

9PL00K8HLD

R21-13481

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 J. HOEGE, Crash Date 12/14/2021, Crash Time 11:47 AM, Date Arrived 12/14/2021, Time Arrived 11:48 AM, Date Notified 12/14/2021, Time Notified 11:47 AM, Total Units 02, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type DT4000 (STANDARD CRASH), Amended, Secondary Crash

Description

Diagram showing vehicle positions U1 and U2 at the intersection of S. Pine St, N. Pine St, and E. Main St. Includes text: Reconstruction By REEDSBURG POLICE DEPARTMENT, Photos By J.HOEGE, Additional Information PHOTOS, RECONSTRUCTION, Not to scale.

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. U1 WAS OPERATING IN LANE ONE OF THE WESTBOUND LANE AT "36MPH" IN A POSTED 25MPH WHEN U1 ADMITTED HE "LOOKED AWAY". U1 WAS UNABLE TO AVOID STRIKING U2 IN THE REAR CAUSING IT TO SPIN AROUND, COMING TO REST FACING EASTBOUND. NO REPORTED INJURIES. BOTH VEHICLES DRIVEN FROM THE SCENE BY THE OPERATORS. DRIVER'S EXCHANGE COMPLETED AND JUVENILE PARENT CONTACTED. DAMAGE TO U1 IS ESTIMATED TO BE 10,000.00 WHILE DAMAGE TO U2 IS ESTIMATED AT 2,000.00.

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Location

ON MAIN ST/ STH23 WB 25 FT E OF STH23 WB IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude <b>43.532544688</b>	Longitude <b>-90.003873966</b>
	X Coordinate <b>257278.453125</b>	Y Coordinate <b>4824340</b>
	Structure Type <b>NO STRUCTURE</b>	

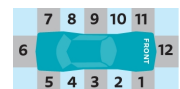
Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</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>CLOUDY</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

Unit Summary

UNIT 01	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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>ALG7415</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1G1BE5SM0G7321344</b>	Make <b>CHEVROLET</b>	Year <b>2016</b>	Model <b>CRUZE</b>
	Color <b>BLU - BLUE</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				



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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>GOING STRAIGHT</b>	Vehicle Factors			
		Driver Prior Action Other	<b>NOT APPLICABLE</b>			
		Driver Actions <b>EXCEED SPEED LIMIT, FOLLOWING TOO CLOSE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>				
01	01	Owner Name <b>MICHAEL E DEGNER (608) 524-0961</b>	Owner Address <b>224 LOGELIN DR REEDSBURG, WI 53959 , US</b>			
<b>Sequence Of Events</b>						
UNIT	VEHICLE	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event <b>CROSS MEDIAN</b>			
		03	Event			
		04	Event			
<b>Policy Holder</b>						
UNIT	INDIVIDUAL	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>MICHAEL DEGNER</b>		
		<b>Individual</b>				
		Driver <b>JASON M DEGNER (608) 495-9312</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
		Address <b>224 LOGELIN DR REEDSBURG, WI 53959 , US</b>		Date of Birth <b>11/12/2003</b>	Race <b>WHITE</b>	
Driver License Number <b>D2564330341202</b>		STATE: WISCONSIN COUNTRY: UNITED STATES				
<b>Safety Equipment</b>						
UNIT	INDIVIDUAL	On Duty Crash		Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>OTHER</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</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>						

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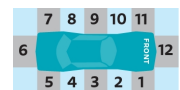
REEDSBURG POLICE DEPARTMENT  
200 SOUTH PARK STREET  
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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other				To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</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>					
	<b>Violations</b>					
01	001	UTC Number <b>AP279073</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	

### Unit Summary

<b>UNIT</b>	<b>02</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>2</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>WESTBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>25</b>		Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>				Traffic Control <b>NO CONTROL</b>				Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>CONCRETE</b>				Road Curvature <b>STRAIGHT</b>				Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>											

<b>02</b>	<b>02</b>	<b>Vehicle</b>							
		License Plate Number <b>RD5875</b>		Plate Type <b>LTK - LIGHT TRUCK</b>		St <b>WI</b>		Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1FTYR10D72PB58279</b>		Make <b>FORD</b>		Year <b>2002</b>		Model <b>RANGER</b>	
		Color <b>BLK - BLACK</b>		Body Style <b>2D - 2DR</b>				Bus Use	
		Initial Contact Point <b>06 - REAR</b>							



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UNIT VEHICLE	Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors		
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>NATHAN DANIEL ANDERSON (608) 415-3695</b>	Owner Address <b>1124 E MAIN ST REEDSBURG, WI 53959 , US</b>		
	<b>Sequence Of Events</b>			
UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>NATHAN ANDERSON</b>		
	<b>Individual</b>			
	Driver <b>NATHAN DANIEL ANDERSON (608) 415-3695</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
Address <b>1124 E MAIN ST REEDSBURG, WI 53959 , US</b>		Date of Birth <b>05/08/2004</b>	Race <b>WHITE</b>	
Driver License Number <b>A5366240416808</b>		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT INDIVIDUAL	<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		
UNIT INDIVIDUAL	<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	

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UNIT	<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		
	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					
02	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>RYAN J ANDERSON (608) 415-3695</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
			Date of Birth <b>07/29/2007</b>	Race <b>WHITE</b>		
	Address <b>1124 E MAIN ST REEDSBURG, WI 53959 , US</b>		Driver License Number			
	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>				
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	02	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			

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<b>UNIT</b>          <b>02</b> <b>003</b>	Distracted By Action		
	<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>		