

9PL00RFP5D

R21-12189

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

9PL00RFP5D

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>W. BOTTEN</b>		
Crash Date <b>11/12/2021</b>		Crash Time <b>02:54 PM</b>		Date Arrived <b>11/12/2021</b>		Time Arrived <b>02:59 PM</b>		
Date Notified <b>11/12/2021</b>		Time Notified <b>02:54 PM</b>		Total Units <b>03</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 checked="" 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>140</b>
		Additional Information <b>PHOTOS</b>
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
<p>OPERATOR OF UNIT 3 WAS WAITING TO NEGOTIATE A LEFT TURN INTO A PARKING LOT. UNIT 1 STRUCK THE BACK OF UNIT 2 CAUSING UNIT 2 TO STRIKE THE BACK OF UNIT 3. OPERATOR OF UNIT 2 ADVISED HE WAS FOLLOWING TOO CLOSE AND HAD DIFFICULTY STOPPING THE VEHICLE DUE TO NO LOAD AND THE WET ROADWAY. OPERATOR OF UNIT 1 WAS CITED FOR FOLLOWING TOO CLOSE.</p>		

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## Location

ON MAIN ST/ STH23 EB 439 FT W OF KING ST IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.532459078</b>	Longitude <b>-89.98810641</b>
	X Coordinate <b>258552.234375</b>	Y Coordinate <b>4824284.5</b>
	Structure Type <b>NO STRUCTURE</b>	

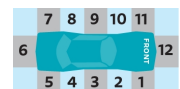
## Crash Scene

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>WET</b>	ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>CLOUDY, RAIN, SNOW</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

UNIT 01	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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>19481Z</b>	Plate Type <b>APO - APPORTIONED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3HSLGAPR0MN558163</b>	Make <b>INTERNATIONAL</b>	Year <b>2021</b>	Model <b>UNKNOWN</b>
	Color <b>PLE - PURPLE</b>	Body Style <b>TK - TRUCK</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>12 - FRONT</b>		
Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>			
01	01	Owner Name <b>HOT LINE FREIGHT SYSTEM INC (608) 486-1600</b>		Owner Address <b>W2197 CTH B HWY WEST SALEM, WI 54669 , US</b>
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>CENTURY-NATIONAL-INS-CO</b>		Organization/Company <b>HOT LINE FREIGHT SYSTEM INC</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>SHANE R BIRCH (608) 434-5790</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>107 NIESON ST #4 BANGOR, WI 54614 , US</b>		Date of Birth <b>07/10/1995</b>	Race <b>WHITE</b>
			Driver License Number <b>B6207969525006</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 001	<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	
	<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>				

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UNIT	<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>Violations</b>					
01	UTC Number <b>AP276589</b>	Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>		
<b>Carrier</b>						
01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>VEHICLE-SIDE</b>			
01	Name <b>HOT LINE FREIGHT SYSTEM INC USDOT# 329494</b>		Address <b>W2197 CTH B HWY WEST SALEM, WI 54669 , US</b>			
UNIT	GVWR <b>NOT APPLICABLE</b>		Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>		Cargo Body Type <b>UNKNOWN</b>	
	US DOT # <b>329494</b>		Carrier Type <b>INTERSTATE 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**

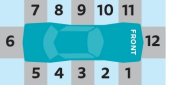
UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
UNIT	Total Occs <b>1</b>		Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>25</b>	Total Lanes <b>4</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>

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Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>		
Truck Bus or HazMat <b>NO</b>						
<b>Vehicle</b>						
UNIT VEHICLE	02	02	License Plate Number <b>489485</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
			Vehicle Identification Number <b>1FTRX18L31NB37493</b>	Make <b>FORD</b>	Year <b>2001</b>	Model <b>F150</b>
			Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>TK - TRUCK</b>		Bus Use
			Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>06 - REAR</b>		
			Extent Of Damage <b>MINOR DAMAGE</b>			
			Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
			What Driver Was Doing <b>STOP IN TRAFFIC</b>	Vehicle Factors		
			Driver Prior Action Other	<b>NOT APPLICABLE</b>		
			Driver Actions <b>NO CONTRIBUTING ACTION</b>			
			Owner Name <b>MICHAEL E ADELMAN (608) 415-1250</b>	Owner Address <b>128 CUNNINGHAM RIDGE RD CAZENOVIA, WI 53924 , US</b>		
<b>Sequence Of Events</b>						
UNIT VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
<b>Policy Holder</b>						
UNIT INDIVIDUAL	Insurance Company <b>METROPOLITAN-DIRECT-PROPERTY-&amp;-CASUAL</b>		Individual <b>MICHAEL ADELMAN</b>			
	Driver <b>MICHAEL E ADELMAN (608) 415-1250</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth <b>04/01/1957</b>	Race		
Address <b>128 CUNNINGHAM RIDGE RD CAZENOVIA, WI 53924 , US</b>		Driver License Number <b>A3455455712100</b> STATE: WISCONSIN COUNTRY: UNITED STATES				
<b>Safety Equipment</b>		On Duty Crash				

