Cargo Body Type <b>NOT APPLICABLE - (MOTOR VEHICLE 10,000</b>							
US DOT #		Carrier Type <b>OTHER OPERATION/NOT SPECIFIED</b>		Permitted Load <b>NOT APPLICABLE</b>							
<input type="checkbox"/> <b>OS/OW Load</b>	WI Permit Number	<input type="checkbox"/> <b>Permitted Vehicle On Permitted Route</b>	<input type="checkbox"/> <b>Escort Vehicle Required By Permit</b>	<input type="checkbox"/> <b>Escort Vehicle Present</b>							
Measured Height		Measured Length		Measured Width							
Measured Weight											
UNIT	02	002	002	002	002						
						TRUCK	BUS	01	01	01	01