

6TL0B4X4LS

19-10551

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>19-10551</b>		Investigating Officer/Deputy <b>DEPUTY E. KNULL</b>	
Crash Date <b>08/23/2019</b>		Crash Time <b>04:02 PM</b>		Date Arrived <b>08/23/2019</b>		Time Arrived <b>04:09 PM</b>	
Date Notified <b>08/23/2019</b>		Time Notified <b>04:02 PM</b>		Total Units <b>01</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

## Description

Diagram		Reconstruction By	
		Photos By	
		Additional Information <b>NONE</b>	

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

OPERATOR OF MOTORCYCLE WAS STOPPED AT STOP SIGN ON CTH P AT CTH H. OPERATOR ENTERED TRAFFIC WESTBOUND AND DUE TO MECHANICAL FAILURE THE MOTORCYCLE TIPPED OVER. OPERATOR COMPLAINED OF RIB PAIN BUT REFUSED EMS. PRIVATE PARTY RESPONDED AND ASSISTED OPERATOR WITH TRAILERING THE MOTORCYCLE HOME. MOTORCYCLE SUSTAINED FUNCTIONAL DAMAGE.

## Location

<b>ON CTHH WB 37 FT W OF CTHP WB IN THE TOWN OF DELLONA IN SAUK COUNTY</b>	Latitude <b>43.592366504</b>	Longitude <b>-89.910346215</b>
	X Coordinate <b>265068.875</b>	Y Coordinate <b>4830715.5</b>
	Structure Type <b>NO STRUCTURE</b>	

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Crash Scene

Table with crash scene details including: First Harmful Event (OVERTURN/ROLLOVER), Manner of Collision (NO COLLISION W/VEHICLE IN TRANSPORT), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (T-INTERSECTION).

Unit Summary

Table with unit summary details including: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (MOTORCYCLE), Total Occs (1), Total Citations Issued (0), and Most Harmful Event (OVERTURN/ROLLOVER).

Vehicle

Table with vehicle details including: License Plate Number (861MR), Vehicle Identification Number (LXDTDPTB1C1C00233), Color (RED - RED), Body Style (MC - MOTORCYCLE), and Initial Contact Point (NON-COLLISION).

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UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>PAUL J MACONAGHY JR (608) 495-0222</b>	Owner Address <b>1162 15TH ST REEDSBURG, WI 53959 , US</b>	
UNIT	01	<b>Sequence Of Events</b>		
		01	Event <b>OVERTURN/ROLLOVER</b>	
		02	Event	
		03	Event	
UNIT	04	<b>Policy Holder</b>		
		Insurance Company <b>USAA-CASUALTY-INS-CO</b>	Individual <b>PAUL MACONAGHY</b>	
		<b>Individual</b>		
		Driver <b>PAUL J MACONAGHY JR (608) 495-0222</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT	INDIVIDUAL	Date of Birth	Race <b>WHITE</b>	
		Address <b>1162 15TH ST REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>	On Duty Crash	Protective Gear <b>GLOVES, JACKET, LONG PANTS</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance <b>APPROVED</b>	
UNIT	001	Eye Protection <b>YES: WORN AND WINDSHIELD</b>	Tint Compliance <b>YES</b>	
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
UNIT	01	Hospital	Date of Death	Time of Death
		<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
		Distracted By Action <b>NOT DISTRACTED</b>		
		<b>Non Motorist</b>	Striking Unit #	Location
Prior Action				

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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		01	001			

**Witness**

WITN 01 ESS	Individual <b>JASON E BLAKE</b> (608) 279-9133	Address <b>2047 VIKING DR</b> <b>REEDSBURG, WI 53959 , US</b>	Date of Birth