# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/25/2023

Document Number Override	Primary Crash	Document #				ting Officer/Deputy Y B. STODDARD		
Crash Date <b>08/25/2023</b>	Crash Time 03:15 PM		Date Arr 08/25/2	2023	Time Arrived 03:26 PM			
Date Notified <b>08/25/2023</b>	Time Notified 03:15 PM		Total Ur	nits	Total Injured Total Kille 01 00  Trailer or Towed		Reporting Threshold	
	Hit and Run	Lane Closu		Work Zone				
Government Property		Active School Zone School Bus Related NO						
<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)		Amende	Amended Secondary Crash		
Diagram Linn St  Willow St		Q_(© \$10P			F E	Photos By B STODDAR	RD	
Not to Scale  I, a sworn law enforce  UNIT 1 WAS ON WILLOW ST TU UNIT 1 OPERATOR DIDN'T SEE	ment officer, agr JRNING EAST ONTO	LINN ST. UNIT 2 IS	S A BICYC	LIST. UNIT 2 WAS CRO		HIS BICYCLE	IN THE CROSSWALK.	

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Longitude	
89.761625101	
Y Coordinate	
4817239.5	
Special Study	
<b>LE</b> Endorsements	
LE Endorsements Total HazMat Types	
LE Endorsements  Total HazMat Types	
LE Endorsements  otal HazMat Types  otal Lanes	
LE Endorsements  Total HazMat Types Total Lanes	
LE Endorsements  Total HazMat Types Total Lanes Section Vehicle Use	
LE Endorsements  Total HazMat Types Total Lanes 2 Otor Vehicle Use CABLE	
LE Endorsements  Total HazMat Types Total Lanes Section Vehicle Use	
LE Endorsements  Total HazMat Types Total Lanes 2 Otor Vehicle Use CABLE	
LE Endorsements  Total HazMat Types Total Lanes 2 Otor Vehicle Use CABLE	
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LE Endorsements  Total HazMat Types Total Lanes 2 Otor Vehicle Use CABLE	
LE Endorsements  Total HazMat Types Total Lanes Sector Vehicle Use CABLE Thoperative/Missing	
LE Endorsements  otal HazMat Types  otal Lanes 2 otor Vehicle Use CABLE Inoperative/Missing	
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		Towed Due To Damage		Vehicle Removed By OPERATOR						
		NOT TOWED		Vehicle Factors						
		What Driver Was Doing RIGHT TURN		Verificie Factors						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Frior Action Other		NOT ALL EIGABLE						
		Driver Actions								
	Щ	FAILED TO YIELD RIGHT-	OF-WAY, LOOKED BUT	DID NOT SEE						
LND	VEHICLE									
5	ᇤ									
	>									
		Owner Name		Owner Address						
		JORDAN PARCHEM		615 9TH ST						
6	01	(608) 340-8373		BARABOO, WI 53	913 , US					
	\$	Sequence Of Events								
	01	Event PEDALCYCLE								
	02	Event								
	03	Event								
	0									
	04	Event								
		ndividual								
		Driver		Citations Issued	Sex					
	إر	JORDAN PARCHEM		2						
	INDIVIDUAL	(608) 340-8373		Date of Birth	Race WHITE					
E N	Ĭ	Address		Driver License Number						
ا ر	N	615 9TH ST BARABOO, WI 53913, US	<b>.</b>	STATE: WISCONSIN COUNTRY: UNITED STATES						
	_	DAINADOO, WI 33313 , OC	•	STATE. WISCONSIN COUNTRY. SHITED STATES						
		On Duty	Crash	Safety Equipment						
	Saf	ety Equipment	Ordon	Salety Equipment						
		Row	Seat Position	SHOULDER & LAP BELT						
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
_	_	Injury Se	verity	Airbag						
5	00	Injury NO API	PARENT INJURY	NON DEPLOYED						
			Ejection Path			Trapped/Extricated				
			NOT EJECTED/NOT APP			NOT TRAPPED				
		Medical Transport  NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital		Date of Death		Time of Death				
				Jako or Joans						
		Distracted By Distracte	d By Source							
		Distracted By Action UNKNOWN								
		Non Motorist	Jnit # Location							

