# 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 Cr 19-10647		Crash Number			Officer/Deputy  . MACASKILL		
Crash Date	Crash Time		Date Arrived <b>08/25/2019</b>			Time Arrived 10:00 PM		
08/25/2019	08:00 PM							
Date Notified 08/25/2019	Time Notified 08:57 PM		Total Uni <b>01</b>	ts	Total Injured  00	Total K	Killed	
Os/25/2019  Date Notified 08/25/2019  On Emergency  Government Property	t and Run	Lane Clos		Work Zone		or Towed	Reporting Threshold	
Government Property		chool Zone	School B NO	us Related	Tags			
☐ Reportable Crash Type DT4000 (STANDARD CRASH)			H)		Amend	Amended		
Description  Diagram						Reconstruct		
		Reportab		ony C IIS data in t	hio rowert	Additional In NONE	nformation	
I, a sworn law enforcement	ent officer, agr	ee that I have n	ot added	any CJIS data in ti	nis report.			
Location								
ON GUDENSCHWAGER RD				Latitude	2000		gitude	
102 FT E OF E MAIN ST/ STH33 EB IN THE TOWN OF LA VALLE	:			<b>43.581296</b> X Coordinat	te	Y Co	<b>12320784</b> pordinate	
IN SAUK COUNTY	-			247839.03		483	0110.5	
				Structure Ty NO STRU				

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### **Crash Scene**

First Harmful Event Location			
ON ROADWAY			
Light Condition			
UNKNOWN			
Roadway Factor(s)			
NONE			
Relation To Trafficway			
TRAFFICWAY - ON ROAD			
Crash Classification - Jurisdiction			
NO SPECIAL JURISDICTION			
Access Control Special Study			
NO CONTROL			
Intersection Type			
NOT AN INTERSECTION			

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•	,,,		$\mathbf{v}$	4111		aı v	

	Unit Status		Vehicle Operating As Classificati	on	Unit Type	1	
				' '		21	
	STOLEN/HIT AND RUN		D CLASS	D CLASS		AUTOMOBILE	
	Vehicle Type			•		As Endorsements	
2	PASSENGER CAR						
İ	Total Occs Train/Bus # Recorded		Total # Citations Issued	Total # Citations Issued Total Traile		Total HazMat Types	
	0		0	0		0	
İ	Insurance?	Direction Of Travel	Pre CrashTire	Speed Lim	nit	Total Lanes	
⊨	UNKNOWN	EASTBOUND	<b>✓</b> Mark	35		2	
FIN	Most Harmful Event: Collision W	ith	Special Function NO SPECIAL FUNCTION  Traffic Control NO CONTROL		Emergency Motor Vehicle Use		
_ ا	DITCH				NOT APPLICABLE		
İ	Traffic Way				Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDED				NO		
İ	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature		Road Grade		
			STRAIGHT	STRAIGHT		LEVEL	
l	Truck Bus or HazMat		•		-		
	NO						

1	Vehi	cle

2

License Plate Number	Plate Type	St	Country of Issuance		
303DWJ	AUT - AUTOMOBILE	WI	UNITED STATES		
Vehicle Identification Number	Make	Year	Model		
1G4HP52K05U246519	BUICK	2005	LESABRE CU		
Color	Body Style		Bus Use		
	4D - 4DR		NOT A BUS		
Initial Contact Point	Vehicle Damage				
NON-COLLISION	ТОР				
Extent Of Damage					
MINOR DAMAGE					
Towed Due To Damage	Vehicle Removed By				
TOWED BUT NOT DUE TO DISABLING DAMAG	SHIELDS TOWING				
What Driver Was Doing	Vehicle Factors				
UNKNOWN					
Driver Prior Action Other	UNKNOWN				
	303DWJ  Vehicle Identification Number 1G4HP52K05U246519  Color  Initial Contact Point NON-COLLISION  Extent Of Damage MINOR DAMAGE  Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG  What Driver Was Doing UNKNOWN	303DWJ  Vehicle Identification Number  IG4HP52K05U246519  Color  Body Style 4D - 4DR  Initial Contact Point NON-COLLISION  Extent Of Damage MINOR DAMAGE  Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG  What Driver Was Doing UNKNOWN  Make  Make  BUICK  Body Style 4D - 4DR  Vehicle Damage  TOP  Vehicle Removed By SHIELDS TOWING	303DWJ  Vehicle Identification Number  1G4HP52K05U246519  Color  Body Style 4D - 4DR  Initial Contact Point NON-COLLISION  Extent Of Damage MINOR DAMAGE  Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG  What Driver Was Doing UNKNOWN  Make  Make  Year  2005  Body Style 4D - 4DR  Vehicle Damage  TOP  TOP  Vehicle Removed By SHIELDS TOWING  Vehicle Factors		

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		Driver Actions									
	Щ	UNKNOWN									
UNIT	VEHICLE										
Z	¥										
$\supset$	亩										
	>										
		Owner Name			Owner Address						
_	_	JONATHAN D SKR	ABEL		E2641 GATLING WAY	_					
0	01	(608) 415-8566			LAVALLE, WI 53941 , US	5					
		Sequence Of Eve	ents								
	1	EVENT PLIN OFF POADWAY PIGHT									
	01	RUN OFF ROADWAY RIGHT									
		Event									
	02	DITCH									
	03	Event									
	0										
	4	Event									
	04										
		ام ما استام ما									
		ndividual									
		Driver			Citations Issued	Sex					
	_	UNKNOWN			0						
	A			ľ	Date of Birth	Race					
_	7										
	<b>=</b>	Address		Driver License Number							
5		7 Iddi Coo			Diver License Number						
	Address , ,										
	_	. , <b>_</b> ,	n Duty Crash		Safety Equipment  RESTRAINT USE UNKNOWN						
	Sai	ety Equipment									
		Seat Position									
		Helmet Use			Helmet Compliance						
		Tieliliet O3e			Tielmet Compliance						
		L D :									
		Eye Protection			Tint Compliance						
0	00		njury Severity		Airbag						
0	8	Injury <sub>N</sub>	IO APPARENT II	NJURY	NOT APPLICABLE						
		Ejected	Ejection Pat	th		Trapped/Extricated					
		NOT APPLICABLE	NOT EJE	CTED/NOT APPLI	CABLE	NOT APPLICABLE					
		Medical Transport	1	J	EMS Agency Identifier	EMS Run #					
		NOT TRANSPORTE	n		Livio Agency Identifier	LINO IXIII #					
			ט.								
	Hospital				Date of Death	Time of Death					
		Dietweeter I D	istracted By Source		<u> </u>						
		Distracted By									
		Distracted By Action									
		ĺ									
	Striking Unit # Location										
		Non Motorist	anding Office	Location							
		Prior Action									

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		Action					
		ACIIOII					
	٩L						
_	'n						
Ę	₽						
UNIT	≥						
_	INDIVIDUAL						
	$\mathbf{Z}$						
		Action Other					To/From School
	ļ	Suspected Alcohol	Use	Suspected Drug Use			
	L	Orug & Alcohol					
		Alcohol Test Given	Alcohol Test Type	•		Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
_	7	Drug Type	•				
6	001						
		Individual Condition					
		NOT OBSERVED					