WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Primary Crash Document # Agency Crash Number 19-10551 DRUTY E. KNULL Crash Date Ocrash Time OB/23/2019 Date Arrived OB/23/2019 O4:09 PM Date Notified Od-02 PM OB/23/2019 O4:09 PM Date Notified Od-02 PM O1:09 PM On Emergency Hit and Run Lane Closure Work Zone Trail Injured O0 O1							(608) 356-48	
Crash Time 04:02 PM 04:02 PM 08/23/2019 04:09 PM Date Notified 04:02 PM 04:02 PM 06/23/2019 04:09 PM Date Notified 04:02 PM 01	Jocument Number Override	Primary Crash Doo					/	
Date Notified 08/23/2019 On Emergency	Crash Date	Crash Time						
08/23/2019 04:02 PM 01 01 01 01 00 Reporting Threshold Tags Crash Type DT4000 (STANDARD CRASH) Diagram Photos By Reconstruction By Reconstruction By Reconstruction By Additional Information NONE			1 7 7					
Government Property Active School Zone NO School Bus Related NO Tags Reportable				al Units			ed	
Property	On Emergency Hir	t and Run			Trailer or	Towed		
Reportable Crash Type DT4000 (STANDARD CRASH) Description Diagram Reconstruction By Photos By Additional Information NONE		Active Scho	I 7		Tags			
Diagram Reconstruction By Photos By Additional Information NONE		Crash Type DT4000 (STANI	DARD CRASH)		Amended			
NOT TO SCALE Additional Information NONE	<u> </u>							
					Ac	lditional Info	ormation	
IN THE TOWN OF DELLONA X Coordinate Y Coordinate	I, a sworn law enforceme OPERATOR OF MOTORCYCLE V MECHANICAL FAILURE THE MO AND ASSISTED OPERATOR WIT OCATION ON CTHH WB	WAS STOPPED AT :	STOP SIGN ON CTH D OVER. OPERATOR	P AT CTH H. OPERATOR COMPLAINED OF RIB PA	ENTERED TRAFFIC IN BUT REFUSED EI AINED FUNCTIONAL	MS. PRIVA DAMAGE. Longit	TE PARTY RESPONDED	
N SALIV COUNTY 265068.875 4830715.5	OPERATOR OF MOTORCYCLE V MECHANICAL FAILURE THE MO AND ASSISTED OPERATOR WIT OCATION ON CTHH WB	WAS STOPPED AT TORCYCLE TIPPED TH TRAILERING THE	STOP SIGN ON CTH D OVER. OPERATOR	P AT CTH H. OPERATOR COMPLAINED OF RIB PA ME. MOTORCYCLE SUST. Latitude 43.592366	ENTERED TRAFFIC IN BUT REFUSED EI AINED FUNCTIONAL	Longit -89.91	ude 10346215 rdinate	

NO STRUCTURE

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First Harmful Event Location

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Crash Scene First Harmful Event

