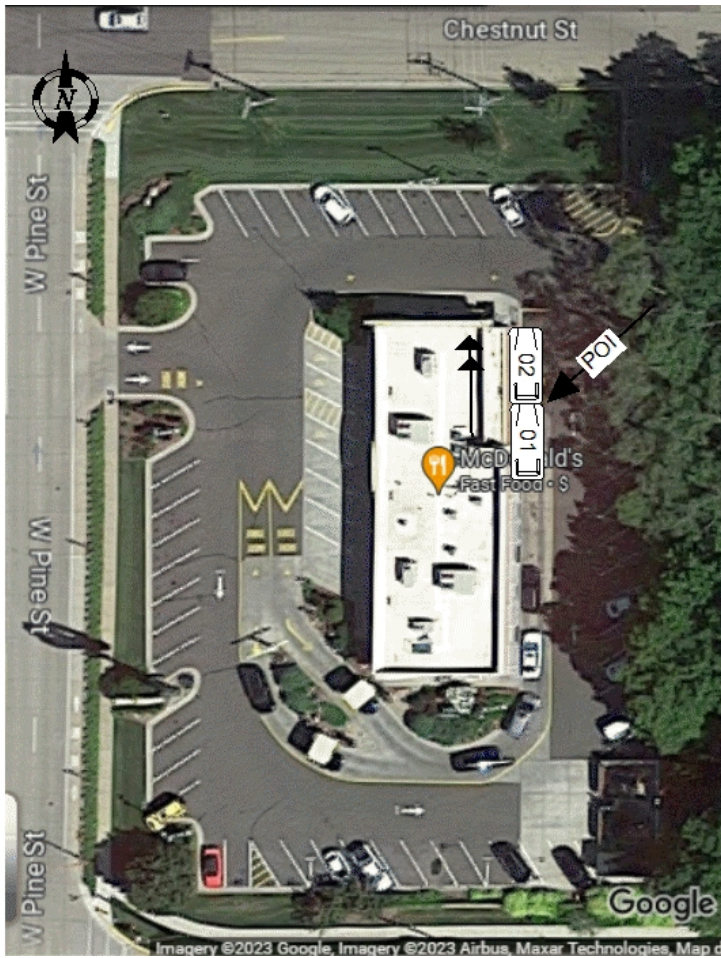


6TL0D0GSLJ

| | | | | | | | |
|--|--|---|--|--|--|--|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number SC23-09009 | | Investigating Officer/Deputy DEPUTY G. AKERS | |
| Crash Date 08/18/2023 | | Crash Time 11:22 PM | | Date Arrived 08/18/2023 | | Time Arrived 11:22 PM | |
| Date Notified 08/18/2023 | | Time Notified 11:22 PM | | 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"/> Government Property | | <input type="checkbox"/> Active School Zone | | School Bus Related NO | | Tags | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type PRIVATE PROPERTY/PARKING LOT | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |
| <input type="checkbox"/> Trailer or Towed | | <input type="checkbox"/> Reporting Threshold | | | | | |

Description

Diagram



Reconstruction By

Photos By
GA

Additional Information
PHOTOS

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

V1 WAS IN THE DRIVE THROUGH OF MCDONALD'S WHEN D1 REACHED BEHIND, LETTING THEIR FOOT COME OFF THE BREAK AND ROLLED FORWARD STRIKING V2 IN THE REAR END.

