

9PL010TWSS
R21-05312

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

9PL010TWSS

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy M. DUNSE	
Crash Date 05/14/2021		Crash Time 02:35 PM		Date Arrived 05/14/2021		Time Arrived 02:49 PM	
Date Notified 05/14/2021		Time Notified 02:38 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 M. DUNSE
	Additional Information PHOTOS

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

UNIT 1 WAS STOPPED AT THE STOP SIGN AT LOGELIN DR AND E MAIN ST. UNIT 2 STOPPED BEHIND UNIT 1 AT THE STOP SIGN. UNIT 1 STATED THEY WAITED AT THE STOP SIGN FOR ABOUT 8 MINUTES AND DECIDED TO BACK UP AND TAKE A DIFFERENT ROUTE. UNIT 1 SAID SHE CHECKED HER MIRRORS AND BEGAN BACKING UP AS SHE DID NOT SEE ANYONE BEHIND HER. UNIT 1 APPROACHED UNIT 2 AND UNIT 2 HONK THEIR HORN AT UNIT 1. UNIT 1 ATTEMPTED TO STOP BUT COLLIDED INTO UNIT 2 AND GOT OUT TO EXCHANGE INFORMATION. I ARRIVED ON SCENE AND NEITHER DRIVER WAS INJURED OR IN NEED OF MEDICAL ATTENTION. I DID NOT INITIALLY SEE ANY DAMAGE TO EITHER VEHICLE. I PHOTOGRAPHED BOTH VEHICLES AND THE DRIVERS. UNIT 2'S DRIVER SHOWED ME THE PLASTIC ON HIS FRONT BUMPER WAS SEPARATED NEAR THE HEADLAMP AND CLAIMED IT WAS NOT LIKE THAT BEFORE. UNIT 1 WAS CITED FOR UNSAFE BACKING AND BOTH UNITS WERE RELEASED TO THEMSELVES. BOTH UNITS WERE ABLE TO BE DRIVEN FROM THE SCENE

Location

ON LOGELIN DR 105 FT N OF MAIN ST/ STH23 WB IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.532732127	Longitude -89.990430447
	X Coordinate 258365.53125	Y Coordinate 4824322
	Structure Type	

Crash Scene

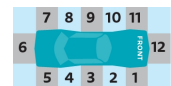
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - 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 PASSENGER CAR	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 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	License Plate Number AJL9069	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 1G1PA5SH9E7214181	Make CHEVROLET	Year 2014	Model CRUZE	
		Color GRY - GRAY	Body Style SD - SEDAN		Bus Use	
		Initial Contact Point 07 - LEFT REAR CORNER	Vehicle Damage			
		Extent Of Damage NO DAMAGE				



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 NO CONTRIBUTING ACTION				
01	01	Owner Name LACEY VIRGINIA OTT (608) 462-7257		Owner Address W9176 OTT RD WONEWOC, WI 53968 , US	
		Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	01	Policy Holder			
		Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	Individual LACEY OTT		
UNIT	01	Individual			
		Driver LACEY VIRGINIA OTT (608) 462-7257	Citations Issued 1	Sex FEMALE	
			Date of Birth 07/05/2002	Race WHITE	
		Address W9176 OTT RD WONEWOC, WI 53968 , US	Driver License Number O3005380274509 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	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			
UNIT	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			

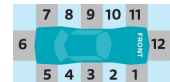
UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition APPEARED NORMAL					
01	001	Violations					
		UTC Number BD874990	Issue To? 001	Statute Number 346.87	Description UNSAFE BACKING OF VEHICLE		

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 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 NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO						

Vehicle

02	02	License Plate Number 176RRY		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number 1G1AK55F777147211		Make CHEVROLET	Year 2007	Model COBALT LS		
		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use		
		Initial Contact Point 01 - RIGHT FRONT CORNER						



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UNIT VEHICLE	Vehicle Damage			
	Extent Of Damage MINOR DAMAGE	01 - RIGHT FRONT CORNER		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name DALE RANKIN MORRISON (608) 963-1159	Owner Address 150 PILGRIM DR WISCONSIN DELLS, WI 53965 , US		
Sequence Of Events				
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
Policy Holder				
UNIT VEHICLE	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	Individual DALE MORRISON		
	Individual			
UNIT INDIVIDUAL	Driver DALE RANKIN MORRISON (608) 963-1159	Citations Issued 0	Sex MALE	
		Date of Birth 12/22/1955	Race	
	Address 150 PILGRIM DR WISCONSIN DELLS, WI 53965 , US	Driver License Number M6251765546200 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment 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
UNIT INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
	Hospital	Date of Death	Time of Death	

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									