

9PL00K8HL1  
R21-1575

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL00K8HL1

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>J. HOEGE</b>	
Crash Date <b>02/09/2021</b>		Crash Time <b>10:09 AM</b>		Date Arrived <b>02/09/2021</b>		Time Arrived <b>10:17 AM</b>	
Date Notified <b>02/09/2021</b>		Time Notified <b>10:09 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
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							

**Location**

<b>ON N PINE ST 179 FT N OF 4TH ST IN THE CITY OF REEDSBURG IN SAUK COUNTY</b>	Latitude <b>43.536112831</b>	Longitude <b>-90.004098156</b>
	X Coordinate <b>257274.65625</b>	Y Coordinate <b>4824737</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>06 - SIDESWIPE/OPPOSITE DIRECTION</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, ICE</b>		Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC), OTHER</b>	
Environment Factor(s) <b>OTHER</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>	

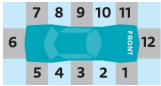
**Unit Summary**

<b>01 UNIT</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>3</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>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>15</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>	

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Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>
Truck Bus or HazMat <b>NO</b>			
01 UNIT VEHICLE	<b>Vehicle</b>		
	License Plate Number <b>AJB1821</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number <b>1GYS3AEF4DR113030</b>	Make <b>CADILLAC</b>
	Year <b>2013</b>	Model <b>ESCALADE</b>	Color <b>WHI - WHITE</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>OPERATOR</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>	Driver Prior Action Other	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	Owner Name <b>BARBARA G (608) 393-7470</b>	
	Owner Address <b>337 S PINE ST REEDSBURG, WI 53959 , US</b>		
01 UNIT VEHICLE	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
04 UNIT INDIVIDUAL	<b>Policy Holder</b>		
	Insurance Company <b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>	Individual <b>BARBARA GOODMAN</b>	
01 UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>BARBARA G GOODMAN (608) 393-7470</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Date of Birth <b>01/21/1959</b>	Race <b>WHITE</b>	
	Address <b>337 S PINE ST REEDSBURG, WI 53959 , US</b>	Driver License Number <b>G3550675952101 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 UNIT INDIVIDUAL	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		

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01	001	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>			
		<b>Non Motorist</b>		Distracted By Action <b>NOT DISTRACTED</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>			
		<b>Individual</b>					
		Passenger <b>TRAVIS J LIEGEL</b> <b>(608) 370-1877</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
		Address <b>S6586 CNTY RD G</b> <b>HILLPOINT, WI 53937 , US</b>		Date of Birth <b>05/16/1978</b>		Race <b>WHITE</b>	
		Driver License Number <b>L2408107817600</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
<b>Safety Equipment</b>		On Duty Crash		Safety Equipment			
Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>			
Helmet Use		Helmet Compliance					

01	002	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					
		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>									
01	002			<b>Individual</b>					
				Passenger <b>ALEJANDRO SANDOVAL</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
				Date of Birth <b>04/03/2004</b>		Race <b>HISPANIC</b>			
		Address <b>2215 CARLING DR APT 212 MADISON, WI 53711 , US</b>		Driver License Number					
		<b>Safety Equipment</b>		On Duty Crash					
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>							
		Row <b>02 - SECOND ROW</b>		Seat Position <b>07 - LEFT</b>					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					

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UNIT	INDIVIDUAL	01	003	<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			
		Distracted By Action				
		<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>				

**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			
		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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>15</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>				

**Vehicle**

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02	UNIT	License Plate Number <b>V61682</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>ID</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1FTFW1ET2EFA21194</b>	Make <b>FORD</b>	Year <b>2014</b>	Model <b>F150</b>	
02	VEHICLE	Color <b>BLU - BLUE</b>	Body Style <b>2D - 2DR</b>	Bus Use		
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage <b>00 - NO DAMAGE</b>			
02	VEHICLE	Extent Of Damage <b>NO DAMAGE</b>				
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			
02	VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>			
		Driver Prior Action Other				
02	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		Owner Name <b>MACKENZIE YOUNG CLARK (615) 424-2718</b>	Owner Address <b>30 S VIPER RD SANTA ROSA BEACH, FL 32459 , US</b>			
<b>Sequence Of Events</b>						
02	UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event <b>MOTOR VEH IN TRANSPORT</b>			
		03	Event <b>MOTOR VEH IN TRANSPORT</b>			
		04	Event <b>MOTOR VEH IN TRANSPORT</b>			
<b>Policy Holder</b>						
02	UNIT	Insurance Company <b>GEICO-GENERAL-INS-CO</b>	Individual <b>MACKENZIE CLARK</b>			
		<b>Individual</b>				
02	INDIVIDUAL	Driver <b>MACKENZIE YOUNG CLARK (615) 424-2718</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
		Address <b>30 S VIPER RD SANTA ROSA BEACH, FL 32459 , US</b>	Date of Birth <b>07/19/1999</b>	Race <b>HISPANIC</b>		
02	INDIVIDUAL	Address <b>30 S VIPER RD SANTA ROSA BEACH, FL 32459 , US</b>		Driver License Number <b>C462559997590 STATE: FLORIDA COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>				
02	004	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	004	<b>Injury</b>		Airbag		
		<b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>		

