

9PL01884HR  
CASE#R21-08811

# 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 <b>CASE#R21-08811</b>	Investigating Officer/Deputy <b>T. KNUTH</b>	
Crash Date <b>08/14/2021</b>		Crash Time <b>12:52 PM</b>	Date Arrived <b>08/14/2021</b>	Time Arrived <b>12:52 PM</b>	
Date Notified <b>08/14/2021</b>		Time Notified <b>12:52 PM</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>PRIVATE PROPERTY/PARKING LOT</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram	Reconstruction By
	Photos By <b>T. KNUTH #130</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 1 AND UNIT 2 WERE PARKED IN PARKING STALLS ON THE NORTH SIDE OF WALGREEN'S. BOTH UNITS BACKED UP AND STRUCK EACH CAUSING MINOR DAMAGE TO EACH VEHICLE. BOTH DRIVERS EXCHANGED INFORMATION AND DRIVER OF UNIT 1 CAME TO POLICE DEPARTMENT LATER TO REPORT THE INCIDENT. I THEN MADE CONTACT WITH DRIVER OF UNIT 2 AND OBTAINED THE NEEDED INFORMATION. NOTHING FURTHER.

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Location

<b>PARKING LOT</b> <b>MAIN ST/ STH23 EB LOT 1100</b> <b>(HOUSE/BUILDING 1100)</b>  <b>IN THE CITY OF REEDSBURG</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.532119751</b>	Longitude <b>-89.994239807</b>
	X Coordinate <b>258055.25</b>	Y Coordinate <b>4824265</b>
	Structure Type <b>HOUSE/BUILDING</b>	

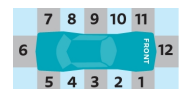
Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>04 - REAR TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type	Relation To Trafficway	
Crash Classification - Location	Crash Classification - Jurisdiction	
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	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function		Emergency Motor Vehicle Use	
	Traffic Way	Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type	Road Curvature		Road Grade	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>261HDK</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1C4PJMCS8FW538578</b>	Make <b>JEEP</b>	Year <b>2015</b>	Model <b>CHEROKEE L</b>
	Color	Body Style <b>LL - CARRYALL</b>		Bus Use
	Initial Contact Point <b>05 - RIGHT REAR CORNER</b>	Vehicle Damage <b>05 - RIGHT REAR CORNER</b>		
Extent Of Damage <b>MINOR 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>BACKING</b>		Vehicle Factors	
	Driver Prior Action Other			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>LOIS ELAINE EMBERSON (608) 727-2104</b>		Owner Address <b>E6696A ELDER RIDGE RD LOGANVILLE, WI 53943 , 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>WISCONSIN-MUTUAL-INS-CO</b>		Individual <b>LOIS EMBERSON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>LOIS ELAINE EMBERSON (608) 727-2104</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>E6696A ELDER RIDGE RD LOGANVILLE, WI 53943 , US</b>		Date of Birth <b>11/04/1945</b>	Race <b>WHITE</b>
			Driver License Number <b>E5165254590404</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
			Airbag	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Hospital		EMS Agency Identifier	
	Date of Death		EMS Run #	
Time of Death		Hospital		
<b>Distracted By</b>		Distracted By Source		
Distracted By Action				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
	Action Other				To/From School	
	01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition			

**Unit Summary**

UNIT	02	Unit Status	Vehicle Operating As Classification	Unit Type		
		<b>IN TRANSIT</b>	<b>D CLASS</b>	<b>AUTOMOBILE</b>		
		Vehicle Type	Operating As Endorsements			
		<b>PASSENGER CAR</b>				
		Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
		<b>2</b>		<b>0</b>	<b>0</b>	<b>0</b>
		Insurance?	Direction Of Travel	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit	Total Lanes
		<b>YES</b>			<b>N/A</b>	
Most Harmful Event: Collision With		Special Function	Emergency Motor Vehicle Use			
<b>MOTOR VEH IN TRANSPORT</b>		<b>NO SPECIAL FUNCTION</b>				
Traffic Way		Traffic Control	Traffic Control Inoperative/Missing			
Surface Type		Road Curvature	Road Grade			
Truck Bus or HazMat						
<b>NO</b>						

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number	Plate Type	St	Country of Issuance
		<b>883XEY</b>	<b>AUT - AUTOMOBILE</b>	<b>WI</b>	<b>UNITED STATES</b>
		Vehicle Identification Number	Make	Year	Model
		<b>2HGFA1F58BH300241</b>	<b>HONDA</b>	<b>2011</b>	<b>CIVIC LX</b>
		Color	Body Style	Bus Use	
<b>SIL - SILVER (ALUMINUM)</b>	<b>4D - 4DR</b>				
Initial Contact Point	Vehicle Damage				
<b>05 - RIGHT REAR CORNER</b>	<b>05 - RIGHT REAR CORNER</b>				
Extent Of Damage	<b>MINOR DAMAGE</b>				
Towed Due To Damage	Vehicle Removed By				
<b>NOT TOWED</b>					

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UNIT VEHICLE	What Driver Was Doing <b>BACKING</b>		Vehicle Factors	
	Driver Prior Action Other			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>DARLENE ANN SCHMITZ (608) 524-0476</b>		Owner Address <b>2701 E MAIN ST LOT 63 REEDSBURG, WI 53959 , US</b>	
<b>Sequence Of Events</b>				
UNIT 01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT 02	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>DARLENE SCHMITZ</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DARLENE ANN SCHMITZ (608) 524-0476</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth <b>09/28/1957</b>	Race <b>WHITE</b>
	Address <b>2701 E MAIN ST LOT 63 REEDSBURG, WI 53959 , US</b>		Driver License Number <b>S5321615784809 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 02 002	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
			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	
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use	Suspected Drug Use	
	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results	
	Drug Test Given	Drug Test Type	Drug Test Results	
	Drug Type			
	Individual Condition			
	<b>Individual</b>			
	Individual	Citations Issued	Sex	
	Date of Birth	Race		
Address	Driver License Number			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
	Row	Seat Position		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
	02 003	<b>Injury</b>	Injury Severity	Airbag
		Ejected	Ejection Path	Trapped/Extricated
	Medical Transport	EMS Agency Identifier	EMS Run #	
	Hospital	Date of Death	Time of Death	
	<b>Distracted By</b>	Distracted By Source		
	Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location		
Prior Action				

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UNIT          02          003	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use	Suspected Drug Use
	Alcohol Test Given		Alcohol Test Type	Alcohol Test Results
	Drug Test Given		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition			