

9PL00RFP56  
R21-5555

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL00RFP56

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>W. BOTTEN</b>	
Crash Date <b>05/20/2021</b>		Crash Time <b>12:39 PM</b>		Date Arrived <b>05/20/2021</b>		Time Arrived <b>12:43 PM</b>	
Date Notified <b>05/20/2021</b>		Time Notified <b>12:39 PM</b>		Total Units <b>04</b>		Total Injured <b>05</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input checked="" type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By	
		Photos By <b>135</b>	
		Additional Information <b>PHOTOS</b>	

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

OPERATOR OF UNIT 1 WAS TRAVELING WESTBOUND ON THE 1100 BLOCK OF E MAIN ST. OPERATOR OF UNIT 1 ADVISED HER SHOE CAME OFF AND SHE WAS UNABLE TO FIND OR ACTIVATE THE BRAKE PEDAL TO STOP HER VEHICLE AS SHE APPROACH UNITS 2,3, AND 4 THAT HAD JUST STARTED TO RESUME MOVEMENT AFTER BEING STOPPED AT A TRAFFIC LIGHT. OPERATOR OF UNIT 1 STATED SHE WAS TRAVELING APPROXIMATELY 25MPH, BUT COULD NOT CONFIRM THIS. OPERATOR OF UNIT 1 ADVISED SHE STRUCK UNIT 2 IN THE BACK OF THE VEHICLE. UNIT 2 THEN PROCEEDED TO STRIKE UNIT 3 WHICH THEN STRUCK A UTILITY POLE THEN UNIT 3 STRUCK UNIT 4 IN THE BACK OF THE VEHICLE. OPERATOR OF UNIT 1 WILL BE CITED FOR FAILING TO MAINTAIN CONTROL. NOTHING FURTHER.

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**Location**

ON MAIN ST/ STH23 WB 321 FT E OF S DEWEY AVE IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.532445363</b>	Longitude <b>-89.993351376</b>
	X Coordinate <b>258128.34375</b>	Y Coordinate <b>4824298.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAWN</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
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>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS, SECONDARY CRASH</b>	
Date Initial Lane/Rd Closed <b>05/20/2021</b>	Time Initial Lane/Rd Closed <b>12:42 PM</b>	Date Scene Cleared <b>05/20/2021</b>	
Date All Lanes Open <b>05/20/2021</b>	Time All Lanes Open <b>01:20 PM</b>		
Date Scene Cleared <b>05/20/2021</b>		Time Scene Cleared <b>01:20 PM</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>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</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>25</b>	Total Lanes <b>4</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>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>
	Truck Bus or HazMat <b>NO</b>				
<b>01</b>	<b>Vehicle</b>				
	License Plate Number <b>286GKE</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
<b>01</b>	Vehicle Identification Number <b>1G1AL54FX57645737</b>	Make <b>CHEVROLET</b>	Year <b>2005</b>	Model <b>CRUZ</b>	

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UNIT VEHICLE	Color <b>BLU - BLUE</b>	Body Style <b>4D - 4DR</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>FAILURE TO CONTROL</b>		
	Owner Name <b>ARLINE L CETNER (608) 985-7684</b>	Owner Address <b>S1135 RHINE DR LA VALLE, WI 53941 , US</b>	
UNIT 01	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT 01	<b>Policy Holder</b>		
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>ARLINE CETNER</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>ARLINE L CETNER (608) 985-7684</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>
		Date of Birth <b>01/23/1935</b>	Race <b>WHITE</b>
	Address <b>S1135 RHINE DR LA VALLE, WI 53941 , US</b>	Driver License Number <b>C3560123552303 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 01	<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>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</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>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>
			EMS Run #

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UNIT	Hospital <b>REEDSBURG AREA MED CTR</b>		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				
	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>					
01	<b>Violations</b>				
	UTC Number <b>AP276581</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>	

**Unit Summary**

UNIT	02	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>WESTBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>4</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>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>		
	Truck Bus or HazMat <b>NO</b>							
	<b>Vehicle</b>							
	License Plate Number <b>HB2417</b>			Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		

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02 UNIT VEHICLE	Vehicle Identification Number <b>3GNAL3EK9ES622157</b>		Make <b>CHEVROLET</b>	Year <b>2021</b>	Model <b>CAPTIVA</b>	
	Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 06 - REAR</b>			
	Extent Of Damage <b>MINOR DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
Driver Prior Action Other						
02 UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
	Owner Name <b>LAWRENCE E BARTELS (608) 524-6051</b>		Owner Address <b>915 E MAIN ST REEDSBURG, WI 53959 , US</b>			
<b>Sequence Of Events</b>						
01	Event <b>MOTOR VEH IN TRANSPORT</b>					
02	Event					
03	Event					
04	Event					
02 UNIT	<b>Policy Holder</b>					
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>LAWRENCE BARTELS</b>			
02 UNIT INDIVIDUAL	Driver <b>LAWRENCE E BARTELS (608) 524-6051</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth <b>01/27/1942</b>	Race <b>WHITE</b>		
	Address <b>915 E MAIN ST REEDSBURG, WI 53959 , US</b>		Driver License Number <b>B6345254202707 STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
02 UNIT	<b>Safety Equipment</b>		On Duty Crash			
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
02 UNIT	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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>	



