19-12256

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash	Primary Crash Document #		0,		Investigating Officer/Deputy DEPUTY W. NEUBAUER		
Crash Date 10/02/2019	Crash Time 01:00 AM		Date Ar 10/02/		Time Arrived 01:31 AM	Time Arrived		
Date Notified	Time Notified		Total U		Total Injured	Total Kille	ed	
10/02/2019	01:00 AM			01		00		
On Emergency	Hit and Run	Lane Clos		Work Zone		or Towed	Reporting Threshold	
Government Property		chool Zone	School NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (ST	ANDARD CRAS	H)		Amend	ed	Secondary Crash	
Description						Reconstructio		
		I I I I NOT TO SC				Photos By Additional Info	ormation	
▶ I, a sworn law enforce UNIT 1 WAS TRAVELING E/E AND DROVE INTO THE DITO NOT DAMAGED. DRIVER DID	3 ON CTH H. UNIT 1 H ON THE NORTH	ATTEMPTED TO SIDE OF CTH H E/	TURN LEF AST OF C	T ONTO CTH HH GOIN TH HH. DRIVER STATE	G NORTH. UNIT D HE WAS UNIN			
				Latitude		Longiti		

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

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### **Crash Scene**

							First Harmful Event Location				
	DIT	-	ROADSIDE								
		ner of Collision	Light Condition								
		COLLISION W/VEHIC	DARK/UNLIT								
		Road Surface Condition(s)					Roadway Factor(s)				
	WET										
	Envii	ronment Factor(s)									
	WE/	ATHER CONDITIONS	i			NONE					
	Wea	ther Condition(s)									
	RAI	N				Relation To Trafficway					
	Anim	al Type									
	Crac	h Classification - Location					CWAY - O	N ROAD			
			1								
		I Land				Access Co				Special Study	
						NO CON	TROL				
		n Interchange Area	Junction Location		Intersectio						
	YES		INTERSECTION		T-INTER	SECTION					
		t Summary									
		Status		-	erating As C	lassification		Unit Type			
		RANSIT cle Type		M CLASS	)		MOTORCYCLE Operating As Endorsements			ments	
01						operating to Endorsements					
	Tota	Occs	Train/Bus # Recorded	Total # Cita	Total # Citations Issued		Total Trai	otal Trailers Tot		Total HazMat Types	
	1		1	1		0		0			
	Insurance? Direction Of Travel		Pre	Pre CrashTire					Total Lanes		
L	YES		EASTBOUND		Mark				2		
UNIT					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way		Traffic Cont	Traffic Control Traffic Control Inoperative/Missing			tive/Missing			
		D-WAY, NOT DIVIDE	)		NO CONTROL				NO		
					Road Curvature			Road Grade			
	BLACKTOP (BITUMINOUS) CURVE R					GHT LEVEL					
	Truck Bus or HazMat NO										
	ļ	Vehicle									
		License Plate Number	Plate Type	;		St	Country of Is	suance			
	1223J Vehicle Identification Number			CYC - CY	CYC - CYCLE		WI	UNITED ST	TATES		
6				Make	Make		Year	Model			
0	O 1HFSC1428EA010106				HONDA		1984				
	BLK - BLACK     MC - N       Initial Contact Point     Vehicle       NON-COLLISION     Vehicle       Extent Of Damage     NO DAMAGE				Body Style Bus Use NOT A BUS						
					Vehicle Damage           NO DAMAGE						
F											
UNIT				NO DAM							
					Vehicle Removed By OPERATOR						
	NOT TOWED What Driver Was Doing										
		NEGOTIATING CUR		Vehicle Fa							
					NOT APPLICABLE						

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Driver Actions										
н	CLE	NO CONTRIBUTING ACT										
UNIT	VEHICL											
_	<											
		Owner Name			Owner Address							
_	_	SHAWN WALTER DAVIS			W7660 BACK & FORTH ST							
2	01	(608) 339-1442			WESTFIELD, WI 53964 , US							
		Sequence Of Events										
	01											
	02	Event RUN OFF ROADWAY LE	FT									
	03	Event DITCH										
	04	Event										
ъ	l	Policy Holder										
UNIT		Insurance Company		_	Individual							
_		PROGRESSIVE-CASUALTY-INS-CO			SHAWN DAVIS							
		ndividual Driver			Citations Issued	Sex						
	_	SHAWN WALTER DAVIS (608) 339-1442			1	MALE						
Ы	INDIVIDUAL				Date of Birth	Race WHITE						
	IVI	Address			Driver License Number							
_	IND	W7660 BACK & FORTH ST WESTFIELD, WI 53964 , US			STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Dut Fety Equipment	y Crash		Protective Gear							
	Jai	Seat Position			BOOTS, JACKET, LONG PANTS							
		1FRONT SEAT-LEFT S	IDE (DRIVE	R/MOTORCY	BOOTS, JACKET, LONG FAN							
		Helmet Use			Helmet Compliance							
		FULL-FACE			APPROVED Tint Compliance							
		Eye Protection YES: WORN			NO							
5	001	Injury S	Severity		Airbag							
•	8		NO APPARENT INJURY		NOT APPLICABLE							
		Ejected NOT APPLICABLE	Ejection Pa	ath CTED/NOT APPL	ICABI F	Trapped/Extricated NOT APPLICABLE						
		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	J Unit #	Location								
		Prior Action		1								

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UNIT	INDIVIDUAL	Action							
		Action Other	Suspected Alco	hol Use	Suspected Drug Use			To/From School	
	L	Drug & Alcohol	NO		NO				
		Alcohol Test Given Alcohol Test Typ TEST NOT GIVEN			Alcohol Test Resu				
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
6	001	Drug Type							
		Individual Condition							
		APPEARED NORM	IAL						
		Violations							
	01	UTC Number BB958206	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VAL				