

9PL00SNQ9R
R21-05128

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

9PL00SNQ9R

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy B. CUTRELL	
Crash Date 05/10/2021		Crash Time 02:23 PM		Date Arrived 05/10/2021		Time Arrived 02:28 PM	
Date Notified 05/10/2021		Time Notified 02:23 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

Diagram	Reconstruction By
	Photos By REPD153
	Additional Information PHOTOS

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

ON THE ABOVE DATE/TIME UNI1 (U1) WAS WESTBOUND ON 8TH ST. U1 DRIVER STATED THAT SHE HAD COME TO A COMPLETE STOP AT THE POSTED STOP SIGN BEFORE PROCEEDING INTO THE INTERSECTION. U1 DRIVER SAID SHE WAS GOING TO CONTINUE WESTBOUND, BUT SAW U2 DRIVING STRAIGHT AT HER. U1 DRIVER SAID SHE THEN TURNED NORTHBOUND TO TRY AND GET OUT OF THE WAY OF U2. U1 DRIVER SAID HAD SHE NOT DONE THIS SHE WOULD HAVE BEEN HIT IN THE CENTER OF HER VEHICLE.

U1 DRIVER WAS WEARING A SEAT BELT AND SO WAS HER CHILD, WHO WAS IN A PROPERLY INSTALLED FRONT FACING CAR SEAT. U1 DID NOT COMPLAIN OF ANY PAIN. U1 WAS CERTAIN SHE HAD LOOKED AND FULLY STOPPED BEFORE ENTERING INTO THE INTERSECTION.

U2 DRIVER SAID SHE WAS NORTHBOUND ON DEWEY AVE WHEN SHE APPROACHED THE INTERSECTION OF 8TH ST. U2 DRIVER SAID SHE NOTED BLINKING LIGHTS AHEAD AND THOUGHT SHE HAD STOPPED AND LOOKED BEFORE PROCEEDING INTO THE INTERSECTION. U2 SAID THAT WHEN SHE ENTERED INTO THE INTERSECTION SHE NOTED U1 DRIVING AT HER AND THEY THEN CRASHED. U2 DRIVER DID NOT COMPLAIN OF ANY PAIN.

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BTC153		
Location		
ON N DEWEY AVE 8 FT S OF 8TH ST IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.539687041	Longitude -89.994603321
	X Coordinate 258056.171875	Y Coordinate 4825106.5
	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) CLOUDY		
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

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements				
	Total Occs 2	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 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 773ZSE	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 3FA6P0K99R104439		Make FORD	Year 2017	Model FUSION		
Color GRY - GRAY		Body Style SD - SEDAN		Bus Use		
Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER				
Extent Of Damage MINOR DAMAGE						
Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR					

UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name AMBER R JOHNSON (608) 393-9496		Owner Address E3616 JESSOP RD LA VALLE, WI 53941 , US	
UNIT 01	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT 04	Event			
	Policy Holder			
	Insurance Company GEICO-ADVANTAGE-INSURANCE-CO		Individual AMBER JOHNSON	
	Individual			
UNIT INDIVIDUAL	Driver AMBER R JOHNSON (608) 393-9496		Citations Issued 0	Sex FEMALE
	Date of Birth 11/15/1981		Race WHITE	
	Address E3616 JESSOP RD LA VALLE, WI 53941 , US		Driver License Number J5250168191504 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		
UNIT 01 001	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		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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			
	Individual			
	Passenger OAKLEY JOHNSON (608) 393-9496	Citations Issued 0	Sex	
Address E3616 JESSOP RD LA VALLE, WI 53941 , US	Date of Birth	Race		
Driver License Number				
UNIT	Safety Equipment	On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING	
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use			
	Eye Protection	Tint Compliance		
	UNIT	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	
		Distracted By Action		
Non Motorist		Striking Unit #	Location	
Prior Action				

UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
	01	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			

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER CAR	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 NORTHBOUND	<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

UNIT	VEHICLE	02	License Plate Number 56369DS	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
			Vehicle Identification Number 1FAPP53S3XA215172	Make FORD	Year 1999	Model TAURUS SE/		
			Color	Body Style 4D - 4DR	Bus Use			
			Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER				
			Extent Of Damage MINOR DAMAGE					
			Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR				
			What Driver Was Doing GOING STRAIGHT					

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE			
02	Owner Name BARBARA FARRAR (608) 524-4644		Owner Address E7987 BRIAR BLUFF RD REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company USAA-GENERAL-INDEMNITY-CO		Individual BARBARA FARRAR	
UNIT INDIVIDUAL	Individual			
	Driver BARBARA FARRAR (608) 524-4644		Citations Issued 0	Sex FEMALE
	Address E7987 BRIAR BLUFF RD REEDSBURG, WI 53959 , US		Date of Birth 02/11/1942	Race WHITE
			Driver License Number F6600604255107 STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	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 UNKNOWN	
Distracted By Action UNKNOWN				
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	003	