		RTURN/ROLLOVER	ON ROADWAY							
		ner of Collision	Light Condition							
			SION W/VEHICLE IN TRANSPORT				DAYLIGHT			
	Road	ad Surface Condition(s)					Roadway Factor(s)			
	DRY	1								
	Envi	ronment Factor(s)								
	NON	NE				NONE				
	Wea	ther Condition(s)				1				
	CLE	AR								
	Anim	ial Type		Relation To Trafficway TRAFFICWAY - ON ROAD						
		h Classification - Location	n		Crash Classification - Jurisdiction					
		BLIC PROPERTY					NO SPECIAL JURISDICTION			
	Iriba	al Land				Access Control NO CONTROL			Special Study	
	Withi	in Interchange Area		Intersection Type					<u> </u>	
	NO			T-INTERSECTION						
	Unit	t Summary 💻								
	Unit	Status		Vehicle Ope	_	assification		Unit Type		
		RANSIT		D CLASS	D CLASS			MOTORCYCLE		
6		cle Type						Operating As Endorsements		ments
0		OCYCLE	Train/Dua # Dasardad	17.100			T-4-1 T1	1	T-4-111	Mat Types
	Total Occs Train/Bus # Recorded 1		Total # Cital	Total # Citations Issued		Total Trai	ilers	otal Haz	Mat Types	
	Insurance? Direction Of Travel					Speed Lii			es	
_	YES WESTBOUND			Pre CrashTire Mark		55	2			
UNIT	Most Harmful Event: Collision With			Special Fun		TION		Emergency		
		RTURN/ROLLOVER	NO SPEC		HON		NOT APP			
		ic Way D-WAY, NOT DIVIDEI	Traffic Cont	STOP SIGN			Traffic Control Inoperative/Missing NO			
		ace Type	Road Curva				Road Grade)		
	BLA	CKTOP (BITUMINOL	CURVE R				LEVEL			
	Truc	k Bus or HazMat		-						
	NO									
	,	Vehicle								
		License Plate Number	Plate Type			St	Country of Is	suance		
		861MR			CYC - CYCLE		WI	UNITED ST	TATES	
5	01	Vehicle Identification Nu LXDTDPTB1C1C002	Make	Make OTH		Year 2012	Model SUNNY			
)	Color		Body Style		2012	Bus Use			
		RED - RED	MC - MO	MC - MOTORCYCLE		NOT A BUS				
_	LE				Vehicle Damage					
LINO	¥	NON-COLLISION Extent Of Damage			7LEFT REAR CORNER, 8LEFT SIDE REAR, 10LEFT SIDE FRONT, 11LEFT FRONT CORNER					
\supset	VEHICL	FUNCTIONAL DAMAGE								
		Towed Due To Damage	Vehicle Re	Vehicle Removed By						
		NOT TOWED	OPERAT	OPERATOR						
		What Driver Was Doing		Vehicle Fa	ctors					
		LEFT TURN								
	Driver Prior Action Other WHEELS									

Form DT4000

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

Driver Actions NO CONTRIBUTING ACTION									
ر	VE								
10	01	Owner Name PAUL J MACONAGH (608) 495-0222	Y JR		Owner Address 1162 15TH ST REEDSBURG, WI 53959 , US				
		Sequence Of Ever	nts						
	01	Event OVERTURN/ROLLOV	'ER						
	02	Event							
	03	Event							
	04	Event							
_	i	Policy Holder							
LINO		Insurance Company			Individual				
		USAA-CASUALTY-INS-CO			PAUL MACONAGHY				
		Individual			Citations Issued Sex				
	INDIVIDUAL	Driver PAUL J MACONAGHY JR (608) 495-0222			0	Sex MALE			
					Date of Birth	Race			
		Address			Driver License Number	WHITE			
5		1162 15TH ST			STATE: WISCONSIN COUNTRY: UNITED STATES				
	=	REEDSBURG, WI 53959 , US			STATE: WISCONSIN COUNTRY: UNITED STATES				
	Cod	On	Duty Crash		Protective Gear				
	Sai	fety Equipment Seat Position			OLOVES LAGUET LONG BA	ANTO			
		1FRONT SEAT-LEF	T SIDE (DRIVE	R/MOTORCY	GLOVES, JACKET, LONG PA	ANIS			
		Helmet Use			Helmet Compliance				
		FULL-FACE			APPROVED				
		Eye Protection YES: WORN AND WIN	NDSHIEI D		Tint Compliance YES				
_	Ξ.	Injury Severity SUSPECTED MINOR INJURY			Airbag				
5	00		ISPECTED MIN	NOR INJURY	NON DEPLOYED				
		Ejected Ejection Path NOT APPLICABLE NOT EJECTED/NOT APP		LICARI F	Trapped/Extricated NOT TRAPPED				
		Medical Transport			EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED							
		Hospital			Date of Death	Time of Death			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)								
		Distracted By Action NOT DISTRACTED							
		Non Motorist Stri	iking Unit #	Location					
		Prior Action							

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LIND	INDIVIDUAL	Action					
		Action Other					To/From School
	L	Drug & Alcohol No	Jse	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	e		Alcohol Test Results	
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.ag root root		
10	001	Drug Type	"				
	0						
		Individual Condition					
		APPEARED NORMAL					
'	Witi	ness					
WITN 01 ESS 01	Indiv JAS	ridual SON E BLAKE		Address 2047 VIKING DR		1	Date of Birth
N (6	(608	3) 279-9133		REEDSBURG, WI 539	59 , US		
NIT ES!							