

9PL01884GQ
2020-8564

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

9PL01884GQ

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy M. DUNSE	
Crash Date 08/07/2020		Crash Time 09:49 PM		Date Arrived 08/07/2020		Time Arrived 09:51 PM	
Date Notified 08/07/2020		Time Notified 09:49 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 M. DUNSE</p> <p>Additional Information PHOTOS</p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING WESTBOUND ON RAILROAD ST AND UNIT 2 WAS TRAVELING SOUTHBOUND ON S PARK ST. UNIT 2 WAS ATTEMPTING TO TURN WESTBOUND ONTO RAILROAD ST. AND FAILED TO YIELD THE RIGHT OF WAY TO UNIT 1. UNIT 2 PROCEEDED THROUGH THE INTERSECTION AND COLLIDED INTO UNIT 1 STRIKING UNIT 1 IN THE REAR PASSENGER SIDE WITH UNIT 2'S FRONT DRIVER SIDE. BOTH VEHICLES CAME TO A STOP ON RAILROAD ST. THERE WERE NO APPARENT OR CLAIMED INJURIES RESULTING FROM THE CRASH. BOTH VEHICLES SUSTAINED FUNCTIONAL DAMAGES. UNIT 1 WAS ISSUED CITATIONS FOR FAILING TO YIELD RIGHT OF WAY AT STOP SIGN, OPERATE W/O A VALID LICENSE, AND OPERATE MV W/O INSURANCE. BOTH VEHICLES WERE ABLE TO BE DRIVEN FROM THE CRASH SCENE. PLEASE SEE FULL REPORT FOR ANY FURTHER DETAILS. (20-8564)

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Location

ON S PARK ST 27 FT N OF RAILROAD ST IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.529991768	Longitude -90.006605507
	X Coordinate 257047.46875	Y Coordinate 4824064.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DARK/LIGHTED	
Road Surface Condition(s) DRY		Roadway Factor(s) VISABILITY OBSCURED	
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 4		Train/Bus # Recorded		Total # Citations Issued 3		Total Trailers 0		Total HazMat Types 0			
	Insurance? NO		Direction Of Travel SOUTHBOUND		<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 STOP SIGN				Traffic Control Inoperative/Missing NO			
	Surface Type CONCRETE				Road Curvature STRAIGHT				Road Grade LEVEL			
	Truck Bus or HazMat NO											

UNIT	01	Vehicle							
		License Plate Number CD63917		Plate Type AUT - AUTOMOBILE		St IL		Country of Issuance UNITED STATES	
		Vehicle Identification Number 2HGEJ6678VH514807		Make HONDA		Year 1997		Model CIVIC	
		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR				Bus Use	
		Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage 10 - LEFT SIDE FRONT					
Extent Of Damage FUNCTIONAL DAMAGE									

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01 01	Owner Name ANGELINA COOK		Owner Address 1661 19TH ST APT 211 REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver MAXWELL NATHANIEL WHITE-RAY (608) 415-9698		Citations Issued 3	Sex MALE
	Address 635 N PINE ST REEDSBURG, WI 53959 , US		Date of Birth 09/21/2000	Race WHITE
			Driver License Number W3605540034105	STATE: WISCONSIN COUNTRY: UNITED STATES
01 001	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				
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE
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UNIT	INDIVIDUAL	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 EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)			
		Individual			
		Passenger ANGELINA L COOK	Citations Issued 0	Sex FEMALE	
		Address 1661 19TH ST APT 211 REEDSBURG, WI 53959 , US		Date of Birth 10/01/2000	Race WHITE
		Driver License Number			
01	002	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			
Prior Action					

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UNIT	INDIVIDUAL	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 EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)		
UNIT	INDIVIDUAL	Individual		
		Passenger AMBER RAE LYNN SUTTON	Citations Issued 0	Sex FEMALE
		Date of Birth 06/21/1994	Race WHITE	
		Address 1057 MOLINE ST # 1 STOUGHTON, WI 53589 , US	Driver License Number S3500169472109 STATE: WISCONSIN COUNTRY: UNITED STATES	
01	003	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Compliance
		Helmet Use		Tint Compliance
		Eye Protection		Airbag NON DEPLOYED
		Injury	Injury Severity NO APPARENT INJURY	Trapped/Extricated NOT TRAPPED
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	EMS Agency Identifier		
Medical Transport NOT TRANSPORTED	Hospital	Date of Death	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
	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 JESSE MICHAEL LORENZ FOSS	Citations Issued 0	Sex MALE
	Date of Birth 02/16/1999		Race WHITE
Address S2107 COUNTY ROAD V REEDSBURG, WI 53959 , US		Driver License Number F2004339905603 STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment
	Row 02 - SECOND 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
	Hospital		EMS Run #
	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	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			
	01	01	Violations			
			UTC Number BD875743	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)
			UTC Number BD875744	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN
UTC Number BD875745			Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type (SPORT) UTILITY VEHICLE					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 Crash <input type="checkbox"/> Tire 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 CONCRETE			Road Curvature STRAIGHT			Road Grade LEVEL	
		Truck Bus or HazMat NO							

UNIT	02	Vehicle				
		License Plate Number 410ZHE		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JM3TCBCY7H0132239		Make MAZDA	Year 2017	Model CX-9
		Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 04 - RIGHT SIDE REAR				

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage FUNCTIONAL DAMAGE	04 - RIGHT SIDE REAR
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE
UNIT VEHICLE	Driver Prior Action Other	
	Driver Actions NO CONTRIBUTING ACTION	
02 02	Owner Name AMY L PARTYKA	Owner Address 720 W MAIN ST REEDSBURG, WI 53959 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual AMY PARTYKA
UNIT INDIVIDUAL	Individual	
	Driver AMY L PARTYKA	Citations Issued 0
		Sex FEMALE
		Date of Birth 02/08/1980
	Race WHITE	
	Address 720 W MAIN ST REEDSBURG, WI 53959 , US	Driver License Number P6320128054807 STATE: WISCONSIN COUNTRY: UNITED STATES
02 005	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 02 - SECOND 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

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UNIT	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
	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	Individual			
	Passenger EMILY J PARTYKA		Citations Issued 0	Sex FEMALE
			Date of Birth 12/18/2003	Race WHITE
	Address 720 W MAIN ST REEDSBURG, WI 53959 , US		Driver License Number	
	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			

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UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	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
	02	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition APPEARED NORMAL			