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		Prior Action												
l I		Action												
		7.6												
	٩L													
╘	INDIVIDUAL													
LNO	N													
_														
	_													
		Action Other											To/From School	
			Cuon	ected Alco	hol I I			Cupported Drug Lloo						
	L	Drug & Alcohol	NO	Dected Alco	noi U	se		Suspected Drug Use NO						
		Alcohol Test Given				Alcohol Test T	ype				Alcohol Tes	t Results		
		TEST NOT GIVEN					,,							
		Drug Test Given				Drug Test Typ	е		Drug	Test Results				
		TEST NOT GIVEN												
2	001	Drug Type												
		Individual Condition												
		APPEARED NORM	1AL											
	`	Violations	Γ.	T 0	0			In						
	01	UTC Number BG110800	001	ie To?		ute Number . <b>23(1)</b>		Description FYR TO PEDESTRIA	AN, B	ICYCLIST,	OR EPAMD			
	2	UTC Number		ie To?		ute Number		Description	/EUI/		CUDANCE			
	02	BG110801	001		344	.62(1)		OPERATE MOTOR	VENIC	JLE W/O IN	SURANCE			
		t Summary					117	1:10 1: 4 0!	· · ·		1			
	Unit Status IN TRANSIT						Vehicle Operating As Classification  O CLASS			Unit Type BICYCLE				
٠.		cle Type					0 02/00				Operating A	s Endorser	nents	
05	BIC	YCLE												
	Total	Occs		Train/Bus	# Red	corded		Total # Citations Issued Total T			ers	Total Haz	Mat Types	
	1			Dina ati a a	Λ. Τ		0	0 11:			14	0		
١.	Insur NO	rance?		Direction (			l	Pre CrashTire Speed Li Mark N/A			IIT	Total Lane	es	
L N N		Harmful Event: Collision	on Wi		70111		S	Special Function			Emergency		cle Use	
ן⊃	МО	TOR VEH IN TRANS	POF	RT			NO SPECIAL FUNCTION				NOT APPLICABLE			
		ic Way						raffic Control			Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDE	ED					O CONTROL			NO Road Grade LEVEL			
		ace Type ACKTOP (BITUMINO	)IIS)					oad Curvature TRAIGHT						
		k Bus or HazMat	,00,				STRAIGHT				LLVLL			
	NO													
	1	Vehicle												
		License Plate Number					F	ate Type St Country of Issuance						
		V 1: 1 11 00 0						Anka		Vaar				
02	02	Vehicle Identification N	dmur	er			Make Year		i eai	Model				
		Color					F	Body Style			Bus Use			
		BLK - BLACK									Dus Use			
								BI - BICYCLE		I				
		Initial Contact Point  10 - LEFT SIDE FR		_										

#### 6TL0D6N04S

23-09263

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Crash Date 08/25/2023

	Щ			Γ	Vehicle Damage							
╘	占				01 - RIGHT FRONT CO	ORNER, 02 - RIGHT SIDE	7 8 9 10 11					
LIND	VEHICLE	Extent Of Damage				DE FRONT, 11 - LEFT FRONT	6 ( ) ( ) 12					
_	ΛE	FUNCTIONAL DAMA	AGE		CORNER, 12 - FRONT 5 4 3 2 1							
		Towed Due To Damage	)	,	Vehicle Removed By							
		NOT TOWED			OPERATOR							
		What Driver Was Doing			Vehicle Factors							
					NOT APPLICABLE							
		Driver Prior Action Othe	r		NOT APPLICABLE							
		Driver Actions		1								
	щ											
	<u>C</u>											
LNO	VEHICL											
	7											
		Owner Name			Owner Address							
		GRIFFEN HELLEM			412 WILLOW ST							
07	02	(608) 963-5737			BARABOO, WI 539	913 , US						
		Sequence Of Eve	ents									
	01	Event MOTOR VEH IN TRA	ANGDOE	)T								
	0		ANSFOR	\I								
	02	Event										
		Event										
	03	Lveni										
	04	Event										
	0											
	ı	Individual										
		Bicyclist GRIFFEN HELLEM			Citations Issued	Sex						
	AL	(608) 963-5737			<b>0</b> Date of Birth	Race						
_	INDIVIDUAL				Date of Biltin	WHITE						
L N N	ΛI	Address			Driver License Number							
⊃		412 WILLOW ST										
	=	BARABOO, WI 5391	13 , US									
	Sat	fety Equipment	n Duty C	rash	Safety Equipment							
				I o . r p . v v	NONE							
		Row 98 - NOT APPLICAB	BLE	Seat Position	NONE							
		Helmet Use		<u>l</u>	Helmet Compliance							
		Eye Protection			Tint Compliance							
			-i		Airban							
07	002	Injury S	njury Seve SUSPEC	TED MINOR INJURY	Airbag NOT APPLICABLE							
		Ejected	E	ection Path	Trapped/Extricated							
		NOT APPLICABLE	N	OT EJECTED/NOT APP	LICABLE	NOT TRAPPED						
		Medical Transport			EMS Agency Identifier	EMS Run #						
		NOT TRANSPORTE	D		15 / (5 "	<b></b>						
		Hospital			Date of Death	Time of Death						
		Diotropted B	istracted	By Source		l						
		Distracted By N	IOT APF	PLICABLE (NOT DISTRA	CTED)							

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		Distracted By Action NOT DISTRACTED					
		Non Motorist Striking Unit #	Location AT INTERSECT	ΓΙΟΝ-ΙΝ MARKED CR	OSSWALK		
		Prior Action CROSSING ROADWAY					
LIND	INDIVIDUAL	NO IMPROPER ACTION					
		Action Other					To/From School NO
	ı	Drug & Alcohol NO	l Use	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	3	
05	005	Drug Type					
		Individual Condition  APPEARED NORMAL					