

9PL015S27P

R21-01750

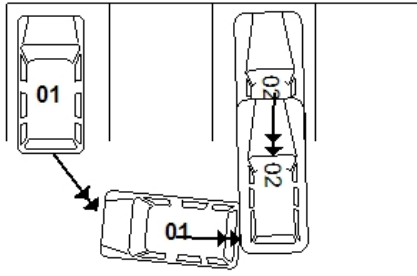
WISCONSIN MOTOR VEHICLE CRASH REPORT

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. CUTRELL	
Crash Date 02/14/2021		Crash Time 07:16 PM	Date Arrived 02/14/2021	Time Arrived 07:26 PM	
Date Notified 02/14/2021		Time Notified 07:16 PM	Total Units 02	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By REPD153
	Additional Information PHOTOS

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

UNT11 AND UNIT2 WERE BOTH BACKING UP. UNIT1 SAID THAT HE LOOKED BUT DID NOT SEE UNIT2 AND BACKED STRAIGHT INTO IT. UNT11 HIT UNIT2 WITH SUCH FORCE THAT IT SET OFF THE DRIVER SIDE CURTAIN AIR BAGS, AND CAUSED A LARGE DENT IN THE DRIVER SIDE REAR QUARTER PANEL. BOTH DRIVERS SAID THAT THEY WERE OKAY. UNIT1 DRIVER SAID THAT HE BY THE TIME HE SAW UNIT2 HE COULD NOT STOP DUE TO THE SLIPPERY SNOW/ICE COVERING THE PARKING LOT. UNIT1 DRIVER ADMITTED THE ACCIDENT WAS HIS FAULT. **IT SHOULD BE NOTED THAT THE DENT ON THE PASSENGER SIDE REAR QUARTER PANEL ON UNIT1 WAS PREVIOUSLY THERE AND NOT CAUSED BY THE ACCIDENT ON 2/14/21.**

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Location

PARKING LOT VIKING DR LOT 1411 (HOUSE/BUILDING 1411) IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.545456844	Longitude -89.986086116
	X Coordinate 258767.359375	Y Coordinate 4825722.5
	Structure Type HOUSE/BUILDING	

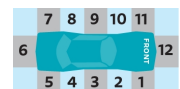
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN	
Manner of Collision 05 - REAR TO SIDE	Light Condition DARK-UNKNOWN LIGHTING	
Road Surface Condition(s) WET, SNOW, ICE	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way PARKING LOT OR PRIVATE PROPERTY	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

UNIT	Vehicle			
	License Plate Number A979937	Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GKKNSLS3KZ146883	Make GENERAL MOTORS COR	Year 2019	Model ACADIA
	Color GRY - GRAY	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 06 - REAR	Vehicle Damage 06 - REAR		
Extent Of Damage FUNCTIONAL DAMAGE				



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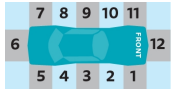
UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions UNSAFE BACKING, LOOKED BUT DID NOT SEE			
01 01	Owner Name GREGORY W SWAN (815) 353-3060		Owner Address 1214 GALWAY RD JOLIET, IL 60431 , US	
	Sequence Of Events			
01 01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company ALLSTATE-VEHICLE-AND-PROPERTY-INS-CO		Individual GREGORY SWAN	
UNIT INDIVIDUAL	Individual			
	Driver GREGORY W SWAN (815) 353-3060		Citations Issued 0	Sex MALE
	Date of Birth 12/16/1973		Race WHITE	
	Address 1214 GALWAY RD JOLIET, IL 60431 , US		Driver License Number S50029973357 STATE: ILLINOIS COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment RESTRAINT USE UNKNOWN	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
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		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By				
Distracted By Action NOT DISTRACTED				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other					To/From School
	Drug & Alcohol		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 APPEARED NORMAL					

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE						
		Vehicle Type PASSENGER VAN				Operating As Endorsements						
	Total Occs 1		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0		Total HazMat Types 0			
	Insurance? YES		Direction Of Travel NOT ON ROADWAY		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit		Total Lanes			
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE			
	Traffic Way PARKING LOT OR PRIVATE PROPERTY				Traffic Control NO CONTROL				Traffic Control Inoperative/Missing NO			
	Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT				Road Grade LEVEL			
	Truck Bus or HazMat NO											

UNIT	VEHICLE	Vehicle										
		License Plate Number GRAYX4			Plate Type AUT - AUTOMOBILE		St IL	Country of Issuance UNITED STATES				
		Vehicle Identification Number 5FNRL6H76LB031360			Make HONDA		Year 2020	Model ODYSSEY				
		Color GRY - GRAY			Body Style 4D - 4DR			Bus Use				
		Initial Contact Point 08 - LEFT SIDE REAR			Vehicle Damage 08 - LEFT SIDE REAR							
		Extent Of Damage FUNCTIONAL DAMAGE										
Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR									

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UNIT VEHICLE	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name JACOB M GRAY (217) 493-8525		Owner Address 302 BANBURY LN SAVOY, IL 61874 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		Individual JACOB GRAY	
UNIT INDIVIDUAL	Individual			
	Driver JACOB M GRAY (217) 493-8525		Citations Issued 0	Sex MALE
	Address 302 BANBURY LN SAVOY, IL 61874 , US		Date of Birth 11/15/1981	Race WHITE
			Driver License Number G60043381325 STATE: ILLINOIS COUNTRY: UNITED STATES	
UNIT 02	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-COMBINATION
	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
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	Prior Action			
	Action			
	Action Other		To/From School	
	Drug & Alcohol	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 APPEARED NORMAL			
	02	002		