

9PL00K8HL8  
R21-6672

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy <b>J. HOEGE</b>	
Crash Date <b>06/17/2021</b>		Crash Time <b>07:15 AM</b>	Date Arrived <b>06/17/2021</b>	Time Arrived <b>10:09 AM</b>	
Date Notified <b>06/17/2021</b>		Time Notified <b>10:01 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	

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

**Location**

<b>PARKING LOT</b> <b>ALBERT AVE LOT 101 S</b> <b>(HOUSE/BUILDING 101 S)</b>  <b>IN THE CITY OF REEDSBURG</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.532053586</b>	Longitude <b>-90.016512635</b>
	X Coordinate <b>256255.1875</b>	Y Coordinate <b>4824322.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>04 - REAR TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>BACKUP DUE TO REGULAR CONGESTION</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</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>

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
	Total Occs <b>3</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>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>05</b>	Total Lanes
	Most Harmful Event: Collision With		Special Function	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>		

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Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
Truck Bus or HazMat <b>NO</b>				
<b>Vehicle</b>				
UNIT VEHICLE 01	License Plate Number <b>RX1984</b>	Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	
	Country of Issuance <b>UNITED STATES</b>	Year <b>2016</b>	Model <b>RAM</b>	
	Vehicle Identification Number <b>1CRR7FT1GS295316</b>	Make <b>DODD</b>	Body Style <b>4D - 4DR</b>	Bus Use
	Color <b>MAR - MAROON (BURGUNDY)</b>	Initial Contact Point <b>04 - RIGHT SIDE REAR</b>		
	Extent Of Damage <b>MINOR DAMAGE</b>	Vehicle Damage <b>05 - RIGHT REAR CORNER</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>BACKING</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
Driver Prior Action Other				
Driver Actions <b>LOOKED BUT DID NOT SEE</b>				
UNIT VEHICLE 01	Owner Name <b>JACOB DANIEL WOIROL (608) 415-1931</b>	Owner Address <b>E4736 TIMMONS RD #A LAVALLE, WI 53941 , US</b>		
	<b>Sequence Of Events</b>			
UNIT VEHICLE 01 02 03 04	Event			
	Event			
	Event			
	Event			
UNIT POLICY HOLDER	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>	Individual <b>JACOB WOIROL</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JACOB DANIEL WOIROL (608) 415-1931</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Date of Birth <b>09/02/1985</b>	Race <b>WHITE</b>	
	Address <b>E4736 TIMMONS RD #A LAVALLE, WI 53941 , US</b>	Driver License Number <b>W6404248532207</b> STATE: WISCONSIN COUNTRY: UNITED STATES		
<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>			

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01	001	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>EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)</b>				
			Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>				
		<b>Non Motorist</b>	Striking Unit #	Location			
			Prior Action				
UNIT	INDIVIDUAL	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	INDIVIDUAL	<b>Individual</b>			
				Passenger <b>LYDIA MAE WOIROL (608) 415-1931</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
						Date of Birth <b>03/21/2014</b>	Race <b>WHITE</b>
Address <b>E4736 TIMMONS RD #A LAVALLE, WI 53941 , US</b>				Driver License Number			
<b>Safety Equipment</b>	On Duty Crash			Safety Equipment			
	Row			Seat Position	<b>RESTRAINT USED - TYPE UNKNOWN</b>		
Helmet Use				Helmet Compliance			

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01	002	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					
			Distracted By Action					
		<b>Non Motorist</b>	Striking Unit #		Location			
			Prior Action					
		UNIT	INDIVIDUAL	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	INDIVIDUAL			<b>Individual</b>				
				Passenger <b>EASTON JOHN WOIROL</b> <b>(608) 415-1931</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
						Date of Birth <b>05/11/2012</b>	Race <b>WHITE</b>	
		Address <b>E4736 TIMMONS RD #A</b> <b>LAVALLE, WI 53941 , US</b>		Driver License Number				
				<b>Safety Equipment</b>		On Duty Crash		
		Row		Seat Position		<b>RESTRAINT USED - TYPE UNKNOWN</b>		
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				

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UNIT	INDIVIDUAL	01	003	<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			
		Distracted By Action				
		<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				
		Action				
		Action Other		To/From School		
UNIT	INDIVIDUAL	01	003	<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**

UNIT	02	Unit Status <b>UNKNOWN</b>	Vehicle Operating As Classification	Unit Type		
		Vehicle Type	Operating As Endorsements			
		Total Occs <b>0</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance?	Direction Of Travel	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit	Total Lanes
		Most Harmful Event: Collision With		Special Function	Emergency Motor Vehicle Use	
		Traffic Way		Traffic Control	Traffic Control Inoperative/Missing	
		Surface Type		Road Curvature	Road Grade	
		Truck Bus or HazMat				

**Sequence Of Events**

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01	Event
02	Event
03	Event
04	Event