

9PL01884HP
R21-08220

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

9PL01884HP

| | | | | | | | |
|--|--------------------------------------|--|--|------------------------------------|--|---|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number | | Investigating Officer/Deputy B. CUTRELL | |
| Crash Date 07/27/2021 | | Crash Time 03:17 PM | | Date Arrived 07/27/2021 | | Time Arrived 03:26 PM | |
| Date Notified 07/27/2021 | | Time Notified 03:17 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 checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | | | |
|---------|--|---|--|
| Diagram | | Reconstruction By | |
| | | Photos By REPD153 | |
| | | Additional Information PHOTOS | |
| | | SEE REPORT | |

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

SEE REPORT

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Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON STH23 EB 5 FT E OF VIKING DR IN THE CITY OF REEDSBURG IN SAUK COUNTY | Latitude 43.532471074 | Longitude -89.984628405 |
| | X Coordinate 258833.328125 | Y Coordinate 4824276 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION | 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 YES | Junction Location INTERSECTION | Intersection Type FOUR-WAY INTERSECTION |

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 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 5 | |
| | 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 TRAFFIC SIGNAL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade DOWNHILL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | | |
|-------------|----------------|---|---------------------------------------|---------------------|---|--|
| UNIT | VEHICLE | License Plate Number ALN9018 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 1GNKRGKD9DJ102752 | Make CHEVROLET | Year 2013 | Model TRAVERSE L | |
| | | Color GRY - GRAY | Body Style LL - CARRYALL | | Bus Use | |
| | | Initial Contact Point 10 - LEFT SIDE FRONT | Vehicle Damage | | | |
| | | Extent Of Damage FUNCTIONAL DAMAGE | 10 - LEFT SIDE FRONT | | | |



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| | | | | | |
|---|---|---|--|---|-------------------------------|
| UNIT | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing LEFT TURN | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions FAILED TO YIELD RIGHT-OF-WAY | | | | |
| 01 | 01 | Owner Name SHANNON RAE KELLER (608) 495-9939 | | Owner Address S1534 HIDDEN SPRINGS CT LA VALLE, WI 53941 , US | |
| | | Sequence Of Events | | | |
| UNIT | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | | Event | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | 01 | Policy Holder | | | |
| | | Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO | Individual SHANNON KELLER | | |
| UNIT | 01 | Individual | | | |
| | | Driver KOLTEN NATHANIEL CHARL KELLER (608) 495-9939 | Citations Issued 1 | Sex MALE | |
| | | Address S1534 HIDDEN SPRINGS CT LA VALLE, WI 53941 , US | Date of Birth 01/18/2005 | Race WHITE | |
| | | | Driver License Number K4605140501808 STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| 01 | 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 | |
| | | 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 NOT APPLICABLE (NOT DISTRACTED) | | | |
| Distracted By Action | | NOT DISTRACTED | | | |

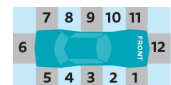
| | | | | | |
|--------------------|--|-------------------------|------------------------------------|---|--|
| UNIT INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | Drug & Alcohol | | Suspected 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 | | | | |
| | Violations | | | | |
| 01 | UTC Number BD876538 | Issue To? 001 | Statute Number 346.06 | Description FAILURE TO YIELD RIGHT OF WAY | |

Unit Summary

| | | | | | | |
|------------|---|---|---|----------------------------|--|--|
| UNIT 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | | | | 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 WESTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 25 | Total Lanes 5 | |
| | 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 TRAFFIC SIGNAL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | | Road Grade UPHILL | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | |
|------------|---|--|---|---------------------|---|
| UNIT 02 | License Plate Number 821XTT | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1C4NJDBB5ED924281 | | Make JEEP | Year 2014 | Model COMPASS |
| | Color GRY - GRAY | | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | Initial Contact Point 11 - LEFT FRONT CORNER | | | | |



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| | | | |
|---------------------------|---|---|--------------------|
| UNIT VEHICLE | Vehicle Damage | | |
| | Extent Of Damage | 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER | |
| | FUNCTIONAL DAMAGE | | |
| | Towed Due To Damage | Vehicle Removed By | |
| UNIT VEHICLE | NOT TOWED | OPERATOR | |
| UNIT VEHICLE | What Driver Was Doing | Vehicle Factors | |
| UNIT VEHICLE | GOING STRAIGHT | NOT APPLICABLE | |
| UNIT VEHICLE | Driver Prior Action Other | | |
| UNIT VEHICLE | Driver Actions | | |
| UNIT VEHICLE | NO CONTRIBUTING ACTION | | |
| 02 | Owner Name | Owner Address | |
| 02 | ANDREW WILLIAM GARDNER (608) 415-8332 | S3387 LARUE RD LA VALLE, WI 53941 , US | |
| Sequence Of Events | | | |
| 01 | Event | MOTOR VEH IN TRANSPORT | |
| 02 | Event | | |
| 03 | Event | | |
| 04 | Event | | |
| Policy Holder | | | |
| UNIT | Insurance Company | Individual | |
| UNIT | ALLSTATE-INS-CO | ANDREW GARDNER | |
| Individual | | | |
| UNIT INDIVIDUAL | Driver | Citations Issued | Sex |
| | ANDREW WILLIAM GARDNER (608) 415-8332 | 0 | MALE |
| | | Date of Birth | Race |
| UNIT INDIVIDUAL | 04/07/1997 | WHITE | |
| UNIT INDIVIDUAL | Address | Driver License Number | |
| UNIT INDIVIDUAL | S3387 LARUE RD LA VALLE, WI 53941 , US | G6350199712702 STATE: WISCONSIN COUNTRY: UNITED STATES | |
| Safety Equipment | | | |
| 02 | On Duty Crash | Safety Equipment | |
| 002 | | SHOULDER & LAP BELT | |
| 02 | Row | Seat Position | |
| 002 | 01 - FRONT ROW | 07 - LEFT | |
| 02 | Helmet Use | Helmet Compliance | |
| 002 | | | |
| 02 | Eye Protection | Tint Compliance | |
| 002 | | | |
| 02 | Injury | Airbag | |
| 002 | NO APPARENT INJURY | NON DEPLOYED | |
| 02 | Ejected | Ejection Path | Trapped/Extricated |
| 002 | NOT EJECTED | NOT EJECTED/NOT APPLICABLE | NOT TRAPPED |
| 02 | Medical Transport | EMS Agency Identifier | EMS Run # |
| 002 | NOT TRANSPORTED | | |
| 02 | Hospital | Date of Death | Time of Death |
| 002 | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|--|------------|--|---|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | 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 | | | | | |
| Witness | | | | | |
| WITN ESS | 01 | Individual THOMAS LEE BRYLLA (608) 415-9362 | Address E8656 BRIAR BLUFF RD REEDSBURG, WI 53959 , US | Date of Birth 12/06/1967 | |