

9PL04ZCGGN
R21-2051

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

9PL04ZCGGN

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|---|--|--|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number | | Investigating Officer/Deputy K. BLESKE | |
| Crash Date 02/22/2021 | | Crash Time 03:30 PM | | Date Arrived 02/22/2021 | | Time Arrived 03:31 PM | |
| Date Notified 02/22/2021 | | Time Notified 03:31 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 checked="" type="checkbox"/> Active School Zone | | School Bus Related NO | | Tags | |
| <input type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|---|--|
| <p>Diagram</p> <p style="text-align: center;">WEBB SCHOOL PARKING LOT</p> | <p>Reconstruction By REEDSBURG POLICE DEPARTMENT</p> <p>Photos By K. BLESKE #151</p> <p>Additional Information PHOTOS, RECONSTRUCTION</p> |
|---|--|

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

UNIT ONE AND UNIT TWO WERE BACKING OUT OF THEIR RESPECTIVE PARKING STALLS WHEN THEIR VEHICLES MADE CONTACT. BOTH UNIT ONE AND UNIT TWO STATED THAT THEY DID NOT SEE THE OTHER VEHICLE WHILE BACKING AND BELIEVED THEY WERE CLEAR TO BACK UP. BOTH UNITS MADE CONTACT AND REMAINED ON SCENE. NO INJURIES REPORTED, EMS REFUSED.

Location

| | | |
|--|---|-----------------------------------|
| PARKING LOT N WEBB AVE LOT 707 (HOUSE/BUILDING 707) IN THE CITY OF REEDSBURG IN SAUK COUNTY | Latitude 43.540460436 | Longitude -90.011064598 |
| | X Coordinate 256729.25 | Y Coordinate 4825240.5 |
| | Structure Type HOUSE/BUILDING | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location IN PARKING LANE OR ZONE | |
| Manner of Collision 04 - REAR TO REAR | Light Condition DAYLIGHT | |
| Road Surface Condition(s) WET | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway NON TRAFFICWAY - PARKING LOT | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control FULL 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 TRUCK | | |
| | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | 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 05 | 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 | | | | | |

Vehicle

| | | | | | |
|----------------|---|--|---------------------|---|--|
| VEHICLE | License Plate Number 45COLT | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 1GTV2NEC0GZ300448 | Make GENERAL MOTORS COR | Year 2016 | Model SIERRA | |
| | Color RED - RED | Body Style PK - PICKUP | | Bus Use | |
| | Initial Contact Point 05 - RIGHT REAR CORNER | Vehicle Damage | | | |
| | Extent Of Damage MINOR DAMAGE | 05 - RIGHT REAR CORNER | | | |



| | | | | | |
|---|---|--|--|------------------------------|--------------------|
| UNIT | 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 LOOKED BUT DID NOT SEE | | | | |
| VEHICLE | Owner Name JAMES W HENKE (608) 524-2151 | | Owner Address 1116 HILL CREST RD REEDSBURG, WI 53959 , US | | |
| | Sequence Of Events | | | | |
| UNIT | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | 02 | Event MOTOR VEH IN TRANSPORT | | | |
| | 03 | Event | | | |
| | 04 | Event | | | |
| UNIT | Policy Holder | | | | |
| | Insurance Company LICHTE INSURANCE | | Individual JAMES HENKE | | |
| UNIT | Individual | | | | |
| | INDIVIDUAL | Driver JAMES W HENKE (608) 524-2151 | | Citations Issued 0 | Sex MALE |
| | | Date of Birth 12/10/1945 | | Race WHITE | |
| | Address 1116 HILL CREST RD REEDSBURG, WI 53959 , US | | Driver License Number H5204594545002 STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| Safety Equipment | | | | | |
| UNIT | 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 | Injury | | Airbag |
| | | | Injury Severity NO APPARENT INJURY | 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 | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | |
| Distracted By Action NOT DISTRACTED | | | | | |

| | | | | | | | |
|-------------|-------------------|---------------------|--|-----------------|------------------------------------|---------------------------------|--|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location | | |
| | | Prior Action | | | | | |
| | | Action | | | | | |
| | Action Other | | | | | To/From School | |
| | 01 | 001 | 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 (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 05 | 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 719RNJ | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 2A4RR5DG1BR649522 | Make CHRYSLER | Year 2011 | Model TOWN AND C | |
| | | Color BLU - BLUE | Body Style 4D - 4DR | | Bus Use | |
| | | Initial Contact Point 07 - LEFT REAR CORNER | Vehicle Damage | | | |
| | | Extent Of Damage MINOR DAMAGE | 07 - LEFT REAR CORNER | | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | | |

| | | | | | |
|--|-----------------------------------|--|--|--|--|
| UNIT | VEHICLE | What Driver Was Doing BACKING | Vehicle Factors | | |
| | | Driver Prior Action Other | NOT APPLICABLE | | |
| | | Driver Actions LOOKED BUT DID NOT SEE | | | |
| | | Owner Name BETH M LYNCH (608) 415-2896 | Owner Address S1157A WILKE RD LAVALLE, WI 53941 , US | | |
| Sequence Of Events | | | | | |
| UNIT | INDIVIDUAL | 01 Event MOTOR VEH IN TRANSPORT | | | |
| | | 02 Event MOTOR VEH IN TRANSPORT | | | |
| | | 03 Event | | | |
| | | 04 Event | | | |
| Policy Holder | | | | | |
| Insurance Company MEYER INSURANCE | | Individual BETH LYNCH | | | |
| Individual | | | | | |
| Driver BETH M LYNCH (608) 415-2896 | | Citations Issued 0 | Sex FEMALE | | |
| Address S1157A WILKE RD LAVALLE, WI 53941 , US | | Date of Birth 07/13/1980 | Race WHITE | | |
| Driver License Number L5200738075303 STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| Safety Equipment | | On Duty Crash | Safety Equipment | | |
| Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | | | |
| Helmet Use | | Helmet Compliance | | | |
| Eye Protection | | Tint Compliance | | | |
| 02 | 002 | Injury | 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 | | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | |
| Distracted By Action NOT DISTRACTED | | | | | |
| Non Motorist | | Striking Unit # | Location | | |

| | | | |
|------|--|-------------------|---------------------------------|
| 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 | |