

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

9PL0122XX5

Document Number Override		Primary Crash Document #		Agency Crash Number <b>21-1945</b>		Investigating Officer/Deputy <b>J. SCHAEFER</b>	
Crash Date <b>02/20/2021</b>		Crash Time <b>09:13 AM</b>		Date Arrived <b>02/20/2021</b>		Time Arrived <b>09:15 AM</b>	
Date Notified <b>02/20/2021</b>		Time Notified <b>09:13 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 checked="" 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

Diagram		Reconstruction By	
<p style="text-align: center;"><b>E Main St</b></p> <p style="text-align: right;"><b>S Pine St</b></p>		Photos By <b>OFC SCHAEFER</b>	
		Additional Information <b>PHOTOS</b>	

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

UNIT #1 WAS WAITING TO MAKE A LEFT HAND TURN ONTO S PINE ST. A VEHICLE WAS ALSO TURNING LEFT ONTO N PINE ST. UNIT #2 WAS TRAVELING EASTBOUND. UNIT #1 DRIVER STATED HE TURNED THINKING THE INSIDE LANE WAS CLEAR. AS UNIT #1 TURNED IT COLLIDED WITH UNIT #2. THE FRONT OF UNIT #2 ENDED UP UNDERNEATH THE REAR PASSENGER SIDE TIRE OF UNIT #1. UNIT #1 WAS DISABLED AND LATER TOWED BY STEVE'S AUTO. UNIT #2 WAS DAMAGED HEAVILY ON THE FRONT END BUT WAS ABLE TO BE REMOVED BY THE OPERATOR. UNIT #2 DRIVER STATED UNIT #1 CAME OUT OF NOWHERE AND HE DIDN'T HAVE TIME TO REACT. UNIT #1 DRIVER STATED HE THOUGHT THE INSIDE LANE WAS CLEAR WHEN HE TURNED. HE WAS LATER ISSUED A CITATION FOR FAILURE TO YIELD TO RIGHT OF WAY WHILE MAKING A LEFT TURN. UNIT #1 OPERATOR SHOWED ME A GEICO INSURANCE CARD SHOWING IT EXPIRED ON FEBRUARY 9TH. HE WAS ALSO ISSUED A CITATION FOR OPERATE MOTOR VEHICLE WITHOUT INSURANCE.

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

**Location**

<b>ON 500 STH23 EB</b> <b>16 FT N</b> <b>OF S PINE ST</b> <b>(HOUSE/BUILDING 500)</b>  <b>IN THE CITY OF REEDSBURG</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.532481778</b>	Longitude <b>-90.003968688</b>
	X Coordinate <b>257270.546875</b>	Y Coordinate <b>4824333.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</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>FULL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure <b>TOW TRUCK</b>	
Date Initial Lane/Rd Closed <b>02/20/2021</b>	Time Initial Lane/Rd Closed <b>09:20 AM</b>		
Date All Lanes Open <b>02/20/2021</b>	Time All Lanes Open <b>09:40 AM</b>	Date Scene Cleared <b>02/20/2021</b>	Time Scene Cleared <b>09:45 AM</b>

**Unit Summary**

<b>UNIT</b>	01	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>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>NO</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>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>Vehicle</b>				
	01	02	License Plate Number <b>LL4091</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FTEF15Y4SLB95871</b>	Make <b>FORD</b>	Year <b>1995</b>	Model <b>F150</b>	

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UNIT VEHICLE	Color	Body Style	Bus Use
	LBL - BLUE, LIGHT	PK - PICKUP	
	Initial Contact Point	Vehicle Damage	
	04 - RIGHT SIDE REAR	04 - RIGHT SIDE REAR	
	Extent Of Damage		
	DISABLING DAMAGE		
Towed Due To Damage	Vehicle Removed By		
TOWED DUE TO DISABLING DAMAGE	STEVE'S AUTO		
What Driver Was Doing	Vehicle Factors		
LEFT TURN			
Driver Prior Action Other	NOT APPLICABLE		
Driver Actions			
Owner Name	Owner Address		
SEAN PATRICK DOBROVOLNY	210 N MAIN ST LA VALLE, WI 53941 , US		
<b>Sequence Of Events</b>			
Event			
MOTOR VEH IN TRANSPORT			
Event			
Event			
Event			
<b>Individual</b>			
Driver	Citations Issued	Sex	
SEAN PATRICK DOBROVOLNY	2	MALE	
	Date of Birth	Race	
	09/22/1990	WHITE	
Address	Driver License Number		
210 N MAIN ST LA VALLE, WI 53941 , US	D1617959034200 STATE: WISCONSIN COUNTRY: UNITED STATES		
<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
Row	Seat Position	SHOULDER BELT ONLY	
01 - FRONT ROW	07 - LEFT		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
<b>Injury</b>	Injury Severity	Airbag	
	NO APPARENT INJURY	NON DEPLOYED	
Ejected	Ejection Path	Trapped/Extricated	
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
Medical Transport	EMS Agency Identifier	EMS Run #	
NOT TRANSPORTED			
Hospital	Date of Death	Time of Death	

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<b>UNIT</b>	<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>Violations</b>					
01	001	UTC Number <b>BB824348</b>	Issue To? <b>001</b>	Statute Number <b>346.18(2)</b>	Description <b>FAIL/YIELD WHILE MAKING LEFT TURN</b>
02	01	UTC Number <b>BB824349</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>

**Unit Summary**

<b>UNIT</b>	02	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>EASTBOUND</b>		<input type="checkbox"/> Pre Crash 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>Vehicle</b>								
	License Plate Number <b>581VPH</b>				Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	

WISCONSIN MOTOR VEHICLE  
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02 UNIT VEHICLE	01	Vehicle Identification Number <b>1G1PC5SB3F7163994</b>	Make <b>CHEVROLET</b>	Year <b>2015</b>	Model <b>CRUZE</b>	
		Color <b>BLU - BLUE</b>	Body Style <b>SD - SEDAN</b>	Bus Use <b>NOT A BUS</b>		
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>12 - FRONT</b>			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</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 <b>NOT APPLICABLE</b>			
		Driver Prior Action Other				
02 UNIT VEHICLE		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		Owner Name <b>ANDREW JOHN PIERZCHALSKI (715) 571-1459</b>	Owner Address <b>208139 VERDE VILLA HATLEY, WI 54440 , US</b>			
<b>Sequence Of Events</b>						
02 UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
<b>Policy Holder</b>						
02 UNIT INDIVIDUAL		Insurance Company <b>ALLSTATE-INS-CO</b>	Individual <b>ANDREW PIERZCHALSKI</b>			
		Driver <b>ANDREW JOHN PIERZCHALSKI (715) 571-1459</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>208139 VERDE VILLA HATLEY, WI 54440 , US</b>	Date of Birth <b>10/10/1989</b>	Race <b>WHITE</b>		
		Driver License Number <b>P6240108937005 STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
<b>Safety Equipment</b>						
02 UNIT		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>			
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
02 UNIT	002	<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>		

**WISCONSIN MOTOR VEHICLE  
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<b>02 002</b>	<b>UNIT</b>	<b>INDIVIDUAL</b>	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
			Hospital		Date of Death	Time of Death	
			<i>Distracted By</i> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
			Distracted By Action <b>NOT DISTRACTED</b>				
			<i>Non Motorist</i> Striking Unit #		Location		
			Prior Action				
			Action				
			Action Other				
			To/From School				
			<i>Drug &amp; Alcohol</i> 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>				