

9PL015S281  
R21-4705

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

9PL015S281

Document Number Override	Primary Crash Document #	Agency Crash Number <b>R21-4705</b>	Investigating Officer/Deputy <b>T. KNUTH</b>		
Crash Date <b>04/30/2021</b>	Crash Time <b>10:55 AM</b>	Date Arrived <b>04/30/2021</b>	Time Arrived <b>11:00 AM</b>		
Date Notified <b>04/30/2021</b>	Time Notified <b>10:55 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>DT4000 (STANDARD CRASH)</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 STOPPED IN THE PARKING LOT AND WAITING TO EXIT THE PARKING LOT TO W MAIN ST. UNIT 2 BACKED UP FROM A PARKING STALL AND OPERATOR SAID SHE DID NOT SEE UNIT 1 AND UNIT 2 STRUCK UNIT 1. UNIT 1 SUSTAINED MINOR DAMAGE AND UNIT 2 SUSTAINED NO DAMAGE. NOTHING FURTHER.

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Location

<b>PARKING LOT</b> <b>ALBERT AVE LOT 101</b> <b>(HOUSE/BUILDING 101)</b>  <b>IN THE CITY OF REEDSBURG</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.53219223</b>	Longitude <b>-90.016716003</b>
	X Coordinate <b>256239.3125</b>	Y Coordinate <b>4824338.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location	
Manner of Collision <b>05 - REAR TO SIDE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type	Relation To Trafficway	
Crash Classification - Location	Crash Classification - Jurisdiction	
Tribal Land	Access Control	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</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>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	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 <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature		Road Grade	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

<b>VEHICLE</b>	License Plate Number <b>634DRA</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>2FMPK4J93LBB45142</b>	Make <b>FORD</b>	Year <b>2020</b>	Model <b>EDGE</b>	
	Color <b>MAR - MAROON (BURGUNDY)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
	Initial Contact Point <b>04 - RIGHT SIDE REAR</b>	Vehicle Damage <b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER</b>			
	Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	Owner Name <b>MATHEW J COOPER (608) 415-1437</b>		Owner Address <b>114 SOUTH ST CAZENOVIA, WI 53924 , US</b>		
	<b>Sequence Of Events</b>				
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>ALLSTATE-INS-CO</b>		Individual <b>MATHEW COOPER</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>MATHEW J COOPER (608) 415-1437</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>114 SOUTH ST CAZENOVIA, WI 53924 , US</b>		Date of Birth <b>08/30/1964</b>	Race <b>WHITE</b>	
			Driver License Number <b>C1605506431005 STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<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>	
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>					

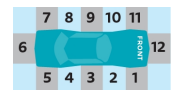
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	<b>01</b>	<b>001</b>	<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 Summary**

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</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>NO</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>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 <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type			Road Curvature		Road Grade	
		Truck Bus or HazMat <b>NO</b>						

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>				
		License Plate Number <b>ALU4789</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1FMYU93115DA22763</b>	Make <b>FORD</b>	Year <b>2005</b>	Model <b>ESCAPE</b>	
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage			
		Extent Of Damage <b>NO DAMAGE</b>	<b>00 - NO DAMAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>			



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UNIT VEHICLE	What Driver Was Doing <b>BACKING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>UNSAFE BACKING</b>			
	Owner Name <b>SAMANTHA J JACOBSON</b>		Owner Address <b>334 S LINDEN ST ADAMS, WI 53910 , US</b>	
<b>Sequence Of Events</b>				
UNIT VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>JULIE A FISH (608) 658-3307</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>225 PEAK HILL RD #C LOGANVILLE, WI 53943 , US</b>		Date of Birth <b>12/30/1974</b>	Race <b>WHITE</b>
			Driver License Number <b>F2004217497004</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
<b>Safety Equipment</b>				
On Duty Crash		Safety Equipment		
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
<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>	
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>				
<b>Non Motorist</b>				
Striking Unit #		Location		
Prior Action				

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CRASH REPORT

UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	02	002	<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>			