

9PL0122XXN  
21-9688

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

9PL0122XXN

Document Number Override		Primary Crash Document #		Agency Crash Number <b>21-9688</b>		Investigating Officer/Deputy <b>J. SCHAEFER</b>	
Crash Date <b>09/08/2021</b>		Crash Time <b>08:12 AM</b>		Date Arrived <b>09/08/2021</b>		Time Arrived <b>08:17 AM</b>	
Date Notified <b>09/08/2021</b>		Time Notified <b>08:15 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	

Description

<p>Diagram</p>	Reconstruction By
	Photos By <b>OFC SCHAEFER</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 WAS LEGALLY PARKED AND UNOCCUPIED. UNIT #1 WAS TRAVELING EASTBOUND. UNIT #1 DRIVER STRUCK THE REAR BUMPER OF UNIT #2. UNIT #1 DRIVER LEFT THE SCENE BUT I WAS ABLE TO LOCATE HIM LATER AS UNIT #2 OWNER GOT A PARTIAL PLATE. HE STATED THE SUN WAS IN HIS EYES AND HE DIDN'T SEE UNIT #2. INITIALLY UNIT #2 DIDN'T WANT TO FILE AN ACCIDENT REPORT. AFTER I SPOKE WITH UNIT #1 OPERATOR HE SHOWED BACK UP TO THE SCENE AND GOT CONFRONTATIONAL. UNIT #2 OWNER THEN CONTACTED THE PD AND INFORMED ME HE WANTS A REPORT COMPLETED.

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## Location

ON 346 3RD ST 66 FT W OF N LOCUST ST (HOUSE/BUILDING 346)  IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.534519125</b>	Longitude <b>-90.005391194</b>
	X Coordinate <b>257163.78125</b>	Y Coordinate <b>4824564</b>
	Structure Type <b>HOUSE/BUILDING</b>	

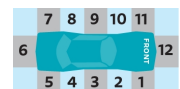
## Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>03 - FRONT TO REAR</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>FULL 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>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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</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>				

<b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>80930D</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2HGES25761H603387</b>	Make <b>HONDA</b>	Year <b>2001</b>	Model <b>CIVIC EX</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>		
Extent Of Damage <b>MINOR DAMAGE</b>				



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<b>UNIT</b>	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>UNKNOWN</b>			
<b>01</b>	Owner Name <b>WILL A SANDSTROM</b>		Owner Address <b>261 3RD ST REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
<b>01</b>	Event	<b>PARKED MOTOR VEHICLE</b>		
	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event			
	Event			
<b>UNIT</b>	<b>Policy Holder</b>			
	Insurance Company <b>ERIE-INS-CO</b>		Individual <b>WILL SANDSTROM</b>	
<b>UNIT</b>	<b>Individual</b>			
	Driver <b>WILL A SANDSTROM</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>10/11/1934</b>	Race <b>WHITE</b>
	Address <b>261 3RD ST REEDSBURG, WI 53959 , US</b>		Driver License Number <b>S5328813437114 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>01</b>	<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>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>				

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UNIT	INDIVIDUAL	<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

UNIT	02	Unit Status <b>LEGALLY PARKED</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>0</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>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>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>											

UNIT	VEHICLE	<b>Vehicle</b>									
		License Plate Number <b>7581AC</b>			Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>			
		Vehicle Identification Number <b>1FTPX14536NA23497</b>			Make <b>FORD</b>		Year <b>2006</b>	Model <b>F150</b>			
		Color <b>BLK - BLACK</b>			Body Style <b>PK - PICKUP</b>			Bus Use			
		Initial Contact Point <b>06 - REAR</b>			Vehicle Damage						
		Extent Of Damage <b>MINOR DAMAGE</b>			<b>06 - REAR</b>						
Towed Due To Damage <b>NOT TOWED</b>			Vehicle Removed By <b>OWNER</b>								

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<b>UNIT</b>	<b>VEHICLE</b>	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors
		Driver Prior Action Other	<b>NOT APPLICABLE</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>GREGORY THOMAS JOHNSON (612) 747-6533</b>	Owner Address <b>PO BOX 421178 PLYMOUTH, MN 55442 0178, US</b>
<b>Sequence Of Events</b>			
<b>UNIT</b>	<b>VEHICLE</b>	01	Event <b>PARKED MOTOR VEHICLE</b>
		02	Event <b>MOTOR VEH IN TRANSPORT</b>
		03	Event
		04	Event
<b>Policy Holder</b>			
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>GREGORY JOHNSON</b>