

6TL0F3SSGQ
24-07975


WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document #	Agency Crash Number 24-07975	Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 07/21/2024		Crash Time 09:14 AM	Date Arrived 07/21/2024	Time Arrived 09:20 AM	
Date Notified 07/21/2024		Time Notified 09:15 AM	Total Units 02	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  <p>not to scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

I RESPONDED TO A CRASH ON CH P NEAR PET RETREAT WHERE REBECCA REIM STRUCK(U1) THE VEHICLE AHEAD OF HER(U2) THAT WAS STOPPED DUE TO WAITING FOR THE VEHICLE AHEAD OF IT TRYING TO TURN INTO A PARKING LOT. REBECCA STATED SHE LOOKED AWAY FROM THE ROAD DUE TO SEEING A VEHICLE THAT SHE THOUGHT WAS BACKING UP. REBECCA SAID WHEN SHE LOOKED BACK AT THE ROADWAY SHE SAID SHE SAW THE VEHICLE AHEAD OF STOPPED AND DID NOT THINK SHE COULD STOP IN TIME AND SWERVED TO THE RIGHT BUT STILL STRUCK U2. I ASKED REBECCA IF SHE KNEW HOW FAST SHE WAS GOING. REBECCA STATED SHE HAD THE CRUISE SET TO 53MPH. I ASKED REBECCA IF SHE KNEW THE SPEED LIMIT AND SHE SAID 45MPH. I INFORMED REBECCA BASED ON THAT INFORMATION, I WOULD BE ISSUING A CITATION FOR UNREASONABLE AND IMPRUDENT SPEED AS SHE WAS ABOVE THE SPEED LIMIT AND WAS UNABLE TO AVOID COLLISION WITH THE VEHICLE AHEAD OF HER. REBECCA SAID SHE UNDERSTOOD. I COMPLETED A CITATION FOR THE VIOLATION AND ISSUED IT TO REBECCA.

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Location

ON CTHP WB 0.51 MI W OF BIRCHWOOD RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.590429295	Longitude -89.828808337
	X Coordinate 271643.78125	Y Coordinate 4830273
	Structure Type	

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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 07/21/2024	Time Initial Lane/Rd Closed 09:21 AM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 07/21/2024	Time All Lanes Open 10:04 AM	Date Scene Cleared 07/21/2024	Time Scene Cleared 10:05 AM

Unit Summary

UNIT	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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number 32874U	Plate Type HEM - HIGHER EDUCATI	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 3VW4T7AJ9DM436371		Make VOLKSWAGEN	Year 2013	Model JETTA GLI		

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UNIT VEHICLE	Color BLK - BLACK	Body Style 4D - 4DR	Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other		
	Driver Actions EXCEED SPEED LIMIT		
	Owner Name REBECCA REIM	Owner Address 226 N PINE ST REEDSBURG, WI 53959 , US	
Sequence Of Events			
UNIT	01 Event MOTOR VEH IN TRANSPORT		
	02 Event		
	03 Event		
	04 Event		
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual REBECCA REIM	
UNIT INDIVIDUAL	Individual		
	Driver REBECCA REIM	Citations Issued 1	Sex FEMALE
		Date of Birth	Race
	Address 226 N PINE ST REEDSBURG, WI 53959 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT	Safety Equipment		
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
UNIT	Injury		
	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run #

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UNIT	Hospital REEDSBURG AREA MED CTR		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	
	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	
01	Drug Type				
	Individual Condition APPEARED NORMAL				
	Violations				
01	UTC Number BK261500	Issue To? 001	Statute Number 346.57(2)	Description UNREASONABLE AND IMPRUDENT SPEED	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 3	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 45	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number 228JLJ		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES

02

6TL0F3SSGQ

24-07975

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02 UNIT VEHICLE	Vehicle Identification Number 1GKS2DKLXMR135834		Make GENERAL MOTORS COR	Year 2021	Model YUKON	
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage 05 - RIGHT REAR CORNER			
	Extent Of Damage DISABLING DAMAGE					
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PLATTS WRECKER			
	What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors NOT APPLICABLE			
02 UNIT VEHICLE	Driver Prior Action Other					
	Driver Actions NO CONTRIBUTING ACTION					
	Owner Name ZIMMERMAN PLUMBING INC		Owner Address PO BOX 117 PORTAGE, WI 53901 , US			
Sequence Of Events						
02 UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT					
	Event					
	Event					
	Event					
02 UNIT VEHICLE	Policy Holder					
	Insurance Company FEDERATED-MUTUAL-INS-CO		Organization/Company ZIMMERMAN PLUMBING INC			
02 UNIT INDIVIDUAL	Individual					
	Driver MICHAEL NACHREINER		Citations Issued 0	Sex MALE		
			Date of Birth	Race WHITE		
Address W7280 W SOUTH SHORE DR PARDEEVILLE, WI 53954 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
02 UNIT INDIVIDUAL	Safety Equipment		On Duty Crash			
			Safety Equipment SHOULDER & LAP BELT			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT				
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
02 UNIT INDIVIDUAL	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED	

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UNIT INDIVIDUAL	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	
	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		
02 002	Drug Type				
	Individual Condition APPEARED NORMAL				
	Individual				
	Passenger RACHEL NACHREINER		Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
	Address W7280 W SOUTH SHORE DR PARDEEVILLE, WI 53954 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
	Safety Equipment		On Duty Crash		
			Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT			
	Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance			
02 003	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 #		

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Form with multiple sections: Hospital, Date of Death, Time of Death, Distracted By, Non Motorist, Striking Unit #, Location, Prior Action, Action, Action Other, To/From School, Drug & Alcohol, 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, Individual, Passenger, Citations Issued, Sex, Date of Birth, Race, Address, Driver License Number, Safety Equipment, On Duty Crash, Row, Seat Position, Shoulder & Lap Belt, Helmet Use, Helmet Compliance, Eye Protection, Tint Compliance, Injury, Injury Severity, Airbag, Ejected, Ejection Path, Trapped/Extricated, Medical Transport, EMS Agency Identifier, EMS Run #, Hospital, Date of Death, Time of Death.

UNIT

INDIVIDUAL

02

003

UNIT

INDIVIDUAL

02

004

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CRASH REPORT

UNIT	Distracted By		Distracted By Source		
	Distracted By Action				
	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				
02	004	Individual Condition			
		APPEARED NORMAL			