

9PL00Q6N18  
R21-10010

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL00Q6N18

|  |                                      |   |  |   |  |  |  |
|--|--------------------------------------|---|--|---|--|--|--|
| Document Number Override                       |                                      | Primary Crash Document #                                  |  | Agency Crash Number<br><b>R21-10010</b> |  | Investigating Officer/Deputy<br><b>A. MEEKER</b> |  |
| Crash Date<br><b>09/17/2021</b>                |                                      | Crash Time<br><b>01:12 PM</b>                             |  | Date Arrived                            |  | Time Arrived                                     |  |
| Date Notified<br><b>09/17/2021</b>             |                                      | Time Notified<br><b>01:14 PM</b>                          |  | Total Units<br><b>01</b>                |  | Total Injured<br><b>00</b>                       | Total Killed<br><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<br><b>NO</b>         |  | Tags   |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b> |  |   |  | <input type="checkbox"/> Amended                 | <input type="checkbox"/> Secondary Crash     |

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

**Location**

|   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <b>ON MAIN ST/ STH23 EB<br/>106 FT W<br/>OF S DEWEY AVE<br/>IN THE CITY OF REEDSBURG<br/>IN SAUK COUNTY</b> | Latitude<br><b>43.532468231</b>      | Longitude<br><b>-89.994966107</b> |
|   | X Coordinate<br><b>257997.953125</b> | Y Coordinate<br><b>4824305.5</b>  |
|   | Structure Type                       |                                   |

**Crash Scene**

|  |  |   |               |
|--|--|---|---------------|
| First Harmful Event<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b>          |  | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> |  | Light Condition   |               |
| Road Surface Condition(s)  |  | Roadway Factor(s)   |               |
| Environment Factor(s)  |  |   |               |
| Weather Condition(s)   |  |   |               |
| Animal Type<br><b>DEER</b>   |  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              |  | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land  |  | Access Control  | Special Study |

**Unit Summary**

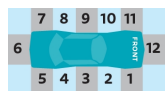
|                |  |   |   |                            |  |  |
|----------------|--|---|---|----------------------------|--|--|
| <b>UNIT 01</b> | Unit Status<br><b>IN TRANSIT</b>   |   | Vehicle Operating As Classification<br><b>D CLASS</b> |                            | Unit Type<br><b>AUTOMOBILE</b>                       |  |
|                | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>                               |   |   |                            | Operating As Endorsements                            |  |
|                | Total Occs<br><b>1</b>   | Train/Bus # Recorded                    | Total # Citations Issued<br><b>0</b>                  | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |  |
|                | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>EASTBOUND</b> | <input type="checkbox"/> Pre Crash Tire Mark          | Speed Limit                | Total Lanes  |  |
|                | Most Harmful Event: Collision With<br><b>NON DOMESTICATED ANIMAL (ALIVE)</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|                | Traffic Way  |   | Traffic Control                                       |                            | Traffic Control Inoperative/Missing                  |  |
|                | Surface Type   |   | Road Curvature  |                            | Road Grade   |  |

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|   |                       |  |   |
|---|-----------------------|--|---|
|   |                       | Truck Bus or HazMat  |   |
| 01  | UNIT                  | <b>Vehicle</b>   |   |
|   |                       | License Plate Number<br><b>681WSW</b>                                    | Plate Type<br><b>AUT - AUTOMOBILE</b>                               |
|   |                       | Vehicle Identification Number<br><b>1FMEU73E38UA71087</b>                | Make<br><b>FORD</b>   |
|   |                       | Color<br><b>RED - RED</b>  | Year<br><b>2008</b>   |
|   |                       | Initial Contact Point<br><b>09 - LEFT SIDE MIDDLE</b>                    | Model<br><b>EXPLORER</b>  |
|   |                       | Extent Of Damage<br><b>MINOR DAMAGE</b>                                  | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b>                     |
|   |                       | Towed Due To Damage<br><b>NOT TOWED</b>                                  | Bus Use   |
|   |                       | What Driver Was Doing  | Vehicle Damage<br><b>08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE</b> |
|   |                       | Driver Prior Action Other  | Vehicle Removed By<br><b>OPERATOR</b>                               |
|   |                       | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                          | Vehicle Factors   |
| Owner Name                                  | Owner Address         |  |   |
| 01  | UNIT                  | <b>Policy Holder</b>   |   |
|   |                       | Insurance Company<br><b>PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U</b>      | Individual<br><b>SHARON KLOSSOWSKI</b>                              |
|   |                       | <b>Individual</b>  |   |
| 01  | UNIT                  | Driver<br><b>SHARON K KLOSSOWSKI<br/>(608) 228-8659</b>                  | Citations Issued<br><b>0</b>  |
|   |                       | Date of Birth<br><b>10/08/1946</b>                                       | Sex<br><b>FEMALE</b>  |
|   |                       | Address<br><b>29569 WHISPERING PINES RD<br/>LONE ROCK, WI 53556 , US</b> | Race<br><b>WHITE</b>  |
| 01  | UNIT                  | Driver License Number<br><b>K4227914686804</b>                           |   |
|   |                       | STATE: WISCONSIN COUNTRY: UNITED STATES                                  |   |
|   |                       | <b>Safety Equipment</b>  |   |
|   |                       | On Duty Crash  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                  |
|   |                       | Row  | Seat Position   |
|   |                       | Helmet Use   | Helmet Compliance   |
|   |                       | Eye Protection   | Tint Compliance   |
|   |                       | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>                        |
|   |                       | Airbag   |   |
|   |                       | Ejected  | Ejection Path   |
| Trapped/Extricated                          |                       |  |   |
| Medical Transport<br><b>NOT TRANSPORTED</b> | EMS Agency Identifier |  |   |
| Hospital                                    | EMS Run #             |  |   |
| Date of Death                               | Time of Death         |  |   |



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|   |   |  |                                    |                |                                 |
|---|---|--|------------------------------------|----------------|---------------------------------|
| UNIT<br><br><br><br><br><br><br><br><br><br><br>01<br><br>001 | <b>Distracted By</b>                        |  | Distracted By Source               |                |                                 |
|   | Distracted By Action                        |  |                                    |                |                                 |
|   | <b>Non Motorist</b>                         |  | Striking Unit #                    | Location       |                                 |
|   | Prior Action                                |  |                                    |                |                                 |
|   | Action                                      |  |                                    |                |                                 |
|   | Action Other                                |  |                                    | To/From School |                                 |
|   | <b>Drug &amp; Alcohol</b>                   |  | Suspected Alcohol Use<br><b>NO</b> |                | Suspected Drug Use<br><b>NO</b> |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |  | Alcohol Test Type                  |                | Alcohol Test Results            |
|   | Drug Test Given<br><b>TEST NOT GIVEN</b>    |  | Drug Test Type                     |                | Drug Test Results               |
|   | Drug Type                                   |  |                                    |                |                                 |
| Individual Condition<br><b>APPEARED NORMAL</b>                |   |  |                                    |                |                                 |