

9PL010TWT3
R21-7347

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

9PL010TWT3

Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy C. CALI	
Crash Date 07/04/2021		Crash Time 03:15 PM	Date Arrived 07/04/2021	Time Arrived 03:18 PM	
Date Notified 07/04/2021		Time Notified 03:15 PM	Total Units 03	Total Injured 04	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By CALI # 149
	Additional Information PHOTOS

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

UNIT # 2 AND UNIT # 3 WERE STOPPED IN THE LANE OF TRAFFIC FOR A RED TRAFFIC LIGHT. UNIT # 1 DROVE UP BEHIND BOTH UNITS AND STRUCK THE REAR END OF UNIT # 2, CAUSING THE FRONT END OF UNIT # 2 TO HIT THE REAR END OF UNIT # 3. ACCORDING TO A WITNESS, UNIT # 1 DID NOT ACTIVATE ITS BRAKES BEFORE THE CRASH AND WAS TRAVELING NEAR 40 MPH. UNIT # 1 AND UNIT # 2 WERE TOWED DUE TO DAMAGE BY STEVE'S AUTO SERVICE. UNIT # 3 WAS ABLE TO BE DRIVEN FROM THE SCENE. THE DRIVER AND PASSENGER OF UNIT # 2 COMPLAINED OF POSSIBLE INJURY, BUT REFUSED MEDICAL ATTENTION. TWO OF THE REAR PASSENGERS IN UNIT # 1 HAD MINOR VISIBLE INJURIES. THE DRIVER OF UNIT # 1 WAS ARRESTED FOR OWI W/PASSENGER <16. NOTHING FURTHER.

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Location

ON STH23 EB 72 FT W OF STH23 EB IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.532433304	Longitude -89.980106664
	X Coordinate 259198.5625	Y Coordinate 4824258.5
	Structure Type NO STRUCTURE	

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 FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK	
Date Initial Lane/Rd Closed 07/04/2021	Time Initial Lane/Rd Closed 03:18 PM		
Date All Lanes Open 07/04/2021	Time All Lanes Open 04:20 PM	Date Scene Cleared 07/04/2021	Time Scene Cleared 04:20 PM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	01	Vehicle				
		License Plate Number ALZ9412		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number WA1AAAFY9M2007649		Make AUDI	Year 2021	Model Q5	

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions FAILURE TO CONTROL, DISREGARDED RED LIGHT, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER		
	Owner Name WILLIAM GENE WELLS (608) 477-1788	Owner Address 2037 VIKING DR REEDSBURG, WI 53959 , US	
Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual WILLIAM WELLS	
UNIT INDIVIDUAL	Individual		
	Driver PATRICIA C.A. WELLS (608) 434-9850	Citations Issued 3	Sex FEMALE
		Date of Birth 10/30/1986	Race
	Address 2037 VIKING DR REEDSBURG, WI 53959 , US	Driver License Number 8379577 STATE: LOUISIANA COUNTRY: UNITED STATES	
UNIT	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
	01 001	Injury	Injury Severity NO APPARENT INJURY
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #

WISCONSIN MOTOR VEHICLE
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UNIT	Hospital		Date of Death		Time of Death		
	Distracted By		Distracted By Source HAND-HELD MOBILE PHONE				
	Distracted By Action MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC)						
	Non Motorist		Striking Unit #		Location		
	Prior Action						
	Action						
	Action Other					To/From School	
	Drug & Alcohol		Suspected Alcohol Use YES		Suspected Drug Use NO		
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING		
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
01	001	Drug Type					
		Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL					
		Individual					
		Passenger HALEY R WELLS		Citations Issued 0		Sex FEMALE	
				Date of Birth 08/21/2008		Race	
		Address 2037 VIKING DR REEDSBURG, WI 53959 , US		Driver License Number			
		Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW		Seat Position 07 - LEFT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
01	002	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	

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UNIT	Distracted By		Distracted By Source		
	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	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
	01	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
		Drug Type			
Individual Condition APPEARED NORMAL					
Individual					
INDIVIDUAL	Passenger SILAS T WELLS	Citations Issued 0	Sex MALE		
	Date of Birth 04/15/2014		Race		
	Address 2037 VIKING DR REEDSBURG, WI 53959 , US		Driver License Number		
01	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
	Row 02 - SECOND ROW	Seat Position 08 - MIDDLE			
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	01	Injury	Injury Severity SUSPECTED MINOR 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			

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UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	Individual	Action			
		Action Other			
		To/From School			
		Suspected Alcohol Use NO			
	01	003	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					
UNIT			INDIVIDUAL	Passenger STACY T WELLS	Citations Issued 0
				Sex FEMALE	
	Date of Birth 02/18/2010	Race			
	Address 2037 VIKING DR REEDSBURG, WI 53959 , US				
	Driver License Number				
	Safety Equipment	On Duty Crash			
		Safety Equipment SHOULDER & LAP BELT			
		Row 02 - SECOND ROW		Seat Position 09 - RIGHT	
		Helmet Use			
		Helmet Compliance			
Eye Protection					
Tint Compliance					
01	004	Injury	Injury Severity SUSPECTED MINOR 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				

