

9PL014K13N

R21-02701

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

9PL014K13N

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy B. CUTRELL	
Crash Date 03/09/2021		Crash Time 05:00 PM		Date Arrived 03/09/2021		Time Arrived 05:00 PM	
Date Notified 03/09/2021		Time Notified 05:00 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 REPD153 SCSD9
	Additional Information PHOTOS

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

UNIT1 DRIVER STATED THAT BOTH DRIVERS WERE WESTBOUND ON E MAIN ST AT WEBB AVE, STOPPED AT A RED LIGHT. WHEN THE LIGHT TURNED GREEN THE VEHICLES IN FRONT OF UNT11 BEGAN TO MOVE THEN SUDDENLY STOP. UNIT1 ALSO STOPPED. UNIT1 DRIVER SAID SHE THEN FELT HER VEHICLE JOLT FORWARD AND KNEW THAT SHE HAD BEEN HIT FROM BEHIND BY UNIT2. UNIT1 THEN PULLED OFF TO THE SIDE AND TRIED TO STOP FOR UNIT2. HOWEVER UNIT2 CONTINUED WESTBOUND. UNIT1 DRIVER WROTE DOWN AND PROVIDED ME WITH A REGISTRATION FOR UNIT2. UNIT2 WAS LATER LOCATED AT THE R/O'S RESIDENCE BY SAUK COUNTY SHERIFFS DEPT. I SPOKE WITH THE OWNER OF UNIT2 WHO HAD DRIVEN IT THAT DAY AND HE DENIED EVER BEING IN AN ACCIDENT OR HITTING UNIT1. UNIT2 DRIVER SAID HE NEVER FELT ANY CONTACT BETWEEN THE TWO UNITS. PHOTOS WERE TAKEN OF BOTH VEHICLES AND ADDED TO THE CASE. BTC153 NOTHING FURTHER.

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Location

ON MAIN ST/ STH23 WB 14 FT E OF S WEBB AVE IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.53250458	Longitude -90.01007181
	X Coordinate 256777.46875	Y Coordinate 4824354
	Structure Type NO STRUCTURE	

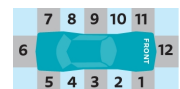
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	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 NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR			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 4	
	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 01 VEHICLE	Vehicle				
	License Plate Number 987STR		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G6AX5SX6F0107704		Make CADILLAC	Year 2015	Model CTS
	Color BLK - BLACK		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 06 - REAR		Vehicle Damage 06 - REAR		
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 NO CONTRIBUTING ACTION			
01 01	Owner Name CASEY L BEECHER (608) 495-3615		Owner Address 809 CITY VIEW DR # 34 REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01 01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual CASEY BEECHER	
UNIT INDIVIDUAL	Individual			
	Driver CASEY L BEECHER (608) 495-3615		Citations Issued 0	Sex FEMALE
	Address 809 CITY VIEW DR # 34 REEDSBURG, WI 53959 , US		Date of Birth 02/04/1979	Race WHITE
			Driver License Number B2601127954401 STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
	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				

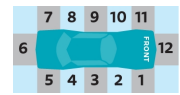
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UNIT INDIVIDUAL 01 001
Non Motorist
Striking Unit #
Location
Prior Action
Action
Action Other
To/From School
Drug & Alcohol
Suspected Alcohol Use NO
Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN
Alcohol Test Type
Alcohol Test Results
Drug Test Given TEST NOT GIVEN
Drug Test Type
Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status IN TRANSIT
Vehicle Operating As Classification D CLASS
Unit Type AUTOMOBILE
Vehicle Type PASSENGER CAR
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
Pre Crash Tire Mark
Speed Limit 25
Total Lanes 4
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 02 02
Vehicle
License Plate Number ACE9859
Plate Type AUT - AUTOMOBILE
St WI
Country of Issuance UNITED STATES
Vehicle Identification Number 1FAFP34N55W244380
Make FORD
Year 2005
Model FORD ZX4
Color GRY - GRAY
Body Style 4H - HATCHBACK 4 DOOR
Bus Use
Initial Contact Point 16 - VEHICLE NOT AT SCENE
Vehicle Damage 16 - VEHICLE NOT AT SCENE
Extent Of Damage VEHICLE NOT AT SCENE
Towed Due To Damage NOT TOWED
Vehicle Removed By OPERATOR



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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE, UNKNOWN		
	Driver Actions NO CONTRIBUTING ACTION, UNKNOWN				
	Owner Name CHRISTOPHER JULE MCCANN (608) 393-7617		Owner Address S1011 COUNTY RD G WONEWOC, WI 53968 , US		
UNIT 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company HOFMEISTER INSURANCE		Individual CHRISTOPHER MCCANN		
UNIT INDIVIDUAL	Individual				
	Driver CHRISTOPHER JULE MCCANN (608) 393-7617		Citations Issued 0	Sex MALE	
	Address S1011 COUNTY RD G WONEWOC, WI 53968 , US		Date of Birth 12/31/1978	Race WHITE	
			Driver License Number M2501107847102 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 02	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN		
	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					
Non Motorist		Striking Unit #	Location		

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UNIT	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use	Suspected Drug Use
		NO	
	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
	Drug Test Given	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition		
	NOT OBSERVED		
02	002		