

9PL015S27M

R21-1357

# 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 <b>K. YEAGER</b>	
Crash Date <b>02/02/2021</b>		Crash Time <b>03:30 PM</b>		Date Arrived <b>02/02/2021</b>		Time Arrived <b>03:43 PM</b>	
Date Notified <b>02/02/2021</b>		Time Notified <b>03:42 PM</b>		Total Units <b>01</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>PRIVATE PROPERTY/PARKING LOT</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram	Reconstruction By
	Photos By <b>K. YEAGER</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 ONE WAS TRAVELING THROUGH THE TRUE VALUE / VIKING VILLAGE PARKING LOT AND WAS APPROACHING AN INTERSECTION IN THE PARKING LOT WHICH THE BUSINESSES HAVE PLACED STOP SIGNS THEIR TO ASSIST TRAFFIC. UNIT ONE STATED THAT THERE WAS A LOT OF TRAFFIC IN THE PARKING LOT AND SHE WAS FOCUSING ON TRAFFIC AS SHE WAS MAKING A TURN IN THE PARKING LOT AND DID NOT NOTICE THE STOP SIGN AND STRUCK IT. UNIT ONE STATED IT DID NOT SEEM LIKE MUCH DAMAGE WAS CAUSED SO SHE DID NOT THINK TO CALL IT IN. UNIT ONE THEN BEGAN TO DRIVE TOWARDS HOME WHEN HER VEHICLE DIED ON HER AND WOULD NOT SHIFT INTO DRIVE AT THE INTERSECTION OF EAST MAIN STREET AND NORTH DEWEY AVENUE. UNIT ONE'S VEHICLE WAS TOWED DUE TO DAMAGE TO THE RADIATOR AND FLUID LOSS THAT PREVENTED THE VEHICLE FROM BEING OPERABLE. THIS IS ALL THE INFORMATION I HAVE AT THIS TIME.

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Location

<b>PARKING LOT</b> <b>VIKING DR LOT 100</b> <b>(OTHER 100)</b>  <b>IN THE CITY OF REEDSBURG</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.533892768</b>	Longitude <b>-89.983510245</b>
	X Coordinate <b>258929.34375</b>	Y Coordinate <b>4824430.5</b>
	Structure Type <b>OTHER</b>	

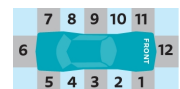
Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s)	<b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</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>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>(SPORT) UTILITY VEHICLE</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>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>05</b>	Total Lanes <b>0</b>
	Most Harmful Event: Collision With <b>TRAFFIC SIGN POST</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</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>				
	<b>01</b>	License Plate Number <b>15309DS</b>	Plate Type <b>DIS - DISABLED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>5GAEVCKW1JJ240861</b>	Make <b>BUICK</b>	Year <b>2018</b>	Model <b>ENCLAVE</b>
	<b>VEHICLE</b>	Color <b>WHI - WHITE</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12 - FRONT</b>		



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>RIGHT TURN</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	Owner Name <b>DEP HOLDINGS (608) 434-5582</b>		Owner Address <b>E6918 SKI HILL RD REEDSBURG, WI 53959 , US</b>		
	<b>Sequence Of Events</b>				
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>INTEGRITY-INS-CO</b>		Individual <b>JANEY PACE</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>JANEY SUE PACE (608) 434-5582</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Address <b>E6918 SKI HILL RD REEDSBURG, WI 53959 , US</b>		Date of Birth <b>08/16/1944</b>	Race <b>WHITE</b>	
			Driver License Number <b>P2004374479603 STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<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>UNKNOWN</b>			
Distracted By Action <b>UNKNOWN</b>					

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<b>UNIT</b>	<b>Non Motorist</b>	Striking Unit #		Location		
		Prior Action				
	<b>INDIVIDUAL</b>	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					
	<b>01</b>	<b>001</b>	Individual Condition			
			<b>APPEARED NORMAL</b>			