Row

Seat Position

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02	002	Safety Equipment	
		01 - FRONT ROW	07 - LEFT
		SHOULDER & LAP BELT	
		Helmet Use	
		Helmet Compliance	
		Eye Protection	
		Tint Compliance	
		<b>Injury</b>	Injury Severity
		NO APPARENT INJURY	
		Airbag	
		NON DEPLOYED	
		Ejected	Ejection Path
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE
		Trapped/Extricated	
		NOT TRAPPED	
Medical Transport			
NOT TRANSPORTED			
EMS Agency Identifier			
EMS Run #			
Hospital			
Date of Death			
Time of Death			
<b>Distracted By</b>	Distracted By Source		
NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action			
NOT DISTRACTED			
<b>Non Motorist</b>	Striking Unit #		
Location			
Prior Action			
Action			
UNIT	INDIVIDUAL	Action Other	
		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use
		NO	
		Suspected Drug Use	
		NO	
		Alcohol Test Given	Alcohol Test Type
		TEST NOT GIVEN	
		Alcohol Test Results	
		Drug Test Given	Drug Test Type
		TEST NOT GIVEN	
		Drug Test Results	
		Drug Type	
		Individual Condition	
		APPEARED NORMAL	

Unit Summary

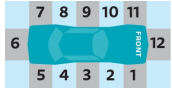
03	Unit Status	Vehicle Operating As Classification	Unit Type	
	IN TRANSIT	D CLASS	TRUCK	
	Vehicle Type	Operating As Endorsements		
	UTILITY TRUCK/PICKUP TRUCK			
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers
2		0	0	0
Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes
YES	WESTBOUND		25	4
Most Harmful Event: Collision With		Special Function	Emergency Motor Vehicle Use	
MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION	NOT APPLICABLE	

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Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>		
Truck Bus or HazMat <b>NO</b>						
<b>Vehicle</b>						
03 UNIT VEHICLE	License Plate Number <b>KX5040</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FTEW1EP5GFB82561</b>		Make <b>FORD</b>	Year <b>2016</b>	Model <b>F150</b>	
	Color <b>RED - RED</b>		Body Style <b>TK - TRUCK</b>		Bus Use	
	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>06 - REAR</b>			
	Extent Of Damage <b>MINOR DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>STOP IN TRAFFIC</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
	Driver Prior Action Other					
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	03 UNIT VEHICLE	Owner Name <b>JUANA E GONZALEZ LOZA (608) 415-7972</b>		Owner Address <b>121 SILVER DR REEDSBURG, WI 53959 , US</b>		
<b>Sequence Of Events</b>						
01 UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event					
	Event					
	Event					
04 UNIT VEHICLE	<b>Policy Holder</b>					
	Insurance Company <b>ALLSTATE-INS-CO</b>		Individual <b>JUANA GONZALEZ LOZA</b>			
04 UNIT INDIVIDUAL	<b>Individual</b>					
	Driver <b>JUANA E GONZALEZ LOZA (608) 415-7972</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
			Date of Birth <b>01/31/1994</b>	Race <b>HISPANIC</b>		
	Address <b>121 SILVER DR REEDSBURG, WI 53959 , US</b>		Driver License Number <b>G5244259453102</b> STATE: WISCONSIN COUNTRY: UNITED STATES			
<b>Safety Equipment</b>						
On Duty Crash						

Row

Seat Position

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03	003	Safety Equipment	
		01 - FRONT ROW	07 - LEFT
		<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	
		Helmet Compliance	
		Eye Protection	
		Tint Compliance	
		<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			
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>Individual</b>			
Passenger			
<b>JESUS GONZALEZ HIDALGO</b>			
<b>(608) 415-7974</b>			
Citations Issued			
<b>0</b>			
Sex			
<b>MALE</b>			
Date of Birth			
<b>01/21/1964</b>			
Race			
<b>HISPANIC</b>			
Address			
<b>545 8TH ST</b>			
<b>REEDSBURG, WI 53959 , US</b>			
Driver License Number			
<b>H3424276414101</b>			
<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
<b>Safety Equipment</b>			
On Duty Crash			



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03	004	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>			
		Row	Seat Position				
		<b>01 - FRONT ROW</b>	<b>09 - RIGHT</b>				
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity	Airbag		
				<b>NO APPARENT INJURY</b>	<b>NON DEPLOYED</b>		
		Ejected		Ejection Path		Trapped/Extricated	
		<b>NOT EJECTED</b>		<b>NOT EJECTED/NOT APPLICABLE</b>		<b>NOT TRAPPED</b>	
		Medical Transport		EMS Agency Identifier		EMS Run #	
		<b>NOT TRANSPORTED</b>					
		Hospital		Date of Death		Time of Death	
		<b>Distracted By</b>		Distracted By Source			
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				
Prior Action							
Action							
UNIT INDIVIDUAL							
Action Other				To/From School			
<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use		Suspected Drug Use			
		<b>NO</b>		<b>NO</b>			
Alcohol Test Given		Alcohol Test Type		Alcohol Test Results			
<b>TEST NOT GIVEN</b>							
Drug Test Given		Drug Test Type		Drug Test Results			
<b>TEST NOT GIVEN</b>							
Drug Type							
Individual Condition							
<b>APPEARED NORMAL</b>							