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UNIT VEHICLE	Color <b>GRY - GRAY</b>	Body Style <b>4D - 4DR</b>	Bus Use
	Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>06 - REAR, 10 - LEFT SIDE FRONT</b>	
	Extent Of Damage <b>MINOR DAMAGE</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>CHARLES W SCALZITTI (847) 404-1141</b>	Owner Address <b>S6816 HILL POINT RD HILLPOINT, WI 53937 , US</b>	
UNIT 03	<b>Sequence Of Events</b>		
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT 03	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>CHARLES SCALZITTI</b>	
	<b>Individual</b>		
UNIT INDIVIDUAL	Driver <b>CHARLES W SCALZITTI (847) 404-1141</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>11/25/1938</b>	Race <b>WHITE</b>
	Address <b>S6816 HILL POINT RD HILLPOINT, WI 53937 , US</b>	Driver License Number <b>S4231593842506</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 03	<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>SUSPECTED MINOR 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 #	

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UNIT	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					
	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		Alcohol Test Type		Alcohol Test Results	
	<b>TEST NOT GIVEN</b>					
Drug Test Given		Drug Test Type		Drug Test Results		
<b>TEST NOT GIVEN</b>						
Drug Type						
Individual Condition						
<b>APPEARED NORMAL</b>						

**Unit Summary**

UNIT	Unit Status		Vehicle Operating As Classification		Unit Type	
	<b>IN TRANSIT</b>		<b>C CLASS</b>		<b>AUTOMOBILE</b>	
	Vehicle Type				Operating As Endorsements	
	<b>(SPORT) UTILITY VEHICLE</b>					
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
	<b>2</b>		<b>0</b>	<b>0</b>	<b>0</b>	
	Insurance?	Direction Of Travel	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit	Total Lanes	
	<b>YES</b>	<b>WESTBOUND</b>		<b>25</b>	<b>4</b>	
	Most Harmful Event: Collision With		Special Function		Emergency Motor Vehicle Use	
	<b>MOTOR VEH IN TRANSPORT</b>		<b>NO SPECIAL FUNCTION</b>		<b>NOT APPLICABLE</b>	
Traffic Way		Traffic Control		Traffic Control Inoperative/Missing		
<b>TWO-WAY, NOT DIVIDED</b>		<b>NO CONTROL</b>		<b>NO</b>		
Surface Type		Road Curvature		Road Grade		
<b>BLACKTOP (BITUMINOUS)</b>		<b>STRAIGHT</b>		<b>DOWNHILL</b>		
Truck Bus or HazMat						
<b>NO</b>						

**Vehicle**

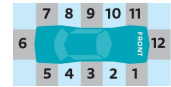
04	04	License Plate Number		Plate Type	St	Country of Issuance
		<b>ADV7963</b>		<b>AUT - AUTOMOBILE</b>	<b>WI</b>	<b>UNITED STATES</b>
		Vehicle Identification Number		Make	Year	Model
<b>3GNAXXEU9JL152326</b>		<b>CHEVROLET</b>	<b>2018</b>	<b>EQUINOX</b>		
Color		Body Style		Bus Use		
<b>RED - RED</b>		<b>UT - SPORT UTILITY VEHICLE</b>				



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UNIT VEHICLE	Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>06 - REAR</b>	
	Extent Of Damage <b>MINOR DAMAGE</b>			
	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>PENNY J CHOVAN (608) 963-7674</b>		Owner Address <b>S1747 GREEN RD LAVALLE, WI 53941 , US</b>	
UNIT 04	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT 04	<b>Policy Holder</b>			
	Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>		Individual <b>PENNY CHOVAN</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>PENNY J CHOVAN (608) 963-7674</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>S1747 GREEN RD LAVALLE, WI 53941 , US</b>		Date of Birth <b>04/24/1976</b>	Race <b>WHITE</b>
			Driver License Number <b>C1506707664404</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 04	<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>SUSPECTED MINOR 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	

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UNIT	<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			
	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			
04	004	Individual Condition <b>APPEARED NORMAL</b>		
		<b>Individual</b>		
		Passenger <b>TAKARA L VANGEN</b> <b>(563) 880-9319</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth <b>02/19/1993</b>		Race <b>WHITE</b>
		Address <b>25545 CTY HWY RC</b> <b>RICHLAND CENTER, WI 53581 , US</b>		Driver License Number <b>V5258129355903</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		04	005	<b>Injury</b> Injury Severity <b>SUSPECTED MINOR 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				

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UNIT	Distracted By Action				
	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit # Location		
		Prior Action			
	Action				
	Action Other		To/From School		
	04	005	<b>Drug &amp; Alcohol</b>	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		

Property Owner

PROP OWNER	01	Organization/Company FRONTIER COMMUNICATION (608) 524-3522	Address 231 VINE ST REEDSBURG, WI 53959 , US	
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Fixed Objects Struck

01	Striking Unit 01	Struck Object UTILITY POLE	Structure Number	Damage Tag Number 00
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