WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Document Number Overrid | 04/08/2024 02:30 AM Date Notified Time Notified | | Agency Crash Number 24-03454 Date Arrived 04/08/2024 Total Units 01 | | | Investigating Officer/Deputy DEPUTY B. GOODREAU Time Arrived 02:56 AM | | |
|---|---|------------------------------------|---|--------------------|---------------|---|----------------------|--|
| Crash Date 04/08/2024 | | | | | | | | |
| O4/08/2024 Date Notified 04/08/2024 On Emergency Government Property | | | | | Total Injured | Total Injured Total Killed 00 | | |
| On Emergency | Hit and R | un Lane Clos | | Work Zone | Trailer | or Towed | Reporting Threshold | |
| Government Active School Zone | | | School Bus Related Tags | | | <u>, </u> | | |
| Reportable | Crash DT400 | Type 00 (STANDARD CRAS) | H) | | Amend | led | Secondary Crash | |
| Description Diagram | | | | | | Reconstructio | | |
| W |) ⊳E | | Thomps | son Rd | | Photos By 9113 | ··-, | |
| N Dutch Hallo | w Rd - | | | | | Additional Info | ormation | |
| 01 | <u></u> | 01 | | | | | | |
| Units and objects to to so Approx squence of event BG9113. | | 1 | | | | | | |
| | | | 01 | | | | | |
| ☑ I. a sworn law enfo | orcement offic | er, agree that I have n | ot adder | l anv CJIS data in | this report | | | |
| UNIT 1WAS TRAVELING E | | | | | | ONTINUED TO | TRAVEL THROUGH SB ON | |
| THOMPSON RD.NO DAMA | GE ON UNIT 1. S | TOP SIGN WAS SNAPPED | AT THE B | ASE. BG9113. | | | | |

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Crash Date 04/08/2024

Crash Time 02:30 AM

| L | _ocation | | | | | | | | | | |
|-----|---|----------------------------------|----------------------|--|------------------------------------|---|-------------------|-------------------------|--|---------------------|--|
| ſ | ON THOMPSON RD | Latitude | | Longitude | | | | | | | |
| | 14 FT S | | | | | | 43.59396629 | | -90.136115725 | | |
| | IN THE TOWN OF LA VALLE IN SAUK COUNTY | | | | | X Coordinate | | Y Coordinate | | | |
| | | | | | | 246849.984375 | | 483155 | 57 | | |
| | | | | | | Structure Type NO STRUCTURE | | | | | |
| (| Crash Scene | | | | | | | | | | |
| Ī | First Harmful Event | | | | | Eiret Harm | nful Event Lo | eation | | | |
| | | | | | | | | Cation | | | |
| ŀ | Manner of Collision L 00 - NO COLLISION W/VEHICLE IN TRANSPORT I | | | | | ROADSIDE Light Condition | | | | | |
| | | | | | | DARK/UNLIT | | | | | |
| ŀ | | | | | | Roadway | | | | | |
| | | | | | | | () | | | | |
| ŀ | Environment Factor(s) | | | | | | | | | | |
| | NONE | | | | | NONE | | | | | |
| ţ | Weather Condition(s) | | | | | 1 | | | | | |
| | CLEAR | | | | | | | | | | |
| ŀ | Animal Type | | | | | Relation To Trafficway | | | | | |
| | | | | | | | CWAY - OI | | | | |
| | Crash Classification - Lo | | 1 | | | | ssification - | | | | |
| ļ | PUBLIC PROPERTY | | | | | NO SPECIAL JURISDICTION | | | | | |
| | Tribal Land | | | | | Access Control Special Study NO CONTROL | | | | | |
| ŀ | Within Interchange Area | a | Junction Location | | Intersection | ction Type | | | | | |
| | YES | | INTERSECTION | | T-INTER | RSECTION | | | | | |
| ī | Jnit Summary | | | | | | | | | | |
| | Unit Status | | | Vehicle Op | erating As C | lassification | 1 | Unit Type | | | |
| | HIT AND RUN | IT AND RUN D CLASS | | | | TRUCK | | | | | |
| ; [| Vehicle Type | | | • | | Operating As Endorsements | | | ments | | |
| ' | UTILITY TRUCK/PIO | CKUP | | | | | | | | | |
| Ī | Total Occs | | Train/Bus # Recorded | Total # Citations Issued 2 Pre CrashTire | | 0 Speed Lim | | ers | | Mat Types | |
| | 1 | | Direction Of Travel | | | | | | | | |
| | Insurance? | | | | | | | | | es | |
| ļ | UNKNOWN | | EASTBOUND | | Mark | | 25 | | 2 | | |
| - | Most Harmful Event: Co | | With | | Special Function NO SPECIAL FUNC | | CTION | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way | RAFFIC SIGN FOST | | | Traffic Control | | | | Traffic Control Inoperative/Missing | | |
| | • | O-WAY, NOT DIVIDED | | | STOP SIGN | | | | NO | | |
| | Surface Type | | * | | Road Curvature | | | | Road Grade | | |
| | BLACKTOP (BITUMINOUS) | | | _ | STRAIGHT | | LEVEL | | | | |
| | BLACK FOR (BITUM | INOU | | | | | | | | | |
| Ī | Truck Bus or HazMat | INOU | , | OTTAION | - | | | | | | |
| | Truck Bus or HazMat | IINOU | | OTIVAIOTI | | | | | | | |
| | Truck Bus or HazMat NO Vehicle | | | | | | St | Country of Is | suance | | |
| | Truck Bus or HazMat NO Vehicle License Plate Nun | | | Plate Type |) | :K | St WI | Country of Is | | | |
| | Truck Bus or HazMat NO Vehicle License Plate Nun HB4543 Vehicle Identificati | mber | | Plate Type | | к | St WI Year | Country of Is UNITED ST | | | |
| | Truck Bus or HazMat NO Vehicle License Plate Nun HB4543 | nber ion Nu | mber | Plate Type |) | к | WI | UNITED ST | | | |
| | Vehicle License Plate Nun HB4543 Vehicle Identificati 1D7HU18208S8 | nber ion Nu | mber | Plate Type LTK - LIC Make DODGE Body Style | GHT TRUC | к | WI Year | UNITED ST | | | |
| | Vehicle License Plate Num HB4543 Vehicle Identificati 1D7HU18208S8 Color RED - RED | mber ion Nu 5 579 8 | mber | Plate Type LTK - LIC Make DODGE Body Style PK - PIC | GHT TRUC | :K | WI Year | Model RAM 1500 | | | |
| | Vehicle License Plate Nun HB4543 Vehicle Identificati 1D7HU18208SS Color RED - RED Initial Contact Poin | mber ion Nu 5 579 8 | mber | Plate Type LTK - LIC Make DODGE Body Style | GHT TRUC | K | WI Year | Model RAM 1500 | | 7 8 9 10 11 | |
| | Vehicle License Plate Nun HB4543 Vehicle Identificati 1D7HU18208SS Color RED - RED Initial Contact Poin | nber ion Nu 55798 | mber | Plate Type LTK - LIC Make DODGE Body Style PK - PIC Vehicle Da | GHT TRUC | rK | WI Year | Model RAM 1500 | | 7 8 9 10 11 6 12 | |
| | Vehicle License Plate Nun HB4543 Vehicle Identificati 1D7HU1820858 Color RED - RED Initial Contact Poin | nber ion Nu 55798 | mber | Plate Type LTK - LIC Make DODGE Body Style PK - PIC Vehicle Da | e GHT TRUC E KUP amage | ĸ | WI Year | Model RAM 1500 | | | |