Location

| | | |
|---|---|-----------------------------------|
| PARKING LOT STH136 WB LOT 314 (HOUSE/BUILDING 314) IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY | Latitude 43.472541153 | Longitude -89.768166701 |
| | X Coordinate 276103.25 | Y Coordinate 4817014.5 |
| | Structure Type HOUSE/BUILDING | |

Crash Scene

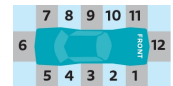
| | | |
|--|--|---|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN | |
| Manner of Collision 03 - FRONT TO REAR | Light Condition DARK/LIGHTED | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway NON TRAFFICWAY - PARKING LOT | |
| Crash Classification - Location PRIVATE PROPERTY | Crash Classification - Jurisdiction PRIVATE PROPERTY | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location NON-JUNCTION | Intersection Type NOT AN INTERSECTION |

Unit Summary

| | | | | | | |
|-------------|---|---|---|--------------------------------|--|--|
| UNIT | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | | | Operating As Endorsements | | |
| | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel NOT ON ROADWAY | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit | 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 | | | | | |

Vehicle

| | | | | | | |
|---|----------------|-------------------|---|---|---------------------|---|
| UNIT | VEHICLE | 01 | Vehicle | | | |
| | | | License Plate Number APS1420 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | | | Vehicle Identification Number 5FNYP18535B037446 | Make HONDA | Year 2005 | Model PILOT |
| | | | Color GLD - GOLD | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use |
| | | | Initial Contact Point 12 - FRONT | Vehicle Damage | | |
| Extent Of Damage MINOR DAMAGE | | 12 - FRONT | | | | |



WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | |
|---|--|---|---------------------------------------|---|-------------------------------|
| UNIT | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| | Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER | | | | |
| 01 | 01 | Owner Name MICHAEL MCCARRON (608) 477-9774 | | Owner Address S7559 US HWY 12 LOT N1 NORTH FREEDOM, WI 53951 , US | |
| | | Sequence Of Events | | | |
| UNIT | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | | Event | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT | 01 | Policy Holder | | | |
| | | Insurance Company AMERICAN-FAMILY-INS-CO | Individual MICHAEL MCCARRON | | |
| UNIT | 01 | Individual | | | |
| | | Driver JORDAN BEALE (608) 477-9774 | | Citations Issued 0 | Sex MALE |
| | | Address 332 RUSSELL ST BARABOO, WI 53913 , US | | Date of Birth | Race WHITE |
| | | Driver License Number | | | |
| 01 | 001 | 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 | |
| | | 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 | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | | | | |
|---|------------------------------------|--|--|--|--|-------------------------------|--|
| 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 | INDIVIDUAL | Individual | | | |
| Passenger TAYLOR PFAFF (608) 477-1669 | Citations Issued 0 | | | Sex FEMALE | | | |
| | | | | Date of Birth | Race WHITE | | |
| Address E12040 MANCHESTER RD BARABOO, WI 53913 , US | | | | Driver License Number | | | |
| Safety Equipment | | | | On Duty Crash | Safety Equipment | | |
| Row 01 - FRONT ROW | Seat Position 09 - RIGHT | | | SHOULDER & LAP BELT | | | |
| Helmet Use | | | | Helmet Compliance | | | |
| Eye Protection | | | | Tint Compliance | | | |
| UNIT | INDIVIDUAL | | | 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 | | | |
| | | Distracted By Action | | | | | |
| | | Non Motorist | | Striking Unit # | Location | | |

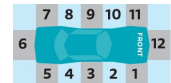
| | | | | | | |
|------|------------|--------------|--|----------------|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Prior Action | | | | |
| | | Action | | | | |
| | | Action Other | | To/From School | | |
| | 01 | 002 | Drug & Alcohol | | Suspected Alcohol 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 VAN | | | | 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 NORTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | | Speed Limit | Total Lanes | |
| | | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | | Traffic Way | | | 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

| | | | | | | | | | |
|------|---------|----|----|---|--|---------------------------------------|---------------------|---|--|
| UNIT | VEHICLE | 02 | 02 | License Plate Number C23175 | | Plate Type MUN - MUNICIPAL | St WI | Country of Issuance UNITED STATES | |
| | | | | Vehicle Identification Number 2C4RC1CG4NR224463 | | Make CHRYSLER | Year 2022 | Model VOYAGER | |
| | | | | Color WHI - WHITE | | Body Style VN - VAN | | Bus Use | |
| | | | | Initial Contact Point 06 - REAR | | Vehicle Damage | | | |
| | | | | Extent Of Damage MINOR DAMAGE | | 06 - REAR | | | |
| | | | | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | | | |
| | | | | What Driver Was Doing GOING STRAIGHT | | | | | |



WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | |
|---------------------------|--|----------------------------------|-----------------------|--|
| UNIT VEHICLE | Driver Prior Action Other | | Vehicle Factors | |
| | Driver Actions | | NOT APPLICABLE | |
| | NO CONTRIBUTING ACTION | | | |
| | Owner Name | CITY OF BARABOO | Owner Address | 101 SOUTH BLVD BARABOO, WI 53913 , US |
| Sequence Of Events | | | | |
| UNIT 02 | 01 | Event | | |
| | 02 | MOTOR VEH IN TRANSPORT | | |
| | 03 | Event | | |
| | 04 | Event | | |
| Policy Holder | | | | |
| UNIT INDIVIDUAL | Insurance Company | | Organization/Company | |
| | GRINNELL-SELECT-INS-CO | | ABBY VANS INC | |
| | Individual | | | |
| | Driver | JANELLE JANNEY (608) 477-9774 | Citations Issued | 0 |
| | | Sex | FEMALE | |
| | | Date of Birth | Race | |
| | | | WHITE | |
| | Address | | Driver License Number | |
| | S7559 US HWY 12 LOT N1 NORTH FREEDOM, WI 53951 , US | | | |
| UNIT INDIVIDUAL 02 | 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 | |
| | | | | |
| UNIT INDIVIDUAL 003 | Injury | | Airbag | |
| | Injury Severity | | NON DEPLOYED | |
| | NO APPARENT INJURY | | | |
| | Ejected | NOT EJECTED | Ejection Path | NOT EJECTED/NOT APPLICABLE |
| | | | Trapped/Extricated | |
| | | | NOT TRAPPED | |
| | Medical Transport | | EMS Agency Identifier | EMS Run # |
| NOT TRANSPORTED | | | | |
| 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 | | | | | |
| 02 | 003 | 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 | INDIVIDUAL | Individual | | | | |
| | | Passenger SABINO BENAVIDES | | Citations Issued 0 | Sex MALE | |
| | | Address N705 HWY 12 AND 16 WISCONSIN DELLS, WI 53965 , US | | Date of Birth | Race HISPANIC | |
| | | Driver License Number | | | | |
| 02 | 004 | Safety Equipment On Duty Crash | | Safety Equipment | | |
| | | Row 02 - SECOND ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | | |
| | | Helmet Use | | Helmet Compliance | | |
| | | Eye Protection | | Tint Compliance | | |
| 02 | 004 | 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 | | | | | | |
| Distracted By Action | | | | | | |
| Non Motorist Striking Unit # | | Location | | | | |
| Prior Action | | | | | | |

WISCONSIN MOTOR VEHICLE
CRASH REPORT

| | | | | |
|-----------------------|---|--|--|-----------|
| UNIT | 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 | | | |
| | Individual | | | |
| | Passenger FAUSTA GARCIA (608) 393-6727 | Citations Issued 0 | Sex FEMALE | |
| | Address 201 1ST AVE APT 14 BARABOO, WI 53913 , US | Date of Birth RACE HISPANIC | | |
| Driver License Number | | | | |
| UNIT | Safety Equipment | On Duty Crash | Safety Equipment | |
| | Row 02 - SECOND ROW | Seat Position 09 - RIGHT | SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | 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 | | |
| | Distracted By Action | | | |
| Non Motorist | Striking Unit # | Location | | |
| Prior Action | | | | |

| | | | | | | |
|------|------------|--------------|--|-------------------|------------------------------------|---------------------------------|
| UNIT | INDIVIDUAL | Action | | | | |
| | | Action Other | | To/From School | | |
| | 02 | 005 | 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 | | | |