6TL0BFKD8Q

18-03908

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overri	de Primary Crash		ency Crash Number -03908	Investigating Officer/Deputy DEPUTY H. LARKIN		
Crash Date 04/18/2018	Crash Time 02:20 PM		te Arrived /18/2018	Time Arrived 02:35 PM		
Date Notified 04/18/2018	Time Notified 02:30 PM	Tot 01	al Units	Total Injured 00	Total Kille	ed
On Emergency	Hit and Run	Lane Closure	☐ Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active Se	chool Zone Sch	nool Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (STA	ANDARD CRASH)		Amended		Secondary Crash
Description =	l			,		
Not To Scale	Kenn	edy Rd		A	notos By	ormation

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LC	cation									
0	N KENNEDY RD				Latitude			Longitud	de	
	O FT E	43.180917748			-90.190974877					
_	F COUNTY LINE RD	X Coordinate			Y Coordinate					
	│THE TOWN OF SPF │SAUK COUNTY		240664.59375			478585	4785850			
					Structure Type			·		
		NO STR	UCTURE							
Cr	ash Scene									
Fi	st Harmful Event				First Harm	nful Event L	ocation			
0	THER NON-COLLISI	ON			SHOULD	DER RIGH	IT			
M	anner of Collision			Light (
N	O COLLISION W/VEI	HICLE IN TRANSPORT		DAYLIGHT						
R	oad Surface Condition(s)				Roadway	Factor(s)				
w	ET, SNOW, SLUSH,	ICE								
Er	vironment Factor(s)									
w	EATHER CONDITIO	NS			NONE					
W	eather Condition(s)				1					
С	LOUDY, SNOW, SLE	ET/HAIL								
Ar	nimal Type			Relation To Trafficway TRAFFICWAY - ON ROAD						
1	ash Classification - Loca JBLIC PROPERTY	tion					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION			
	ibal Land				Access Control NO CONTROL				Special Study	Special Study
	ithin Interchange Area	Junction Location		Intersection Type			·			
N		NON-JUNCTION		NOT AN	INTERSE	CTION				
	nit Summary									
_	nit Status		Vehicle Ope	erating As C	lassification		Unit Type			
	TRANSIT	;			AUTOMOBILE					
	ehicle Type ASSENGER CAR					Operating As Endorsements				
	tal Occs	Train/Bus # Injured	Total # Cita	tions Issued		Total Trai	lers	Total Haz	Mat Types	
1	nai 0003	a., 2 ao nja. oa	0	110113 133404		0	.0.0	0		
	surance?	Direction Of Travel		CrashTire	0 11:				es	
	ES .	EASTBOUND	Pre	Mark						
	ost Harmful Event: Collis		Special Fun	Special Function			Emergency		icle Use	
DITCH			NO SPEC	NO SPECIAL FUNC			NOT APPLICABLE			
	affic Way		Traffic Cont				Traffic Cont	rol Inopera	tive/Missing	
	VO-WAY, NOT DIVID	DED		NO CONTROL			NO			
	rface Type		Road Curvature STRAIGHT			Road Grade	•			
	LACKTOP (BITUMIN uck Bus or HazMat	STRAIGH				LEVEL				
N										
	Vehicle									
	License Plate Number	er	Plate Type	:	St		Country of Issuance			
	735ZYR		AUT - AUTOMOBILE		WI	UNITED STATES				
_	Vehicle Identification	Make			Year	Model				
Σ			CHRYSLER Redu Style		2005	300				
	Color SIL - SILVER (AL	' '	Body Style			Bus Use NOT A BU	s			
	- JIL - JILVER (AL	3D - 3ED	SD - SEDAN Vehicle Damage			1.0.1 A 500				
11	` ·	,	Vehicle Da	mage						
<u>п</u>	` ·	,	Vehicle Da	amage						
HICH E	` ·	,		J	ORNER.	11LEFT	FRONT CO	RNER, 12	2FRONT	

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		Towed Due To Dama	age		icle Removed By						
		NOT TOWED		WAGNERS TOWING							
		What Driver Was Doing GOING STRAIGHT			icle Factors						
		Driver Prior Action Ot		NO	NOT APPLICABLE						
		Driver Actions									
.	쁘	NO CONTRIBUTIN	NG ACTION								
LIND	<u> </u>										
5	VEHICL										
	>										
		Driver Distractions									
		NOT DISTRACTE	D								
2	01										
)										
		Owner Name			Owner Address						
		MATHEW BENOY (608) 739-1663	Y		28732 HERDOR CIRCLE LONE ROCK, WI 53556, US						
		(000) 733-1003			LONE ROOK, WI 33330 , GO						
		Saguenes Of F	vanta								
		Sequence Of E	vents								
	01	DITCH									
	02	Event									
	0										
	03	Event									
	+	Event									
	04										
١	ı	Policy Holder									
LNO		Insurance Company PROGRESSIVE-CLASSIC-INS-CO			ndividual						
			LASSIC-INS-CO		MATHEW BENOY						
		Individual Driver		10	Citations Issued	Sex					
		MATHEW BENOY)	MALE					
	JAL	(608) 739-1663			Date of Birth	Race					
⊨ ا	ב					WHITE					
EN O	INDIVIDUA	Address 28732 HERDOR CIRCLE LONE ROCK, WI 53556, US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
_	Ä										
			On Duty Crash	S	Safety Equipment						
		Equipment			, , ,						
		Seat Position			SHOULDER & LAP BELT						
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
5	001	Injury Severity NO APPARENT INJURY			Airbag						
	0	Ejected	NO APPARENT INJURY		ION DEPLOYED ijection Path	Trapped/Extricated					
		NOT EJECTED			IOT EJECTED/NOT APPLICABL	NOT TRAPPED					
						<u>l</u>					

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Crash Date 04/18/2018

Crash Time 02:20 PM

		Medical Transport NOT TRANSPORTED Hospital			EMS Agency Identifier Date of Death		EMS Run # Time of Death	
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School
		Action						
	JAL							
UNIT	INDIVIDUAL							
	N							
		Action Other						
	L	Drug & Alcohol	Suspected Alcohol NO	Use	Suspected Drug U NO	se		
		Alcohol Test Given TEST NOT GIVEN	l		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	I		Drug Test Type		Drug Test Results	
10	001	Drug Type						
		Individual Condition						
		APPEARED NOR	MAL					