

9PL04ZCGGJ

R21-1550

# 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. BLESKE</b>	
Crash Date <b>02/08/2021</b>		Crash Time <b>02:30 PM</b>	Date Arrived <b>02/08/2021</b>	Time Arrived <b>02:36 PM</b>	
Date Notified <b>02/08/2021</b>		Time Notified <b>02:36 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>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram		Reconstruction By <b>REEDSBURG POLICE DEPARTMENT</b>
		Photos By <b>K. BLESKE #151</b>
		Additional Information <b>PHOTOS, RECONSTRUCTION</b>

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

ON TODAY'S DATE, UNIT TWO WAS SLOWING TO STOP PRIOR TO ENTERING THE ROADWAY. UNIT ONE ATTEMPTED TO STOP BEHIND UNIT TWO, BUT WAS UNABLE TO DUE TO ICE. UNIT ONE ATTEMPTED TO SWERVE PRIOR TO IMPACT, BUT WAS UNABLE TO CLEAR THE VEHICLE. THIS CAUSED UNIT ONE'S RIGHT REAR PASSENGER WHEEL TO STRIKE UNIT TWO'S BUMPER. UNIT TWO SUSTAINED A SCUFF TO THE LEFT SIDE OF THE REAR BUMPER. UNIT ONE RECEIVED A MINOR SCUFF TO THE RIGHT REAR QUARTER PANEL AND THE RIGHT REAR TIRE WAS BENT INWARD SLIGHTLY. BOTH UNITS WERE FUNCTIONAL AND REMOVED BY THE OPERATOR.

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Location

Table with 3 columns: Location details (PARKING LOT MAIN ST/ STH23 WB LOT IN THE CITY OF REEDSBURG IN SAUK COUNTY), Latitude (43.533052031), Longitude (-89.983172446), X Coordinate (258953.296875), Y Coordinate (4824336.5), Structure Type.

Crash Scene

Table with 2 main columns: First Harmful Event (MOTOR VEH IN TRANSPORT), First Harmful Event Location (IN PARKING LANE OR ZONE), Manner of Collision (03 - FRONT TO REAR), Light Condition (DAYLIGHT), Road Surface Condition(s) (WET, SNOW, SLUSH, ICE), Roadway Factor(s) (NONE), Environment Factor(s) (WEATHER CONDITIONS), Weather Condition(s) (CLOUDY), Animal Type, Relation To Trafficway (NON TRAFFICWAY - PARKING LOT), 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 Type.

Unit Summary

Table with 3 columns: 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 (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (NOT ON ROADWAY), Pre Crash Tire Mark, Speed Limit (15), Total Lanes, Most Harmful Event: Collision With (MOTOR VEH IN TRANSPORT), Special Function (NO SPECIAL FUNCTION), Emergency Motor Vehicle Use (NOT APPLICABLE), Traffic Way (PARKING LOT OR PRIVATE PROPERTY), Traffic Control (NO CONTROL), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (STRAIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO).

Table with 4 columns: License Plate Number (AFM9277), Plate Type (AUT - AUTOMOBILE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (5TDDKRFH3FS073415), Make (TOYOTA), Year (2015), Model (HIGHLANDER), Color (WHI - WHITE), Body Style (4D - 4DR), Bus Use, Initial Contact Point (04 - RIGHT SIDE REAR), Vehicle Damage (04 - RIGHT SIDE REAR), Extent Of Damage (FUNCTIONAL DAMAGE). Includes a diagram of a vehicle with damage points 1-12.

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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>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01	01	Owner Name <b>JOSHUA D GONZALEZ (608) 963-6500</b>		Owner Address <b>713 S. PRESTON AVE STE 205 REEDSBURG, WI 53959 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>IMT-INS-CO</b>		Individual <b>JOSHUA GONZALEZ</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JOSHUA D GONZALEZ (608) 963-6500</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>713 S. PRESTON AVE STE 205 REEDSBURG, WI 53959 , US</b>		Date of Birth <b>05/03/1995</b>	Race <b>WHITE</b>
			Driver License Number <b>G5244249516307</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 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	
UNIT 001	<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>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<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>					
	01	001				

**Unit Summary**

UNIT	02	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>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>NOT ON ROADWAY</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>15</b>		Total Lanes			
	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>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>UNKNOWN</b>			
	Truck Bus or HazMat <b>NO</b>											

UNIT	VEHICLE	<b>Vehicle</b>								
		License Plate Number <b>PEF3375</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>NC</b>	Country of Issuance <b>UNITED STATES</b>			
		Vehicle Identification Number <b>JN8CS1MWXGM751397</b>		Make <b>INFINITI</b>		Year <b>2016</b>	Model			
		Color <b>GRY - GRAY</b>		Body Style <b>4D - 4DR</b>			Bus Use			
		Initial Contact Point <b>06 - REAR</b>		Vehicle Damage <b>06 - REAR</b>						
		Extent Of Damage <b>MINOR DAMAGE</b>								
Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>								

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UNIT VEHICLE	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>CAROLINA A LIPSCOMB (719) 629-8897</b>	Owner Address <b>1142 YELLOWHEAR DR ABERDEEN, NC 28315 , US</b>		
UNIT VEHICLE	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
UNIT VEHICLE	04	Event		
	<b>Policy Holder</b>			
	Insurance Company <b>USAA-CASUALTY-INS-CO</b>	Individual <b>CAROLINA LIPSCOMB</b>		
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>CAROLINA A LIPSCOMB (719) 629-8897</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth <b>07/22/1984</b>	Race <b>WHITE</b>	
	Address <b>1142 YELLOWHEAR DR ABERDEEN, NC 28315 , US</b>	Driver License Number <b>000043413861</b> STATE: NORTH CAROLINA COUNTRY: UNITED STATES		
	<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	
<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		

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UNIT	INDIVIDUAL	Prior Action				
		Action				
02	002	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>Individual</b>				
		Passenger <b>EDWIN GIOVANNETTI</b> <b>(571) 224-4153</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>2601 DERRY STREET</b> <b>HARRISBURG, PA 17111 , US</b>		Date of Birth <b>06/20/1981</b>	Race <b>HISPANIC</b>	
		Driver License Number <b>00048523239</b> <b>STATE: NORTH CAROLINA COUNTRY: UNITED STATES</b>				
02	003	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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			
		Distracted By Action				
<b>Non Motorist</b>	Striking Unit #	Location				
	Prior Action					

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<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				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>02</b>	<b>003</b>			