

CFBatch-Cover-w10

*Type of Report:* AUTO ACCIDENT

PayorID: WI00000148 Entity: Wausau

State: WI

DATE OF LOSS: 11/18/21

LOSS STREET : FIRST AVE. AND CALLON ST.

LOSS CITY : WAUSAU

POLICE DEPT.: WAUSAU PD

REPORT NUM. : 715-261-7800

Image Name: WI00000148\_3331086227\_211215\_2182528.tif



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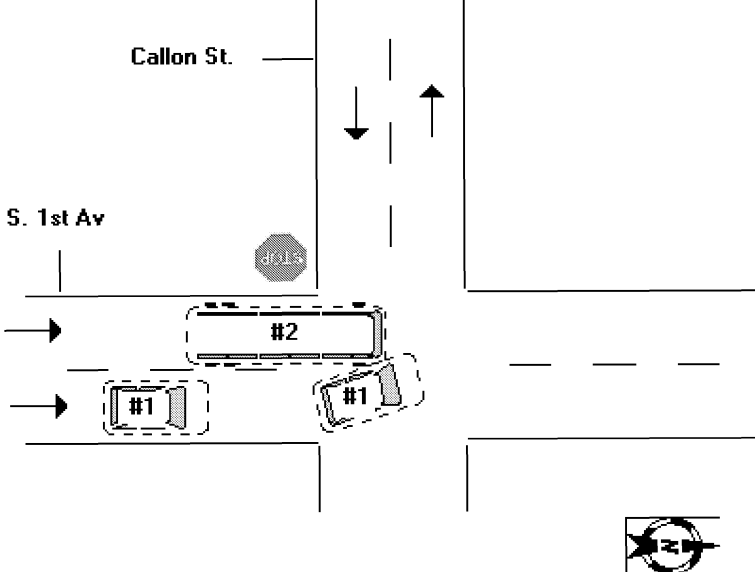
# WISCONSIN MOTOR VEHICLE CRASH REPORT

WAUSAU POLICE DEPARTMENT  
515 GRAND AVENUE  
WAUSAU, WI 54403  
(715) 261-7800

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>OFFICER SHAWN PIERSCHALLA</b>	
Crash Date <b>11/18/2021</b>		Crash Time <b>02:11 PM</b>		Date Arrived <b>11/18/2021</b>		Time Arrived <b>02:11 PM</b>	
Date Notified <b>11/18/2021</b>		Time Notified <b>02:11 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>YES, SCHOOL BUS DIREC</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram  <p>Callon St.</p> <p>S. 1st Av</p> <p>#2</p> <p>#1</p> <p>Not To Scale</p>	Reconstruction By
	Photos By <b>PIERSCHALLA #3075</b>
	Additional Information <b>PHOTOS, BODY CAMERA VIDEO</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 BOTH NORTHBOUND ON SOUTH 1ST AVENUE. UNIT #1 DID NOT NOTICE UNIT #2 WAS NEXT TO HER WHEN SHE CHANGED LANES CAUSING A COLLISION.

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## Location

ON BUSINESS STH51 NB 23 FT S OF CALLON ST IN THE CITY OF WAUSAU IN MARATHON COUNTY	Latitude <b>44.960847104</b>	Longitude <b>-89.636740464</b>
	X Coordinate <b>292042.84375</b>	Y Coordinate <b>4981983.5</b>
	Structure Type	

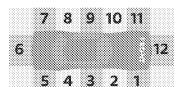
## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</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>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	

## Unit Summary

UNIT 01	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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</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"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	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>ONE-WAY TRAFFIC</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE	<b>Vehicle</b>					
	License Plate Number <b>AMR5602</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1G1ZE5ST6GF204444</b>		Make <b>CHEVROLET</b>	Year <b>2016</b>	Model <b>SB</b>	
	Color <b>WHI - WHITE</b>		Body Style <b>BU - BUS</b>		Bus Use	
	Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT 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>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>			
01	Owner Name <b>SANJUANITA MARIA REYNA (715) 697-4015</b>		Owner Address <b>201 BROCK AVE JUNCTION CITY, WI 54443 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event			
	Event			
	Event			
01	<b>Policy Holder</b>			
	Insurance Company <b>PARTNERS-MUTUAL-INS-CO</b>		Individual <b>SANJUANITA REYNA</b>	
01	<b>Individual</b>			
	Driver <b>SANJUANITA MARIA REYNA (715) 697-4015</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
	Date of Birth <b>07/07/2003</b>		Race <b>WHITE</b>	
	Address <b>201 BROCK AVE JUNCTION CITY, WI 54443 , US</b>		Driver License Number <b>R5007930374708 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01	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>	
	Medical Transport <b>NOT TRANSPORTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Hospital		EMS Agency Identifier	
01	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		EMS Run #	
	Distracted By Action <b>NOT DISTRACTED</b>		Date of Death	
			Time of Death	

