

9PL010TWTK  
R21-13440


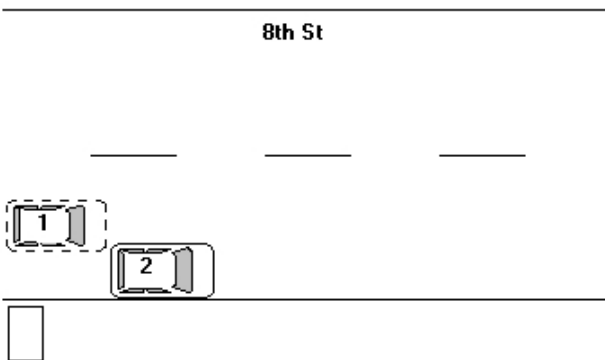
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL010TWTK

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>J. WILLIAMS</b>	
Crash Date <b>12/13/2021</b>		Crash Time <b>05:33 PM</b>		Date Arrived <b>12/13/2021</b>		Time Arrived <b>05:36 PM</b>	
Date Notified <b>12/13/2021</b>		Time Notified <b>05:35 PM</b>		Total Units <b>02</b>		Total Injured <b>01</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 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

<p>Diagram</p> <p style="text-align: center;">Not to Scale </p> <p style="text-align: center;">8th St</p>  <p><b>Fire Extinguisher</b></p>	Reconstruction By
	Photos By <b>A. MEEKER</b>
	Additional Information <b>NONE, PHOTOS</b>

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

UNIT 1 WAS TRAVELING WESTBOUND ON 8TH ST WHERE IT STUCK THE REAR DRIVERS SIDE CORNER OF UNIT 2 AS IT WAS PARKED ALONG SIDE OF THE CURB ON THE RIGHT HAND SIDE OF THE ROAD. UNIT 1 ADVISED SHE DID NOT SEE THE VEHICLE PARKED UNTIL THE VERY LAST SECOND WHERE SHE TRIED TO SWERVE TO AVOID THE COLLISION HOWEVER COULD NOT AVOID IT IN TIME. UNIT 2 WAS PARKED CLOSE TO A FIRE EXTINGUISHER WITH A YELLOW PAINTED CURB HOWEVER IT IS BELIEVED UNIT 2 WAS IN FACT PARKED NOT IN FRONT OF THE FIRE EXTINGUISHER OR YELLOW ZONE AS THE DEBRIS FIELD WAS NOT LOCATED IN THAT AREA. THE DEBRIS FIELD WAS LOCATED WEST OF THE FIRE EXTINGUISHER INDICATING THE REAR OF UNIT 2 WAS NOT ILLEGALLY PARKED AT THE TIME IT WAS STRUCK. THE INDIVIDUAL LOCATED IN THE DRIVERS SEAT OF UNIT 2 WAS TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER FOR BACK PAIN.

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Location

ON 8TH ST 168 FT W OF WELLINGTON DR IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.53975245</b>	Longitude <b>-89.987434837</b>
	X Coordinate <b>258635.625</b>	Y Coordinate <b>4825093</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>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>WET</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>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

<b>UNIT</b>	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>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>2</b>	
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>					

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>964DYE</b>				Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>2G1WG5EK7B1215324</b>		Make <b>CHEVROLET</b>	Year <b>2011</b>	Model <b>IMPALA LT</b>			
		Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>4D - 4DR</b>		Bus Use			
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>					
		Extent Of Damage <b>DISABLING DAMAGE</b>							

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UNIT	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE, LOOKED BUT DID NOT SEE</b>				
01	01	Owner Name <b>CAROL MARY COSTERISAN (608) 963-3789</b>		Owner Address <b>1141 BORLAND CT REEDSBURG, WI 53959 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event <b>PARKED MOTOR VEHICLE</b>			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>ERIE-INS-CO</b>	Individual <b>CAROL COSTERISAN</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>CAROL MARY COSTERISAN (608) 963-3789</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth <b>01/18/1942</b>		Race <b>WHITE</b>	
		Address <b>1141 BORLAND CT REEDSBURG, WI 53959 , US</b>		Driver License Number <b>C2361134251808 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	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>UNKNOWN</b>			
Distracted By Action <b>UNKNOWN</b>					

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	<b>01</b>	<b>001</b>	<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>				

**Unit Summary**

<b>UNIT</b>	<b>02</b>	Unit Status <b>LEGALLY PARKED</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>2</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 <input type="checkbox"/> Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</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>LEVEL</b>		
		Truck Bus or HazMat <b>NO</b>						

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>				
		License Plate Number <b>GRN4ME</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1C4BJWKG2CL256937</b>	Make <b>JEEP</b>	Year <b>2012</b>	Model <b>WRANGLER U</b>	
		Color <b>GRN - GREEN</b>	Body Style <b>LL - CARRYALL</b>		Bus Use	
		Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage <b>07 - LEFT REAR CORNER</b>			
		Extent Of Damage <b>MINOR DAMAGE</b>				
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>			

UNIT VEHICLE	What Driver Was Doing <b>LEGALLY PARKED</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>KIM M BARTELS</b>		Owner Address <b>S1816 MENCHOFF RD LA VALLE, WI 53941 , US</b>	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>PARKED MOTOR VEHICLE</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>NATIONAL-GENERAL-INS-CO</b>		Individual <b>KIM BARTELS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Occupant Of Motor Vehicle Not In Transport <b>DARREN R WICZEK (608) 415-7770</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S1816 MENCHOFF RD LA VALLE, WI 53941 , US</b>		Date of Birth <b>08/13/1965</b>	Race <b>WHITE</b>
			Driver License Number <b>W2201766529308 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 002	<b>Safety Equipment</b>		On Duty Crash <b>EMT/FIRST-RESPONDER</b>	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	
	Helmet Use		Safety Equipment <b>RESTRAINT USE UNKNOWN</b>	
	Eye Protection		Helmet Compliance	
			Tint Compliance	
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	
			Airbag <b>UNKNOWN</b>	
	Ejected <b>UNKNOWN</b>		Ejection Path <b>UNKNOWN</b>	
			Trapped/Extricated <b>UNKNOWN</b>	
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	
		EMS Run # <b>515</b>		
Hospital <b>REEDSBURG AREA MED CTR</b>		Date of Death		
		Time of Death		
<b>Distracted By</b>		Distracted By Source		
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #		Location

UNIT	Prior Action		
	Action		
	Action Other		To/From School
02	<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>		
	Occupant Of Motor Vehicle Not In Transport <b>KIM M BARTELS</b> <b>(609) 963-6999</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>S1816 MENCHOFF RD</b> <b>LA VALLE, WI 53941 , US</b>	Date of Birth <b>07/12/1968</b>	Race <b>WHITE</b>
	Driver License Number <b>B6345136875209</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>RESTRAINT USE UNKNOWN</b>
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Use	
Eye Protection	Helmet Compliance	Tint Compliance	
02	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>UNKNOWN</b>
	Ejected <b>UNKNOWN</b>	Ejection Path <b>UNKNOWN</b>	Trapped/Extricated <b>UNKNOWN</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	
	Distracted By Action		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

UNIT	INDIVIDUAL	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>					
		02	003				