

9PL015S27L
R21-1059

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

9PL015S27L

| | | | | | | | |
|--|--------------------------------------|--|--|------------------------------------|--|--|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number | | Investigating Officer/Deputy K. YEAGER | |
| Crash Date 01/27/2021 | | Crash Time 03:10 PM | | Date Arrived 01/27/2021 | | Time Arrived 03:15 PM | |
| Date Notified 01/27/2021 | | Time Notified 03:13 PM | | Total Units 02 | | Total Injured 01 | Total Killed 00 |
| <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 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 style="text-align: center;">S. Golf Course Rd.</p> <p style="text-align: center;">East Main Street</p> <p style="text-align: center;">N. Golf Course Rd.</p> <p style="text-align: right;">Not to scale UIV- un-involved vehicle</p> | Reconstruction By |
| | Photos By K. YEAGER #148 |
| | Additional Information PHOTOS |

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

SEE TYPED REPORT.

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Location

| | | |
|--|--------------------------------------|----------------------------------|
| ON STH23 WB 16 FT E OF STH23 WB IN THE CITY OF REEDSBURG IN SAUK COUNTY | Latitude 43.532642676 | Longitude -89.96455949 |
| | X Coordinate 260455.703125 | Y Coordinate 4824237 |
| | Structure Type | |

Crash Scene

| | | | |
|---|--|---|---------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 01 - ANGLE | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | | Roadway Factor(s) NONE | |
| Environment Factor(s) VISUAL OBSTRUCTION (S) | | | |
| 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 | |
| Closure Type FULL CLOSURE | | Reasons for Closure LAW ENFORCEMENT, TOW TRUCK | |
| Date Initial Lane/Rd Closed 01/27/2021 | Time Initial Lane/Rd Closed 03:15 PM | Date Scene Cleared 01/27/2021 | |
| Date All Lanes Open 01/27/2021 | Time All Lanes Open 03:47 PM | | |

Unit Summary

| | | | | | | |
|-------------|---|---|--|--------------------------------|--|--|
| UNIT | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | |
| | Vehicle Type PASSENGER CAR | Operating As Endorsements | | | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 1 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NORTHBOUND | <input type="checkbox"/> Pre Crash 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 STOP SIGN | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |
| | Vehicle | | | | | |
| | | License Plate Number ADT3400 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 1G1ZH57BX94230941 | Make CHEVROLET | Year 2009 | Model MALIBU 1LT | | |

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| | | | |
|--|---|---|--|
| UNIT VEHICLE | Color BLU - BLUE | Body Style 4D - 4DR | Bus Use |
| | Initial Contact Point 04 - RIGHT SIDE REAR | Vehicle Damage 04 - RIGHT SIDE REAR | |
| | Extent Of Damage DISABLING DAMAGE | | |
| | 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 | |
| UNIT VEHICLE | Driver Actions FAILED TO YIELD RIGHT-OF-WAY | | |
| | Owner Name JOSH DOUGLAS DENTER (608) 415-9213 | Owner Address 307 N EAST ST PO BOX 21 WONEWOC, WI 53968 , US | |
| UNIT 01 | Sequence Of Events | | |
| | Event MOTOR VEH IN TRANSPORT | | |
| | Event MOTOR VEH IN TRANSPORT | | |
| | Event | | |
| UNIT 01 | Policy Holder | | |
| | Insurance Company ERIE-INS-CO | Individual MACKENZIE DENTER | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver MACKENZIE LYNN DENTER (608) 415-9213 | Citations Issued 1 | Sex FEMALE |
| | | Date of Birth 05/06/2002 | Race WHITE |
| | Address 307 N EAST ST WONEWOC, WI 53968 , US | Driver License Number D5365520266606 STATE: WISCONSIN COUNTRY: UNITED STATES | |
| UNIT 01 | 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 # |

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| | | | | | | |
|------|--|-----|--|-------------------------------|---------------------------------|------------------------------------|
| UNIT | 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 | |
| | 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, EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC) | | | | | |
| | Violations | | | | | |
| | 01 | 001 | 01 | UTC Number BD875040 | Issue To? 001 | Statute Number 346.18(3) |

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 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 Tire Mark | Speed Limit 45 | 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 CONCRETE | | Road Curvature STRAIGHT | | Road Grade DOWNHILL | | |
| | Truck Bus or HazMat NO | | | | | | |
| | Vehicle | | | | | | |
| | License Plate Number 992VLA | | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |

02

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJS data.
4 of 7

Crash Date **01/27/2021**
Crash Time **03:10 PM**

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| | | | | | |
|---------------------------|---|-----------------------|--|--|--|
| 02 UNIT VEHICLE | Vehicle Identification Number 3VWRW31C68M509354 | | Make VOLKSWAGEN | Year 2008 | Model NEW BEETLE |
| | Color BLU - BLUE | | Body Style 2H - HATCHBACK 2 DOOR | | Bus Use |
| | Initial Contact Point 12 - FRONT | | Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| | Extent Of Damage DISABLING DAMAGE | | | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | |
| Driver Prior Action Other | | NOT APPLICABLE | | | |
| 02 UNIT VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | |
| | Owner Name GORDON JON THOMSON (608) 355-2834 | | Owner Address 616 PARKSIDE AVE BARABOO, WI 53913 , US | | |
| Sequence Of Events | | | | | |
| 01 | Event MOTOR VEH IN TRANSPORT | | | | |
| 02 | Event MOTOR VEH IN TRANSPORT | | | | |
| 03 | Event | | | | |
| 04 | Event | | | | |
| 02 UNIT | Policy Holder | | | | |
| | Insurance Company RURAL-COMMUNITY-INSURANCE-COMPANY | | | Individual GORDON THOMSON | |
| 02 UNIT INDIVIDUAL | Individual | | | Citations Issued 0 | |
| | Driver GORDON JON THOMSON (608) 355-2834 | | | Sex MALE | |
| | Date of Birth 01/28/1954 | | | Race WHITE | |
| | Address 616 PARKSIDE AVE BARABOO, WI 53913 , US | | | Driver License Number T5252905402802 STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 02 UNIT | Safety Equipment | | On Duty Crash | | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | | |
| | Eye Protection | | Helmet Compliance | | |
| | Tint Compliance | | Airbag DEPLOYED-FRONT | | |
| 02 UNIT | Injury | | Injury Severity NO APPARENT INJURY | | |
| | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |

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| | | | | | |
|--|---|------------------------------------|--|---|--|
| UNIT | 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 | |
| | 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 SANDRA L THOMSON (608) 289-6982 | | Citations Issued 0 | Sex FEMALE | |
| | Address 616 PARKSIDE AVE BARABOO, WI 53913 , US | | Date of Birth 02/18/1944 | Race | |
| | | | Driver License Number T5257924455806 | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| | | | Safety Equipment | | |
| UNIT | Safety Equipment | | On Duty Crash | | |
| | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | SHOULDER & LAP BELT | | |
| | Helmet Use | | Helmet Compliance | | |
| | Eye Protection | | Tint Compliance | | |
| | Injury | | Injury Severity POSSIBLE INJURY | Airbag DEPLOYED-FRONT | |
| UNIT | Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |
| | Medical Transport EMS GROUND | | EMS Agency Identifier 6001024 | EMS Run # | |

