

9PL015S27S
R21-2656

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

9PL015S27S

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy K. YEAGER	
Crash Date 03/08/2021		Crash Time 04:12 PM		Date Arrived 03/08/2021		Time Arrived 04:18 PM	
Date Notified 03/08/2021		Time Notified 04:16 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 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;">S. Park St.</p> <p style="text-align: center;">Railroad Street</p> <p style="text-align: center;">S. Park St.</p> <p style="text-align: right;">Not to scale</p>	Reconstruction By
	Photos By K. YEAGER #148
	Additional Information PHOTOS

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

UNIT ONE WAS TRAVELING SOUTHBOUND ON SOUTH PARK STREET APPROACHING RAILROAD STREET AND FAILED TO STOP AT THE STOP SIGN BECAUSE SHE DID NOT REALIZE THERE WAS A STOP SIGN. UNIT TWO WAS TRAVELING WESTBOUND ON RAILROAD STREET WHEN SHE WAS COMING THROUGH THE INTERSECTION OF SOUTH PARK STREET SHE OBSERVED UNIT ONE FAIL TO STOP AT THE STOP SIGN, AND TRIED TO HONK TO GET UNIT ONES ATTENTION BUT IT WAS UNSUCCESSFUL. UNIT ONE THEN STRUCK UNIT TWO NEAR THE REAR PASSENGER SIDE OF THE VEHICLE. AS A RESULT A NON-REPORTABLE CRASH REPORT WAS COMPLETED, AND UNIT ONE WAS CITED FOR FAILING TO STOP AT A STOP SIGN.

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Location

ON RAILROAD ST 31 FT E OF S PARK ST IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.529871947	Longitude -90.006509726
	X Coordinate 257054.71875	Y Coordinate 4824051
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		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 AKV6798	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1GNSKBKC1FR582773	Make CHEVROLET	Year 2015	Model TAHOE	
	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER			
	Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other			
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, DISREGARDED STOP SIGN			
01	Owner Name BETH M GRITT (608) 415-7164		Owner Address 2020 SUNSET DRIVE REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)		Individual APRIL MCDONOUGH	
UNIT INDIVIDUAL	Individual			
	Driver APRIL LEIGH MCDONOUGH (608) 415-7164		Citations Issued 1	Sex FEMALE
			Date of Birth 10/30/1986	Race WHITE
	Address 2020 SUNSET DRIVE REEDSBURG, WI 53959 , US		Driver License Number M2350128689006 STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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	
	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				

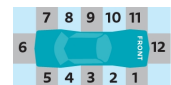
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
01	001	Violations					
		UTC Number BD875061	Issue To? 001	Statute Number 346.46(1)	Description FAIL/STOP AT STOP SIGN		

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 WESTBOUND		<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way TWO-WAY, NOT DIVIDED			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

02	License Plate Number AKB1908		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3D4PH1FG5BT514890		Make DODGE	Year 2011	Model JOURNEY	
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 04 - RIGHT SIDE REAR					



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	04 - RIGHT SIDE REAR
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name AIMEE LYNN BRAUN (608) 415-9323	Owner Address 406 S WALNUT ST REEDSBURG, WI 53959 , US
Sequence Of Events		
UNIT VEHICLE	Event 01 MOTOR VEH IN TRANSPORT	
	Event 02 MOTOR VEH IN TRANSPORT	
	Event	
	Event	
UNIT INDIVIDUAL	Policy Holder	
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual AIMEE BRAUN
UNIT INDIVIDUAL	Individual	
	Driver AIMEE LYNN BRAUN (608) 415-9323	Citations Issued 0
		Sex FEMALE
		Date of Birth 02/13/2002
	Race WHITE	
	Address 406 S WALNUT ST REEDSBURG, WI 53959 , US	
	Driver License Number B6500120255301 STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	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
	Injury	Injury Severity NO APPARENT INJURY
	Airbag NON DEPLOYED	
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	Date of Death
		EMS Run #
		Time of Death

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UNIT	INDIVIDUAL	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)					
		Distracted By Action		NOT DISTRACTED					
		Non Motorist	Striking Unit #	Location					
			Prior Action						
		Action							
		Action Other				To/From School			
		02	002	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									