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19-12256

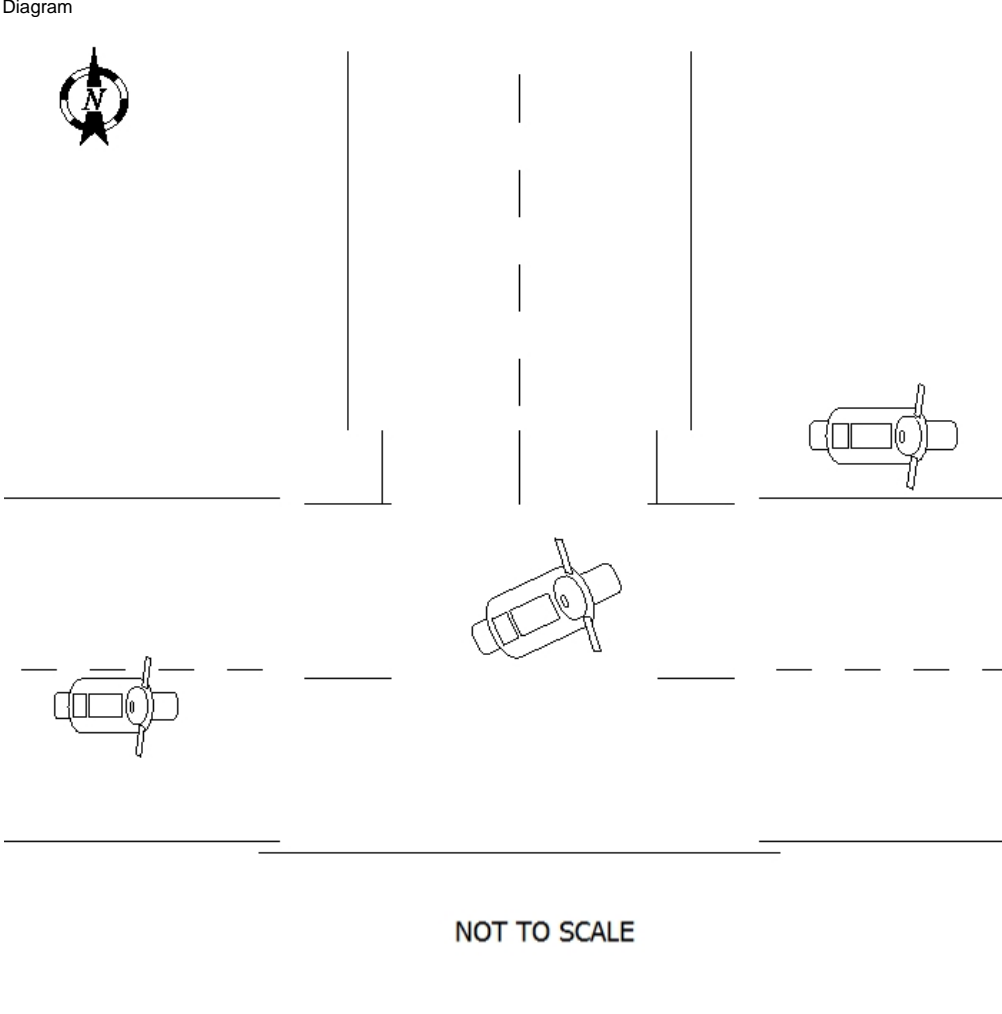
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 19-12256	Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 10/02/2019		Crash Time 01:00 AM	Date Arrived 10/02/2019	Time Arrived 01:31 AM	
Date Notified 10/02/2019		Time Notified 01:00 AM	Total Units 01	Total Injured 00	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  <p style="text-align: center;">NOT TO SCALE</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 WAS TRAVELING E/B ON CTH H. UNIT 1 ATTEMPTED TO TURN LEFT ONTO CTH HH GOING NORTH. UNIT 1 FAILED TO NEGOTIATE THE TURN AND DROVE INTO THE DITCH ON THE NORTH SIDE OF CTH H EAST OF CTH HH. DRIVER STATED HE WAS UNINJURED AND THE MOTORCYCLE WAS NOT DAMAGED. DRIVER DID NOT HAVE A CLASS M DRIVERS LICENSE. CITATION ISSUED FOR OWL.

Location

ON CTHH EB 114 FT E OF CTHHH NB IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.593633964	Longitude -89.942060584
	X Coordinate 262513.6875	Y Coordinate 4830946.5
	Structure Type	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	01	01	Owner Name SHAWN WALTER DAVIS (608) 339-1442
			Owner Address W7660 BACK & FORTH ST WESTFIELD, WI 53964 , US
Sequence Of Events			
UNIT INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT	
	02	Event RUN OFF ROADWAY LEFT	
	03	Event DITCH	
	04	Event	
Policy Holder			
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual SHAWN DAVIS
Individual			
UNIT INDIVIDUAL	01	001	Driver SHAWN WALTER DAVIS (608) 339-1442
			Citations Issued 1
			Sex MALE
			Date of Birth
			Race WHITE
		Address W7660 BACK & FORTH ST WESTFIELD, WI 53964 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
Safety Equipment			
		On Duty Crash	Protective Gear BOOTS, JACKET, LONG PANTS
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	
		Helmet Use FULL-FACE	Helmet Compliance APPROVED
		Eye Protection YES: WORN	Tint Compliance NO
UNIT INDIVIDUAL	01	001	Injury Injury Severity NO APPARENT INJURY
			Airbag NOT APPLICABLE
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE
			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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED			
Non Motorist Striking Unit # Location			
Prior Action			

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UNIT	INDIVIDUAL	Action						
		Action Other			To/From School			
	01	001	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
			Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
			Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
			Drug Type					
			Individual Condition APPEARED NORMAL					
			Violations					
			01	001	UTC Number	Issue To?	Statute Number	Description
					BB958206	001	343.05(3)(a)	OPERATE W/O VALID LICENSE