

9PL00K8HL0  
R21-1469

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		Investigating Officer/Deputy <b>J. HOEGE</b>	
Crash Date <b>02/05/2021</b>		Crash Time <b>11:29 AM</b>		Date Arrived <b>02/11/2021</b>		Time Arrived <b>11:45 AM</b>	
Date Notified <b>02/05/2021</b>		Time Notified <b>11:39 AM</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 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

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

**Location**

PRIVATE PROPERTY 1440 LAUKANT ST (HOUSE/BUILDING 1440)		Latitude <b>43.522255952</b>		Longitude <b>-89.98578755</b>	
IN THE CITY OF REEDSBURG IN SAUK COUNTY		X Coordinate <b>258698.90625</b>		Y Coordinate <b>4823145</b>	
Structure Type <b>HOUSE/BUILDING</b>					

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>OFF ROADWAY, LOCATION UNKNOWN</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, ICE</b>		Roadway Factor(s)	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>		Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</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>STRAIGHT TRUCK (INSERT TRUCK)</b>				Operating As Endorsements	
	Total Occs <b>1</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 CrashTire Mark	Speed Limit <b>05</b>	Total Lanes <b>0</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>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	

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Surface Type <b>DIRT</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>						
01 UNIT VEHICLE	<b>Vehicle</b>					
	License Plate Number <b>17474Z</b>		Plate Type <b>APO - APPORTIONED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>5KKHALBG1EPFJ9831</b>		Make <b>WESTERN STAR</b>	Year <b>2014</b>	Model	
	Color <b>ONG - ORANGE</b>		Body Style <b>2D - 2DR</b>		Bus Use	
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage <b>10 - LEFT SIDE FRONT</b>			
	Extent Of Damage <b>MINOR DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
	Driver Prior Action Other					
	01 UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
Owner Name <b>JOSEPH J FREITAG (608) 575-3297</b>		Owner Address <b>901 1ST ST NEW GLARUS, WI 53574 , US</b>				
<b>Sequence Of Events</b>						
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event <b>MOTOR VEH IN TRANSPORT</b>					
01 UNIT TRAILER/	<b>Policy Holder</b>					
	Insurance Company			Individual <b>JOSEPH FREITAG</b>		
01 UNIT TRAILER/	<b>Trailer/Towed</b>					
	Trailer Plate #	Plate Type	Make	State	Country of Issuance	
	Unit Type	Name			Address	
IT IDUAL	Vehicle Identification Number					
	<b>Individual</b>					
	Driver <b>JOSEPH J FREITAG (608) 575-3297</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
		Date of Birth <b>08/16/1978</b>		Race <b>WHITE</b>		

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UN	INDIV	Address 901 1ST ST NEW GLARUS, WI 53574 , US		Driver License Number F6324907829605 STATE: WISCONSIN COUNTRY: UNITED STATES					
		<b>Safety Equipment</b>		On Duty Crash		Safety Equipment			
		Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT			
		Helmet Use				Helmet Compliance			
		Eye Protection				Tint Compliance			
		01	001	<b>Injury</b>		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 #	
				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 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 EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)							
		<b>Carrier</b>							
		<input type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER					
		Name JOSEPH J FREITAG USDOT# 2421786		Address 901 1ST ST NEW GLARUS, WI 53574 , US					

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<b>UNIT</b>	<b>TRUCK</b>	GVWR		Vehicle Configuration		Cargo Body Type	
		US DOT # 2421786		Carrier Type		Permitted Load	
	<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**

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>STRAIGHT TRUCK (INSERT TRUCK)</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>NORTHBOUND</b>		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit <b>05</b>	Total Lanes <b>0</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>PARKING LOT OR PRIVATE PROPERTY</b>			Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>DIRT</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>UNIT</b>	<b>02</b>	<b>02</b>	License Plate Number		Plate Type <b>TOR - TRACTOR</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
			Vehicle Identification Number <b>1XP5DB9X04N805431</b>		Make <b>PETERBILT MOTORS CO</b>	Year <b>2004</b>	Model		
	Color <b>WHI - WHITE</b>		Body Style <b>2D - 2DR</b>			Bus Use			
	Initial Contact Point <b>16 - VEHICLE NOT AT SCENE</b>		Vehicle Damage						
	Extent Of Damage <b>NO DAMAGE</b>		<b>16 - VEHICLE NOT AT SCENE</b>						
	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>						
	<b>02</b>	<b>02</b>	Driver Actions <b>NO CONTRIBUTING ACTION</b>						
			Owner Name <b>MARSHALL K HILLESHEM (608) 604-8501</b>			Owner Address <b>28473 POST HOLLOW LN LONE ROCK, WI 53556 , US</b>			

**Sequence Of Events**

<b>02</b>	<b>01</b>	Event <b>MOTOR VEH IN TRANSPORT</b>
		Event <b>MOTOR VEH IN TRANSPORT</b>

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UNIT	03	Event <b>MOTOR VEH IN TRANSPORT</b>		
	04	Event <b>MOTOR VEH IN TRANSPORT</b>		
UNIT	02	<b>Policy Holder</b>		
		Insurance Company	Individual <b>MARSHALL HILLESHEIM</b>	
UNIT	002	<b>Individual</b>		
		Driver <b>MARSHALL K HILLESHEIM (608) 604-8501</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>06/17/1944</b>	Race <b>WHITE</b>	
		Address <b>28473 POST HOLLOW LN LONE ROCK, WI 53556 , US</b>	Driver License Number <b>H4255514421709</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
		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>		
		<b>Non Motorist</b>	Striking Unit #	Location
		Prior Action		
UNIT	INDIVIDUAL	Action		
		Action Other		
		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

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UNIT	02	002	Drug Type				
			Individual Condition <b>NOT OBSERVED</b>				
	TRUCK	02	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>VEHICLE-SIDE</b>		
			Name <b>H&amp;H TRANSPORT USDOT# 698789</b>		Address <b>28473 POST HOLLOW LN LONE ROCK, WI 53556 , US</b>		
		GVWR		Vehicle Configuration		Cargo Body Type	
		US DOT # <b>698789</b>		Carrier Type		Permitted Load	
		<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	