

9PL00FKD70  
R21-8241

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL00FKD70

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>S. MITTLESTEADT</b>	
Crash Date 07/28/2021		Crash Time 07:44 AM		Date Arrived 07/28/2021		Time Arrived 07:56 AM	
Date Notified 07/28/2021		Time Notified 07:51 AM		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 PRIVATE PROPERTY/PARKING LOT		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram  	Reconstruction By
	Photos By <b>S MITTLESTEADT</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 2 ADVISED THAT THEY WERE IN THE ATM LANE AND BEGAN TO DRIVE OUT OF THE LANE. UNIT 2 ADVISED THAT UNIT 1 DID NOT REALIZE THIS AND BEGAN DRIVING OUT OF HIS LANE. UNIT 1 SAID THAT THEY DID NOT NOTICE UNIT 2 UNTIL IT WAS TOO LATE TO STOP.



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
		What Driver Was Doing <b>LEAVING A PARKED POSITION</b>	Vehicle Factors <b>NOT APPLICABLE</b>
01	01	Driver Prior Action Other	
		Driver Actions <b>LOOKED BUT DID NOT SEE</b>	
		Owner Name <b>CITY OF REEDSBURG (608) 524-6404</b>	Owner Address <b>134 S LOCUST REEDSBURG, WI 53959 , US</b>
<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>ADVISOR NET PROPERTY AND CASUALTY LLC</b>	Government <b>CITY OF REEDSBURG</b>	
UNIT	<b>Individual</b>		
	Driver <b>JOHN ROBERT AHCZYNSKI</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>11/10/1981</b>	Race <b>WHITE</b>
	Address <b>1103 CONNIE RD APT 3 BARABOO, WI 53913 , US</b>	Driver License Number <b>A2524768141009</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
		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>NOT APPLICABLE (NOT DISTRACTED)</b>
			Distracted By Action <b>NOT DISTRACTED</b>

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
3 of 6

Crash Date **07/28/2021**  
Crash Time **07:44 AM**

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UNIT INDIVIDUAL          01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<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				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN				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 10	Total Lanes 0	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature UNKNOWN		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT VEHICLE 02 02	License Plate Number 428LFT		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2C4RC1BG9GR267751		Make CHRYSLER	Year 2016	Model TOWN & COU	
	Color BLK - BLACK		Body Style VN - VAN		Bus Use	
	Initial Contact Point 09 - LEFT SIDE MIDDLE		Vehicle Damage 09 - LEFT SIDE MIDDLE			
	Extent Of Damage MINOR DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>AMANDA JO OZELIS (608) 415-0941</b>	Owner Address <b>128 MAPLE ST REEDSBURG, WI 53959 , US</b>	
UNIT 01	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT 02	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>AMANDA OZELIS</b>	
	<b>Individual</b>		
UNIT INDIVIDUAL	Driver <b>AMANDA JO OZELIS (608) 415-0941</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth <b>02/26/1987</b>	Race <b>WHITE</b>
	Address <b>128 MAPLE ST REEDSBURG, WI 53959 , US</b>	Driver License Number <b>O2420108756607 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment	
UNIT 002	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>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>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>	Striking Unit #	Location	

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UNIT INDIVIDUAL       02 002	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	Suspected Drug Use NO
	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>		