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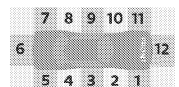
WAUSAU POLICE DEPARTMENT  
515 GRAND AVENUE  
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UNIT INDIVIDUAL 01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected 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	<b>Violations</b>				
	UTC Number <b>BG2346153</b>	Issue To? <b>001</b>	Statute Number <b>346.13(1)</b>	Description <b>UNSAFE LANE DEVIATION</b>	

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>B CLASS</b>		Unit Type <b>BUS</b>
	Vehicle Type <b>SCHOOL BUS</b>				Operating As Endorsements <b>S - SCHOOL BUS</b>
	Total Occs <b>1</b>	Train/Bus # Recorded <b>1</b>	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"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	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>ONE-WAY TRAFFIC</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>VEHICLE DESIGNED TO CARRY 9 OR MORE PPL, INCLUDING DRIVER</b>				

02 02	<b>Vehicle</b>			
	License Plate Number <b>28807B</b>		Plate Type <b>HTK - HEAVY TRUCK</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>		Year <b>2013</b>	Model <b>THMS</b>
	Vehicle Identification Number <b>4UZABRDT5DCBS8731</b>		Make <b>THOMAS BUILT BUS CO</b>	Bus Use <b>SCHOOL</b>
	Color <b>YEL - YELLOW</b>		Body Style <b>BU - BUS</b>	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>



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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>01 - RIGHT FRONT CORNER</b>	
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>FIRST STUDENT (715) 842-2268</b>	Owner Address <b>730 S 17TH AVE WAUSAU, WI 54401 , US</b>	
		<b>Sequence Of Events</b>		
UNIT	VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	VEHICLE	<b>Policy Holder</b>		
		Insurance Company <b>NATIONAL-UNION-FIRE-INS-CO-OF-PITTSBURG</b>	Organization/Company <b>FIRST STUDENT</b>	
		<b>Individual</b>		
		Driver <b>GARY ALLAN KRALL (715) 842-2268</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT	INDIVIDUAL	Date of Birth <b>11/20/1948</b>	Race	
		Address <b>3807 POWERS ST WESTON, WI 54476 , US</b>		
		Driver License Number <b>K6402814842009</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>		
UNIT	INDIVIDUAL	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	Injury <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

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CRASH REPORT

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UNIT	INDIVIDUAL	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
		Distracted By Action <b>NOT DISTRACTED</b>	
		Striking Unit #	Location
		Prior Action	
		Action	
		Action Other	
		To/From School	
		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>			
02	002	<b>Carrier</b>	
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	
		Source <b>DRIVER</b>	
		Name <b>FIRST STUDENT</b>	
		Address <b>730 S 17TH AVE WAUSAU, WI 54401 , US</b>	
		GVWR	
		Vehicle Configuration <b>BUS(SEATS FOR MORE THAN 15 OCCUPANTS, INCL</b>	
		Cargo Body Type	
		US DOT #	
		Carrier Type	
Permitted Load			
<input type="checkbox"/> OS/OW Load			
WI Permit Number			
<input type="checkbox"/> Permitted Vehicle On Permitted Route			
<input type="checkbox"/> Escort Vehicle Required By Permit			
<input type="checkbox"/> Escort Vehicle Present			
Measured Height			
Measured Length			
Measured Width			
Measured Weight			
02	001	<b>Carrier</b>	
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	
		Source <b>DRIVER</b>	
		Name <b>FIRST STUDENT</b>	
		Address <b>730 S 17TH AVE WAUSAU, WI 54401 , US</b>	
		GVWR	
		Vehicle Configuration <b>BUS(SEATS FOR MORE THAN 15 OCCUPANTS, INCL</b>	
		Cargo Body Type	
		US DOT #	
		Carrier Type	
Permitted Load			
<input type="checkbox"/> OS/OW Load			
WI Permit Number			
<input type="checkbox"/> Permitted Vehicle On Permitted Route			
<input type="checkbox"/> Escort Vehicle Required By Permit			
<input type="checkbox"/> Escort Vehicle Present			
Measured Height			
Measured Length			
Measured Width			
Measured Weight			
UNIT	TRUCK BUS	<b>Carrier</b>	
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier	
		Source <b>DRIVER</b>	
		Name <b>FIRST STUDENT</b>	
		Address <b>730 S 17TH AVE WAUSAU, WI 54401 , US</b>	
		GVWR	
		Vehicle Configuration <b>BUS(SEATS FOR MORE THAN 15 OCCUPANTS, INCL</b>	
		Cargo Body Type	
		US DOT #	
		Carrier Type	
Permitted Load			
<input type="checkbox"/> OS/OW Load			
WI Permit Number			
<input type="checkbox"/> Permitted Vehicle On Permitted Route			
<input type="checkbox"/> Escort Vehicle Required By Permit			
<input type="checkbox"/> Escort Vehicle Present			
Measured Height			
Measured Length			
Measured Width			
Measured Weight			