

6TL0BJ1GNL

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|--|--------------------------------------|--|--|--|--|--|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 23-05933 | | Investigating Officer/Deputy DEPUTY J. MACASKILL | |
| Crash Date 06/09/2023 | | Crash Time 10:55 AM | | Date Arrived 06/09/2023 | | Time Arrived 11:00 AM | |
| Date Notified 06/09/2023 | | Time Notified 10:58 AM | | Total Units 02 | | Total Injured 00 | Total Killed 00 |
| <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 NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | | | |
|---------|--|---|--|
| Diagram | | Reconstruction By | |
| | | Photos By | |
| | | Additional Information NONE | |
| | | <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | |

ON 6/9/23 AT APPROXIMATELY 1055, UNIT 1 WAS PARKED IN THE INTERSECTION OF W MULBERRY ST AND BERKLEY BLVD. DRIVER OF UNIT 1 STATED THEY STOPPED IN THE INTERSECTION DUE TO A BICYCLE ACCIDENT THAT OCCURRED NEARBY. DRIVER OF UNIT 1 WAS STOPPED TO CHECK ON THE RIDER. WHILE UNIT 1 WAS STOPPED IN THE INTERSECTION, UNIT 2 APPROACHED, HEADING EASTBOUND ON BERKLEY BLVD. UNIT 2 DID NOT HAVE A STOP SIGN AT THE INTERSECTION. DRIVER OF UNIT 2 STATED THEY OBSERVED UNIT 1 STOPPED IN THE INTERSECTION AND DECIDED TO DRIVE AROUND UNIT 1. AS UNIT 2 WAS DRIVING AROUND UNIT 1, UNIT 1 WENT TO RE ENTER TRAFFIC AND STRUCK UNIT 2 AS IT WAS DRIVING AROUND THEM.

Location

| | | |
|--|-------------------------------------|-----------------------------------|
| ON MULBERRY ST 20 FT S OF BERKLEY BLVD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY | Latitude 43.477014235 | Longitude -89.767036976 |
| | X Coordinate 276211.15625 | Y Coordinate 4817508.5 |
| | Structure Type | |

Crash Scene

| | | |
|---|---|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 01 - ANGLE | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | BACKUP DUE TO PRIOR NON-RECURRING INCIDENT | |
| 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 INTERSECTION | Intersection Type FOUR-WAY INTERSECTION |

Unit Summary

| | | | | | |
|----------------|---|---|---|--|--------------------------------|
| UNIT 01 | 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 SOUTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 25 | 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 STOP SIGN | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature STRAIGHT | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | |

Vehicle

| | | | | |
|------------------------|---|--|---------------------|---|
| UNIT 01 VEHICLE | License Plate Number ALB8277 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 4S4WMALD6L3481356 | Make SUBARU | Year 2020 | Model ASCENT |
| | Color WHI - WHITE | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT | | |
| | Extent Of Damage MINOR DAMAGE | | | |



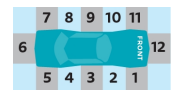
| | | | | | |
|--|---|---|--|---|--|
| UNIT | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing STOP IN TRAFFIC | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions LOOKED BUT DID NOT SEE | | | | |
| 01 | 01 | Owner Name WESLEE BLOSENSKI (608) 963-6243 | | Owner Address 830 STATE ROAD 136 #1127 BARABOO, WI 53913 , US | |
| | | Sequence Of Events | | | |
| UNIT | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | | Event | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | 01 | Policy Holder | | | |
| | | Insurance Company WEST-BEND-MUTUAL-INS-CO | Individual WESLEE BLOSENSKI | | |
| UNIT | 01 | Individual | | | |
| | | Driver WESLEE BLOSENSKI (608) 963-6243 | | Citations Issued 0 | Sex FEMALE |
| | | Address 830 STATE ROAD 136 #1127 BARABOO, WI 53913 , US | | Date of Birth | Race WHITE |
| | | Driver License Number | | | |
| UNIT | 01 | 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 | 001 | 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 # |
| Hospital | | Date of Death | Time of Death | | |
| Distracted By | | | | | |
| Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST AREA) | | | | | |
| Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC) | | | | | |

| | | | | | | | |
|-------------|-------------------|--|--|------------------------------------|---------------------------------|----------------------|--|
| UNIT | INDIVIDUAL | 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 | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | |

Unit Summary

| | | | | | | | | |
|-------------|-----------|---|---|--|--|--|--|--|
| UNIT | 02 | 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 0 | Total Trailers 0 | Total HazMat Types 0 | | |
| | | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 25 | 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 | | | | | | |

| | | | | | | |
|-------------|----------------|---|---------------------------------------|---------------------|---|--|
| UNIT | VEHICLE | Vehicle | | | | |
| | | License Plate Number 685CXC | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | | Vehicle Identification Number 1C3BC1FG7BN527327 | Make CHRYSLER | Year 2011 | Model 200 | |
| | | Color RED - RED | Body Style SD - SEDAN | | Bus Use | |
| | | Initial Contact Point 08 - LEFT SIDE REAR | Vehicle Damage | | | |
| | | Extent Of Damage MINOR DAMAGE | 08 - LEFT SIDE REAR | | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | | |



WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | |
|---|--|--|--|--|
| UNIT VEHICLE | What Driver Was Doing SLOW/STOPPING | Vehicle Factors | | |
| | Driver Prior Action Other | NOT APPLICABLE | | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 02 02 | Owner Name HELEN STANDIFORD (608) 356-3280 | Owner Address 310 TYLER AVE BARABOO, WI 53913 , US | | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-CASUALTY-INS-CO | Individual HELEN STANDIFORD | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver HELEN STANDIFORD (608) 356-3280 | Citations Issued 0 | Sex FEMALE | |
| | | Date of Birth | Race WHITE | |
| | Address 310 TYLER AVE BARABOO, WI 53913 , US | Driver License Number | | |
| 02 002 | Safety Equipment | | | |
| | On Duty Crash | Safety Equipment | | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| 02 002 | 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 # | |
| 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 | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | |
|------|--|-------------------|---------------------------------|
| UNIT | 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 | | |
| | Individual Condition APPEARED NORMAL | | |
| | 02 | 002 | |