

9PL00Q6N1C  
R21-11595

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL00Q6N1C

Document Number Override		Primary Crash Document #		Agency Crash Number <b>R21-11595</b>		Investigating Officer/Deputy <b>A. MEEKER</b>	
Crash Date <b>10/27/2021</b>		Crash Time <b>02:34 PM</b>		Date Arrived <b>10/30/2021</b>		Time Arrived <b>02:38 PM</b>	
Date Notified <b>10/27/2021</b>		Time Notified <b>02:36 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <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 checked="" type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram  	Reconstruction By
	Photos By <b>A. MEEKER, T. KNUTH</b>
	Additional Information <b>PHOTOS</b>

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

UNIT #1 AND UNIT #2 WERE STOPPED AT A RED LIGHT ON S. DEWEY AVE. UNIT #1 SAID A SEMI TRAVELING WEST BOUND ON STH 23 TURNED SOUTH BOUND ONTO S. DEWEY AVE. UNIT #1 SAID HE WAS TOO FAR INTO THE INTERSECTION AND THE SEMI WOULD NOT CLEAR HIM, SO HE PUT HIS 4 WAYS ON, CHECKED HIS MIRRORS, AND BACKED UP. UNIT #1 SAID HE SAW UNIT #2 LATE, HIT HIS BRAKES AND STOPPED. HE SAID HE DID NOT BELIEVE HE HIT UNIT #2. UNIT #1 SAID HE HEARD MULTIPLE VEHICLES HONKING AT HIM SO HE CALLED INTO THE POLICE DEPARTMENT. UNIT #1 HAD NO DAMAGE AND UNIT #2 HAD MINOR DAMAGE. BOTH VEHICLES WERE REMOVED BY OPERATORS. NO INJURIES WERE REPORTED.

**Location**

ON S DEWEY AVE 98 FT S OF MAIN ST/ STH23 EB IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.532180318</b>	Longitude <b>-89.994511701</b>
	X Coordinate <b>258033.53125</b>	Y Coordinate <b>4824272.5</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</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>FULL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>	Operating As Endorsements			
	Total Occs <b>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>02</b>
	Most Harmful Event: Collision With <b>MOTOR VEH TRAN OTHER RDWY</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>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</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>				

**Vehicle**

<b>VEHICLE</b>	License Plate Number <b>FR5961</b>	Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>IA</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1XKWDR9X4YR837283</b>	Make <b>KENWORTH MOTOR TRU</b>	Year <b>2000</b>	Model <b>W-900</b>	
	Color <b>RED - RED</b>	Body Style <b>DS - TRACTOR-TRUCK DIESEL</b>		Bus Use	
	Initial Contact Point <b>06 - REAR</b>	Vehicle Damage			
	Extent Of Damage <b>NO DAMAGE</b>	<b>00 - NO DAMAGE</b>			



9PL00Q6N1C  
R21-11595

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>					
01 01	Owner Name <b>TREVOR LD STARK (641) 572-2041</b>		Owner Address <b>12501 310TH AVE GARDEN GROVE, IA 50103 , US</b>			
	<b>Sequence Of Events</b>					
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event					
	Event					
	Event					
UNIT 01	<b>Policy Holder</b>					
	Insurance Company <b>HAWK INSURANCE</b>		Individual <b>TREVOR STARK</b>			
UNIT 01 TRAILER/	<b>Trailer/Towed</b>					
	Trailer Plate # <b>FP9238</b>	Plate Type <b>STL - SEMI</b>	Make <b>UNK</b>	State <b>IA</b>	Country of Issuance <b>UNITED STATES</b>	
	Unit Type <b>SEMI TRAILER</b>	Unknown			Address , ,	
UNIT INDIVIDUAL	<b>Individual</b>					
	Driver <b>TREVOR LD STARK (641) 572-2041</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
	Address <b>12501 310TH AVE GARDEN GROVE, IA 50103 , US</b>		Date of Birth <b>08/21/1993</b>	Race <b>WHITE</b>		
01 001	Driver License Number <b>537AG3653 STATE: IOWA COUNTRY: UNITED STATES</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
	<b>Safety Equipment</b>					
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance			
	Helmet Use		Tint Compliance			
	Eye Protection		Airbag <b>NON DEPLOYED</b>			
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		
	Ejected <b>NOT EJECTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>			

UNIT	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
	Hospital		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>Carrier</b>					
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>DRIVER</b>				
Name <b>TREVOR LD STARK USDOT# 3045147</b>		Address <b>12501 310TH AVE GARDEN GROVE, IA 50103 , US</b>				
GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>		Cargo Body Type <b>UNKNOWN</b>		
US DOT # <b>3045147</b>		Carrier Type <b>INTRASTATE CARRIER</b>		Permitted Load <b>NOT APPLICABLE</b>		
<input type="checkbox"/> OS/OW Load		WI Permit Number		<input type="checkbox"/> Permitted Vehicle On Permitted Route		
				<input type="checkbox"/> Escort Vehicle Required By Permit		
				<input type="checkbox"/> Escort Vehicle Present		
Measured Height		Measured Length		Measured Width		
				Measured Weight		

**Unit Summary**

UNIT	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>01</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>	
				Total Trailers <b>0</b>		
				Total HazMat Types <b>0</b>		

9PL00Q6N1C  
R21-11595

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

UNIT	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	YES	NORTHBOUND		25	02
	Most Harmful Event: Collision With		Special Function	Emergency Motor Vehicle Use	
	MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION	NOT APPLICABLE	
	Traffic Way		Traffic Control	Traffic Control Inoperative/Missing	
TWO-WAY, NOT DIVIDED		TRAFFIC SIGNAL	NO		
Surface Type		Road Curvature	Road Grade		
BLACKTOP (BITUMINOUS)		STRAIGHT	LEVEL		
Truck Bus or HazMat					
NO					
UNIT	<b>Vehicle</b>				
	02	License Plate Number	Plate Type	St	Country of Issuance
		NU6209	AUT - AUTOMOBILE	WI	UNITED STATES
		Vehicle Identification Number	Make	Year	Model
	2FMPK4J92KBC71524	FORD	2019	EDGE	
	Color	Body Style	Bus Use		
	BLU - BLUE	UT - SPORT UTILITY VEHICLE			
	Initial Contact Point	Vehicle Damage			
	12 - FRONT	12 - FRONT			
	Extent Of Damage				
MINOR DAMAGE					
Towed Due To Damage	Vehicle Removed By				
NOT TOWED	OPERATOR				
What Driver Was Doing	Vehicle Factors				
GOING STRAIGHT	NOT APPLICABLE				
Driver Prior Action Other					
Driver Actions					
NO CONTRIBUTING ACTION					
02	Owner Name	Owner Address			
	DALE L JOHNSTON (608) 415-2685	190 IRON ST LAVALLE, WI 53941 , US			
<b>Sequence Of Events</b>					
UNIT	Event				
	MOTOR VEH IN TRANSPORT				
	Event				
	Event				
Event					
Event					
<b>Policy Holder</b>					
UNIT	Insurance Company	Individual			
	STATE-FARM-GENERAL-INS-CO	DALE JOHNSTON			
<b>Individual</b>					
IDUAL	Driver	Citations Issued	Sex		
	DALE L JOHNSTON (608) 415-2685	0	MALE		
	Date of Birth	Race			
	06/10/1964	WHITE			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UN	INDIV	Address <b>190 IRON ST LAVALLE, WI 53941 , US</b>		Driver License Number <b>J5231726421005 STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
		<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					
		02	002	<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 #	
				Hospital		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					
02	002	<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>NOT OBSERVED</b>							
		To/From School							