

9PL01884HX
R21-11550

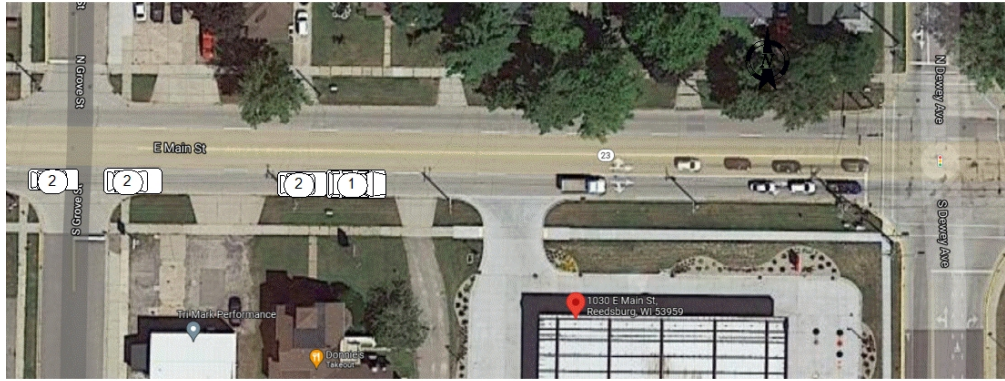
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number R21-11550	Investigating Officer/Deputy T. KNUTH	
Crash Date 10/26/2021		Crash Time 09:56 AM	Date Arrived 10/26/2021	Time Arrived 10:03 AM	
Date Notified 10/26/2021		Time Notified 09:56 AM	Total Units 02	Total Injured 01	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

Diagram 	Reconstruction By
	Photos By T. KNUTH #130
	Additional Information PHOTOS

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

UNIT 1 WAS STOPPED LEGALLY IN THE EASTBOUND OUTSIDE LANE OF THE 1000 BLOCK OF E MAIN ST WAITING FOR OTHER TRAFFIC. UNIT 2 WAS DRIVING EAST IN OUTSIDE LANE OF THE 1000 BLOCK OF E MAIN ST. APPROACHING UNIT 1. UNIT 2 BEGAN BRAKING AND OPERATOR SAID THE BRAKES MALFUNCTIONED AND DID NOT WORK AT ALL AND UNIT 2 STRUCK THE REAR OF UNIT 1. OPERATOR OF UNIT 2 SAID HE HAS HAD PROBLEMS WITH THE BRAKES IN THE PAST AND WAS PLANNING ON GETTING A NEW VEHICLE ON THE FIRST OF THE MONTH. OPERATOR OF UNIT 2 HAD A VALID INSTRUCTIONAL PERMIT BUT HAD NO ONE ELSE IN THE VEHICLE WITH HIM AND WAS IN VIOLATION OF THE INSTRUCTIONAL PERMIT RESTRICTIONS. OPERATOR OF UNIT 2 WAS CITED FOR THE DEFECTIVE BRAKES AND THE INSTRUCTIONAL PERMIT LICENSE VIOLATION. THE OPERATOR OF UNIT 1 SAID HER BACK WAS SORE FROM THE CRASH BUT DID NOT WANT MEDICAL ATTENTION AT THIS TIME. NOTHING FURTHER

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Location

ON MAIN ST/ STH23 EB 204 FT E OF N GROVE ST IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.532447932	Longitude -89.995681589
	X Coordinate 257940.0625	Y Coordinate 4824305.5
	Structure Type	

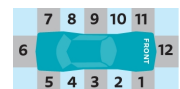
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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 BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number ADL8443	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5J6RM4H50GL027530	Make HONDA	Year 2016	Model CR-V EX
	Color BRO - BROWN	Body Style LL - CARRYALL		Bus Use
	Initial Contact Point 06 - REAR	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	06 - REAR		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name KATHLEEN JO MUNDTH (608) 393-1351		Owner Address E5009 COON VALLEY DR REEDSBURG, WI 53959 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual KATHLEEN MUNDTH	
UNIT INDIVIDUAL	Individual			
	Driver KATHLEEN JO MUNDTH (608) 393-1351		Citations Issued 0	Sex FEMALE
	Date of Birth 01/01/1953		Race WHITE	
	Address E5009 COON VALLEY DR REEDSBURG, WI 53959 , US		Driver License Number M5305105350102 STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 001	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 001	Injury		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
	Distacted By		Distacted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distacted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	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					
	01	001				

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 1		Train/Bus # Recorded		Total # Citations Issued 2		Total Trailers 0		Total HazMat Types 0			
	Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 25		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 BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade LEVEL			
	Truck Bus or HazMat NO											

UNIT	VEHICLE	Vehicle							
		License Plate Number ALY5448		Plate Type AUT - AUTOMOBILE		St WI		Country of Issuance UNITED STATES	
		Vehicle Identification Number 1G4HR53LXNH529987		Make BUICK		Year 1992		Model LESABRE	
		Color WHI - WHITE		Body Style SD - SEDAN				Bus Use	
		Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT					
		Extent Of Damage FUNCTIONAL DAMAGE							
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SUPERIOR AUTOMOTIVE							

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		BRAKES		
	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name HUNTER SCOTT STANFORD (608) 415-3517		Owner Address 204 E MAIN ST # 208 REEDSBURG, WI 53959 , US		
UNIT VEHICLE	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	Policy Holder				
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual HUNTER STANFORD		
	Individual				
UNIT INDIVIDUAL	Driver HUNTER SCOTT STANFORD (608) 415-3517		Citations Issued 2	Sex MALE	
	Date of Birth 01/14/2003		Race WHITE		
	Address 204 E MAIN ST # 208 REEDSBURG, WI 53959 , US		Driver License Number S3513370301405 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	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 NON DEPLOYED		
	002	Injury		Injury Severity NO APPARENT INJURY	
		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 Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					
Non Motorist		Striking Unit #			
Location					

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UNIT	INDIVIDUAL			
	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			
	Violations			
02	002	01		
		01		
UTC Number BD876597	Issue To? 002	Statute Number 343.07(1g)(a)3	Description OPERATE MOTOR VEHICLE BY PERMITTEE W/O AUTH PERSON >21	
UTC Number BD876598	Issue To? 002	Statute Number TR305.17(1)	Description FAIL/PROPERLY MAINTAIN BRAKES	