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| | | Towed Due To Damage | | Vehicle Removed By | | | | | |
|-------------|---------------------------------------|---|-----------------------|--|-----------------------------------|--|--|--|--|
| | | NOT TOWED | | OPERATOR | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | GOING STRAIGHT | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | |
| LIND | VEHICLE | Driver Actions EXCEED SPEED LIMIT, IMPROPER TURN, FAILURE TO CONTROL, RAN OFF ROADWAY, DISREGARDED STOP SIGN, FAILED TO KEEP IN DESIGNATED LANE | | | | | | | |
| 01 | 01 | Owner Name ANTHONY BENITEZ | | Owner Address S7329 US HIGHWAY 12 NORTH FREEDOM, WI 53951 , US | | | | | |
| | | Sequence Of Events | | | | | | | |
| | 01 | Event MOTOR VEH IN TRANSPOR | RT | | | | | | |
| | 02 | Event TRAFFIC SIGN POST | | | | | | | |
| | 03 | Event | | | | | | | |
| | 04 | Event | | | | | | | |
| | i | ndividual | | | | | | | |
| | ۱۲ | Driver | Citations Issued | Sex | | | | | |
| | | ANTHONY BENITEZ | | 2 | MALE Race | | | | |
| _ | INDIVIDUAL | | Date of Birth | HISPANIC | | | | | |
| L N N | Σ | Address | | Driver License Number | | | | | |
| | N | S7329 US HIGHWAY 12 NORTH FREEDOM, WI 5395 | 1 , US | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | |
| | Sat | On Duty C | rash | Safety Equipment | | | | | |
| | | Row Seat Position 01 - FRONT ROW 07 - LEFT | | RESTRAINT USE UNKNOWN | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | |
| | | Eye Protection | Tint Compliance | | | | | | |
| 2 | 00 | | RENT INJURY | Airbag NOT APPLICABLE | | | | | |
| | | | PLICABLE | | Trapped/Extricated NOT APPLICABLE | | | | |
| | | 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 | | | | | | | | |

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Crash Time 02:30 AM

| | | Prior Action | | | | | | | | |
|---------------------|---|----------------------------------|-------------------------|----------------------------------|--|---------------|----------------------|-----------------------------|--|--|
| UNIT | INDIVIDUAL | Action | | | | | | | | |
| | IND | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | L | Drug & Alcoh | Suspected Alco | hol Use | Suspected Drug Use | | | | | |
| | | Alcohol Test Giver TEST NOT GIVI | Alcohol Test Ty | | е | | Alcohol Test Results | | | |
| | | Drug Test Given TEST NOT GIVI | EN | Drug Test Type | Drug Test Type | | S | | | |
| 01 | Drug Type | | | | | | | | | |
| | | Individual Conditio | n | | | | | | | |
| | | NOT OBSERVE | :D | | | | | | | |
| | 1 | Violations | | | | | | | | |
| | 01 | UTC Number BG024715 | Issue To? 001 | Statute Number 346.69 | Description HIT AND RUN-PROPERTY ADJACENT TO HIGHWAY | | | | | |
| | 02 | UTC Number BG024716 | Issue To? 001 | Statute Number 346.675(1) | Description VEHICLE OWNER'S | LIABILITY FOR | FSA-PROPERTY AL | DJACENT/HWY | | |
| | Pro | perty Owne | r | | | | | | | |
| PROP 01 OWNER 01 | Government TOWNSHIP OF LAVALLE (608) 985-7695 | | | | Address 218 COMMERCIAL ST PO BOX 30 LAVALLE, WI 53941, US | | | | | |
| | Fixe | d Objects St | | | | | | | | |
| | Striking Unit Object O1 TRAFFIC SIGN POST | | | | | | Structure Number | Damage Tag Number 338463 | | |