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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					
	Violations					
01	004	UTC Number	Issue To?	Statute Number	Description	
		AP275574	001	346.89(1)	INATTENTIVE DRIVING	
		UTC Number	Issue To?	Statute Number	Description	
02	001	AP275575	001	346.57(2)	FAILURE TO KEEP VEHICLE UNDER CONTROL	
		UTC Number	Issue To?	Statute Number	Description	
03	001	BD875444	001	346.63(1)(a)	OWI (1ST W/PASSENGER < 16 YRS OLD)	

Unit Summary

UNIT	02	Unit Status		Vehicle Operating As Classification		Unit Type							
		IN TRANSIT		D CLASS		AUTOMOBILE							
		Vehicle Type				Operating As Endorsements							
		(SPORT) UTILITY VEHICLE											
		Total Occs		Train/Bus # Recorded		Total # Citations Issued		Total Trailers		Total HazMat Types			
		2				0		0		0			
		Insurance?		Direction Of Travel		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit		Total Lanes			
		YES		EASTBOUND				25		4			
		Most Harmful Event: Collision With				Special Function				Emergency Motor Vehicle Use			
		MOTOR VEH IN TRANSPORT				NO SPECIAL FUNCTION				NOT APPLICABLE			
Traffic Way				Traffic Control				Traffic Control Inoperative/Missing					
DIVIDED HWY W/O TRAFFIC BARRIER				TRAFFIC SIGNAL				NO					
Surface Type				Road Curvature				Road Grade					
BLACKTOP (BITUMINOUS)				STRAIGHT				LEVEL					
Truck Bus or HazMat													
NO													
02	02	Vehicle											
		License Plate Number		Plate Type		St		Country of Issuance					
		862YKP		AUT - AUTOMOBILE		WI		UNITED STATES					
Vehicle Identification Number		Make		Year		Model							
7FART6H81ME000452		HONDA		2021		CR-V							

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UNIT VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 06 - REAR	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	06 - REAR		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By		
	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name ADRIENNE NICOLE ROACH (262) 825-7632	Owner Address 700 E MAIN ST REEDSBURG, WI 53959 , US		
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT 02	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual ADRIENNE ROACH		
	Individual			
UNIT INDIVIDUAL	Driver ADRIENNE NICOLE ROACH (262) 825-7632	Citations Issued 0	Sex FEMALE	
		Date of Birth 12/27/1983	Race WHITE	
	Address 700 E MAIN ST REEDSBURG, WI 53959 , US	Driver License Number R2000148396707 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 02	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 POSSIBLE 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 #	

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UNIT INDIVIDUAL	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	
	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	
02 005	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger MATTHEW D WISNEFSKE (262) 825-7632			Citations Issued 0	Sex MALE	
	Address 700 E MAIN ST REEDSBURG, WI 53959 , US			Date of Birth 07/09/1982	Race WHITE	
				Driver License Number W2515448224909 STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
02 006	Injury		Injury Severity POSSIBLE 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	

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CRASH REPORT

UNIT	Distracted By	Distracted By Source		
		Distracted By Action		
	Non Motorist	Striking Unit #	Location	
		Prior Action		
	INDIVIDUAL	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
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
		Drug Type		
Individual Condition APPEARED NORMAL				

Unit Summary

UNIT	03	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE		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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

03	03	License Plate Number AGM7885	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2GNALBEK5E6224596	Make CHEVROLET	Year 2014	Model EQUINOX
		Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 06 - REAR			

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UNIT VEHICLE	Vehicle Damage			
	Extent Of Damage MINOR DAMAGE			06 - REAR
	Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR
	What Driver Was Doing STOP IN TRAFFIC			Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
03 03	Owner Name RICHARD CARL DEFOE (608) 495-0291		Owner Address S3693 OLD LOGANVILLE RD REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company ERIE-INS-CO		Individual RICHARD DEFOE	
03 007	Individual			
	Driver RICHARD CARL DEFOE (608) 495-0291		Citations Issued 0	
			Sex MALE	
			Date of Birth 05/16/1977	
Address S3693 OLD LOGANVILLE RD REEDSBURG, WI 53959 , US		Driver License Number D1007437717602 STATE: WISCONSIN COUNTRY: UNITED STATES		
03 007	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	

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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		
		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	INDIVIDUAL	Individual		
		Passenger LISA A GEYER (608) 495-0291	Citations Issued 0	Sex FEMALE
			Date of Birth 01/02/1981	Race WHITE
		Address S3693 OLD LOGANVILLE RD REEDSBURG, WI 53959 , US	Driver License Number G6005218150207 STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
		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			

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UNIT	Distracted By Action				
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	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				

03
008