

9PL015S280  
R21-4702

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL015S280

Document Number Override		Primary Crash Document #		Agency Crash Number <b>R21-4702</b>		Investigating Officer/Deputy <b>T. KNUTH</b>	
Crash Date <b>04/30/2021</b>		Crash Time <b>09:16 AM</b>		Date Arrived <b>04/30/2021</b>		Time Arrived <b>09:20 AM</b>	
Date Notified <b>04/30/2021</b>		Time Notified <b>09:16 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>PRIVATE PROPERTY/PARKING LOT</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By <b>T. KNUTH #130</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 DRIVING SOUTH THROUGH THE PARKING LOT AFTER LEAVING A FUEL PUMP. UNIT 2 WAS PULLING A SMALL TRAILER WITH 4-5 ELECTRIC SCOOTERS. I DID NOT OBSERVE A REGISTRATION OR VIN FOR THE TRAILER. UNIT 2 PULLED INTO A PARKING STALL ON THE SOUTH SIDE OF THE PARKING LOT AND THEN BEGAN BACKING UP TO REPOSITION. AS THE UNIT 2 WAS BACKING UP THE REAR OF THE TRAILER STRUCK THE FRONT DRIVER'S SIDE CORNER OF UNIT 1. UNIT 2 SAID THEY DID NOT FEEL THE COLLISION AND HAD NO IDEA THEY STRUCK UNIT 1. UNIT 1 SUSTAINED MINOR DAMAGE AND UNIT 2 TRAILER RECEIVED NO DAMAGE. NOTHING FURTHER.

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Location

PRIVATE PROPERTY 101 ALBERT AVE (HOUSE/BUILDING 101)  IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.532215118</b>	Longitude <b>-90.016792297</b>
	X Coordinate <b>256233.234375</b>	Y Coordinate <b>4824341.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

Crash Scene

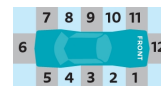
First Harmful Event		First Harmful Event Location	
Manner of Collision <b>05 - REAR TO SIDE</b>		Light Condition <b>DAWN</b>	
Road Surface Condition(s)		Roadway Factor(s)	
Environment Factor(s)			
Weather Condition(s)			
Animal Type		Relation To Trafficway	
Crash Classification - Location		Crash Classification - Jurisdiction	
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

UNIT 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>4</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"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes	
	Most Harmful Event: Collision With <b>FELL/JUMPED FROM MOTOR VEHICLE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	
	Truck Bus or HazMat					

Vehicle

UNIT 01 VEHICLE 01	License Plate Number <b>727HMP</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1FAFP53U86A176160</b>		Make <b>FORD</b>	Year <b>2006</b>	Model <b>TAURUS SE</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>4D - 4DR</b>		Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage			
	Extent Of Damage <b>MINOR DAMAGE</b>		<b>11 - LEFT FRONT CORNER</b>			



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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01	01	Owner Name <b>JILL MARIE MORTIMER (608) 415-0488</b>		Owner Address <b>E2771 TEMPLIN RD LA VALLE, WI 53941 , US</b>		
		<b>Sequence Of Events</b>				
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		Event				
		Event				
		Event				
UNIT	01	<b>Policy Holder</b>				
		Insurance Company <b>GEICO-GENERAL-INS-CO</b>	Individual <b>JILL MORTIMER</b>			
UNIT	01	<b>Individual</b>				
		Driver <b>JILL MARIE MORTIMER (608) 415-0488</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth <b>05/24/1983</b>		Race <b>WHITE</b>		
		Address <b>E2771 TEMPLIN RD LA VALLE, WI 53941 , US</b>		Driver License Number <b>M6354338368407 STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT	001	<b>Safety Equipment</b>		On Duty Crash		
		Safety Equipment				
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
UNIT	001	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>		
		Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<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	INDIVIDUAL	<b>Individual</b>				
Individual				Citations Issued <b>0</b>	Sex			
				Date of Birth	Race			
Address , ,				Driver License Number				
<b>Safety Equipment</b>	On Duty Crash			Safety Equipment				
	Row			Seat Position				
	Helmet Use			Helmet Compliance				
	Eye Protection			Tint Compliance				
<b>Injury</b>	Injury Severity			Airbag				
	Ejected	Ejection Path		Trapped/Extricated				
	Medical Transport		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
<b>Distracted By</b>	Distracted By Source							
	Distracted By Action							
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location			

UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other		To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use		
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition				
		<b>Individual</b>				
		UNIT	INDIVIDUAL	Individual	Citations Issued <b>0</b>	Sex
	Date of Birth			Race		
Address	Driver License Number					
<b>Safety Equipment</b>	On Duty Crash			Safety Equipment		
Row	Seat Position					
Helmet Use	Helmet Compliance					
Eye Protection	Tint Compliance					
UNIT	INDIVIDUAL			<b>Injury</b>	Injury Severity	Airbag
				Ejected	Ejection Path	Trapped/Extricated
				Medical Transport	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death		
		<b>Distracted By</b>	Distracted By Source			
	Distracted By Action					
UNIT	INDIVIDUAL	<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		Suspected Drug Use
		Alcohol Test Given		Alcohol Test Type
		Alcohol Test Results		
		Drug Test Given		Drug Test Results
		Drug Test Type		Drug Test Results
		Drug Type		
Individual Condition				
UNIT	INDIVIDUAL	<b>Individual</b>		
		Individual		Citations Issued
				0
		Date of Birth		Sex
				Race
		Address		Driver License Number
		<b>Safety Equipment</b>		
		On Duty Crash		Safety Equipment
		Row	Seat Position	
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
UNIT	INDIVIDUAL	<b>Injury</b>		
		Injury Severity		Airbag
		Ejected	Ejection Path	
				Trapped/Extricated
		Medical Transport		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	
	01	004	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
			Drug Test Given	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition		

**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>2</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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>0</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>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type		Road Curvature	Road Grade	
Truck Bus or HazMat <b>NO</b>						

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>KS6396</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1N6AD07W78C426729</b>	Make <b>NISSAN</b>	Year <b>2008</b>	Model <b>FRONTIER S</b>
		Color <b>GRY - GRAY</b>	Body Style <b>PK - PICKUP</b>		Bus Use
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>00 - NO DAMAGE</b>		
		Extent Of Damage <b>NO DAMAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>BACKING</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
Driver Prior Action Other					

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UNIT VEHICLE	Driver Actions <b>UNSAFE BACKING</b>		
	02	Owner Name <b>MARK VILAS BEHL (608) 217-2425</b>	Owner Address <b>4550 BONNIE AVE MADISON, WI 53718 , US</b>
<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	Event		
03	Event		
04	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>USAA-GENERAL-INDEMNITY-CO</b>		Individual <b>MARK BEHL</b>
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>MARK VILAS BEHL (608) 217-2425</b>		Citations Issued <b>0</b>
	Date of Birth <b>03/18/1956</b>		Sex <b>MALE</b>
	Address <b>4550 BONNIE AVE MADISON, WI 53718 , US</b>		Driver License Number <b>B4005585609804 STATE: WISCONSIN COUNTRY: UNITED STATES</b>
UNIT 02	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Eye Protection		Helmet Compliance
	Injury		Tint Compliance
	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>
Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Hospital		EMS Agency Identifier	
Date of Death		EMS Run #	
Time of Death			
<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			



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>			
	Individual	Citations Issued <b>0</b>	Sex	
	Address	Date of Birth	Race	
UNIT INDIVIDUAL	Driver License Number			
	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
	Row	Seat Position		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	<b>Injury</b>	Injury Severity	Airbag	
		Ejected	Ejection Path	Trapped/Extricated
		Medical Transport	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	
	02	006	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
			Drug Test Given	Drug Test Type	Drug Test Results
			Drug Type		
			Individual Condition		