

WISCONSIN MOTOR VEHICLE
CRASH REPORT

9PL0122XXC

Document Number Override		Primary Crash Document #	Agency Crash Number 21-4808	Investigating Officer/Deputy J. SCHAEFER	
Crash Date 05/02/2021		Crash Time 03:52 PM	Date Arrived 05/02/2021	Time Arrived 03:57 PM	
Date Notified 05/02/2021		Time Notified 03:55 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By OFC SCHAEFER
	Additional Information PHOTOS

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

UNIT #1 OPERATED BY CAROL WHITE APPROACHED THE INTERSECTION OF E MAIN ST AT VIKING DR TRAVELING WESTBOUND. CAROL STATED SHE SLOWED DOWN AND THEN INTENDED ON TAKING A RIGHT, NORTHBOUND ONTO VIKING DR. UNIT #2 WAS OPERATED BY CATHY MAURER. CATHY SAID SHE APPROACHED THE INTERSECTION OF E MAIN ST AT VIKING DR EASTBOUND. SHE SAID SHE INTENDED TO TURN LEFT, NORTHBOUND ON VIKING DR. SHE SAID AS SHE TURNED SHE OBSERVED CAROL'S VEHICLE COME OUT OF NOWHERE. SHE SAID SHE HAD A GREEN ARROW TO TURN ONTO VIKING DR. SHE SAID SHE DIDN'T HAVE TIME TO HONK HER VEHICLE HORN OR REACT. CAROL STATED SHE THOUGHT CATHY'S VEHICLE WAS GOING TO TRAVEL STRAIGHT AND NOT MAKE A LEFT TURN. CAROL SAID SHE THOUGHT THE INTERSECTION WAS GOING TO BE CLEAR. CATHY WAS INFORMED SHE DIDN'T PROPERLY YIELD TO THE RIGHT OF WAY. SHE WAS ISSUED A CITATION.

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Location

ON STH23 WB 4 FT E OF VIKING DR IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.532471956	Longitude -89.984631874
	X Coordinate 258833.046875	Y Coordinate 4824276
	Structure Type	

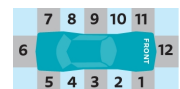
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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 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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	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 LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle						
	01	License Plate Number 871GXT		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 5GALRAED5AJ146914		Make BUICK	Year 2010	Model ENCLAVE CX	
		Color GLD - GOLD		Body Style LL - CARRYALL		Bus Use	
	VEHICLE	Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage 10 - LEFT SIDE FRONT			
Extent Of Damage MINOR DAMAGE							



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	Owner Name CAROL ANN WHITE (608) 524-2692		Owner Address S1897 LARK RD REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company AMERICAN FAMILY		Individual CAROL WHITE	
UNIT INDIVIDUAL	Individual			
	Driver CAROL ANN WHITE (608) 524-2692		Citations Issued 1	Sex FEMALE
	Address S1897 LARK RD REEDSBURG, WI 53959 , US		Date of Birth 12/26/1944	Race WHITE
			Driver License Number W3001014496600 STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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	
	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				

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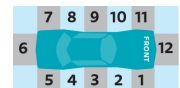
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location		
		Prior Action				
		Action				
	Action Other				To/From School	
	Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use			
		NO	NO			
	Alcohol Test Given	Alcohol Test Type		Alcohol Test Results		
	TEST NOT GIVEN					
	Drug Test Given	Drug Test Type		Drug Test Results		
	TEST NOT GIVEN					
Drug Type						
Individual Condition	APPEARED NORMAL					
Violations						
01	UTC Number	Issue To?	Statute Number	Description		

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
	1		0	0	0
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	YES	NORTHBOUND		25	2
	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		
TWO-WAY, NOT DIVIDED	TRAFFIC SIGNAL		NO		
Surface Type	Road Curvature		Road Grade		
BLACKTOP (BITUMINOUS)	STRAIGHT		LEVEL		
Truck Bus or HazMat					
NO					

Vehicle

02	License Plate Number	Plate Type	St	Country of Issuance
	200ZFR	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	5GZCZ23D95S803901	SATURN	2005	VUE
Color	Body Style		Bus Use	
SIL - SILVER (ALUMINUM)	LL - CARRYALL			
Initial Contact Point				
03 - RIGHT SIDE MIDDLE				



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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage MINOR DAMAGE	03 - RIGHT SIDE MIDDLE
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
	What Driver Was Doing LEFT TURN	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name CATHY ANN MAURER (608) 983-2448	Owner Address 29779 COUNTY HWY I CAZENOVIA, WI 53924 , US
	Sequence Of Events	
01	Event MOTOR VEH IN TRANSPORT	
02	Event	
03	Event	
04	Event	
UNIT	Policy Holder	
	Insurance Company PROGRESSIVE-NORTHERN-INS-CO	Individual CATHY MAURER
UNIT INDIVIDUAL	Individual	
	Driver CATHY ANN MAURER (608) 983-2448	Citations Issued 0
		Sex FEMALE
		Date of Birth 12/07/1955
	Race WHITE	
	Address 29779 COUNTY HWY I CAZENOVIA, WI 53924 , US	Driver License Number M6601015594709 STATE: WISCONSIN COUNTRY: UNITED STATES
02 002	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	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				