

9PL010TWT0  
R21-06341

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL010TWT0

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>B. CUTRELL</b>	
Crash Date <b>06/08/2021</b>		Crash Time <b>04:44 PM</b>		Date Arrived <b>06/08/2021</b>		Time Arrived <b>04:46 PM</b>	
Date Notified <b>06/08/2021</b>		Time Notified <b>04:44 PM</b>		Total Units <b>02</b>		Total Injured <b>01</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 checked="" 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  
**REPD148**

Additional Information  
**PHOTOS**

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

SEE FULL TYPED REPORT

**Location**

ON VIKING DR/ CTHH NB 74 FT S OF FAWN VALLEY DR IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.546829997</b>	Longitude <b>-89.984537236</b>
	X Coordinate <b>258897.96875</b>	Y Coordinate <b>4825870.5</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>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</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>INTERSECTION</b>	Intersection Type <b>FOUR-WAY 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>PASSENGER CAR</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"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>3</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>ACW8397</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1G1PB5SG5F7235700</b>	Make <b>CHEVROLET</b>	Year <b>2015</b>	Model <b>CRUZE</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>11 - LEFT FRONT CORNER</b>		
		Extent Of Damage <b>DISABLING DAMAGE</b>			



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UNIT VEHICLE	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>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01 01	Owner Name <b>LACY WAITMAR CONNER (608) 495-1908</b>		Owner Address <b>302 S DEWEY AVE REEDSBURG, WI 53959 , US</b>		
	<b>Sequence Of Events</b>				
01 01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>LAURIE CONNER</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>LAURIE ANN CONNER (608) 495-1908</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Date of Birth <b>12/06/1971</b>		Race <b>WHITE</b>		
	Address <b>302 S DEWEY AVE REEDSBURG, WI 53959 , US</b>		Driver License Number <b>C5605217194609 STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>		On Duty Crash		
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
01 001	<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>	
	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 #	
	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>UNIT</b>	<b>INDIVIDUAL</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>					

**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>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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash <input type="checkbox"/> Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</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>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>		
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
		Truck Bus or HazMat <b>NO</b>						

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>						
		License Plate Number <b>G596114</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>1G6AY5SX3E0148285</b>		Make <b>CADILLAC</b>	Year <b>2014</b>	Model <b>CTS4</b>		
		Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use		
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage				
		Extent Of Damage <b>DISABLING DAMAGE</b>		<b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>				
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO</b>				

WISCONSIN MOTOR VEHICLE  
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UNIT VEHICLE	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>				
	Owner Name <b>JEFFERY M CLARK</b>		Owner Address <b>2896 FALLING WATERS LN LINDENHURST, IL 60046 6779, US</b>		
UNIT 02	<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>FARMERS-AUTOMOBILE-INS-ASSOC,-THE</b>		Individual <b>JEFFERY CLARK</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>ROBERT MICHAEL CLARK (847) 445-4365</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
	Address <b>237 BERKSHIRE DR LAKE VILLA, IL 60046 , US</b>		Date of Birth <b>03/29/1999</b>	Race <b>WHITE</b>	
			Driver License Number <b>C46277399091 STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
UNIT 002	<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>DEPLOYED-COMBINATION</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>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>					
<b>Non Motorist</b>					
Striking Unit #		Location			

UNIT	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>				
	<b>Violations</b>				
	02 002	01	UTC Number <b>BD875407</b>	Issue To? <b>002</b>	Statute Number <b>346.06</b>