19-13989

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override			19-13989		Investigating Officer/Deputy DEPUTY L. GJORGJIEV			
Crash Date 11/10/2019	Crash Time 99:99		Date Arrived 11/10/2019		Time Arrived 02:59 AM			
Date Notified 11/10/2019	Time Notified 02:43 AM		Total Units <b>01</b>		Total Injured	Total Kille	Total Killed	
	and Run	Lane Closu	Lane Closure Work Zone		Trailer or Towed		Reporting Threshold	
Government Property								
Reportable	Reportable     Crash Type       DT4000 (STANDARD CRASH)     Amer						Secondary Crash	
Description Diagram	Ro	construction						
not to scale	Ke	construction	Т Бу					
			and the second sec		Ph 91	otos By 88		
			Unit - Unit	No. La	Ad	ditional Info DNE, PHO	rmation TOS	
		DL						
		The second secon			The second			
		THE REAL						
1//								
1/ Sector								
✓ I, a sworn law enforcement								
UNIT 1 WAS DRIVING EASTBOUND ON CTH DL. UNIT 1 WAS NEGOTIATING A LEFT CURVE. IT APPEARED THAT UNIT 1 CROSSED THE CENTER LINE AND LEFT THE ROADWAY ON THE LEFT SIDE AND ENTERED THE DITCH. IT APPEARED THAT UNIT 1 DROVE THROUGH THE DITCH FOR APPROXIMATELY 50 YARDS BEFORE IT CAME TO REST IN THE SOUTH DITCH OF CTH DL. THE DRIVER WAS NOT ABLE TO BE IDENTIFIED. NO DAMAGE TO THE VEHICLE.								
Location								
ON CTHDL EB 0.26 MI E				Latitude 43.408614056	5	Longitu -89-64	ıde 687528	
OF MILLIONAIRES ALLEY	•			X Coordinate	-	Y Coor		
IN SAUK COUNTY	•			285688.34375	5	48095	95.5	
				Structure Type NO STRUCTU	JRE			
consin Motor Vehicle Crash		This report d	oes not include any	CJIS data.		Crash Da	te 11/10/2019	

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#### **Crash Scene**

	First Harmful Event					First Harmful Event Location				
	DIT	СН				SHOULDER LEFT				
	Manı	ner of Collision					Light Condition			
	NO	COLLISION W/VEHICLE IN TRANSPORT				DARK/UNLIT				
	Road Surface Condition(s)					Roadway Factor(s)				
	DRY	,								
	Envii	ronment Factor(s)								
	NOM	IE					NONE Relation To Trafficway			
	Wea	ther Condition(s)								
	CLC	UDY								
	Anim	al Type								
	Cras	h Classification - Location			TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction					
		I Land						Special Study		
					NO CONTROL					
		n Interchange Area	Junction Location		Intersectio					
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION			
	Unit	Summary								
		Unit Status Vehicle Operating A				Classification Unit Type				
		RANSIT		D CLASS			AUTOMOBILE			
01		cle Type SENGER CAR				Operating As Endorsements				
	-	Occs	Train/Bus # Recorded	Total # Cita	Total # Citations Issued		Total Trail	Frailers Total HazMa		Mat Types
	1			0			0	0		
	Insurance? Direction Of Travel		Pre CrashTire		1				Total Lanes	
L	UNKNOWN EASTBOUND			Mark		55	2			
UNIT	Most Harmful Event: Collision With DITCH				Special Function <b>NO SPECIAL FUNCTION</b>			Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way	Traffic Control			Traffic Control Inoperative/Missing		tive/Missing		
		-WAY, NOT DIVIDED	NO CONTROL			NO				
							Road Grade			
	· · · · ·				URVE LEFT LEVEL					
	Truck Bus or HazMat NO									
	1	Vehicle								
	License Plate Number			Plate Type	•		St	Country of Is	ry of Issuance	
	AHG1483		AUT - AUTOMOBILE		.E	WI	UNITED STATES			
2	Vehicle Identification Number 2G1WJ15K569165086					Year				
U			CHEVROLET Body Style		2006	MONTE CARL Bus Use				
	Color			CP - COUPE			NOT A BUS			
	Initial Contact Point NON-COLLISION Extent Of Damage NO DAMAGE			Vehicle Damage NO DAMAGE						
UNIT										
5										
	>	Towed Due To Damage	Vehicle Removed By							
	TOWED BUT NOT DUE TO DISABLING DAMAG				MIKES TOWING					
		What Driver Was Doing		Vehicle Factors						
		NEGOTIATING CUR	VE							
		Driver Prior Action Other			NOT APPLICABLE					
			1							

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UNIT	VEHICLE	Driver Actions UNKNOWN							
ر									
01	01	Owner Name SHELBY R BENAGE (608) 393-3415	Owner Address 1602 MAIN ST LA CROSSE, WI 54601 , US						
		Sequence Of Events							
	01	Event CROSS CENTERLINE							
	02	Event RUN OFF ROADWAY LEFT							
	03	Event DITCH							
	04	Event							
	Ì	ndividual							
			Citations Issued 0	Sex					
	UAL		Date of Birth	Race					
UNIT	INDIVIDUAL	Address	Driver License Number						
_	IND	, ,							
	Saf	On Duty Crash ety Equipment	Safety Equipment						
		Seat Position	-						
		Helmet Use	Helmet Compliance						
		Eye Protection	Tint Compliance						
6	001	Injury Severity Injury	Airbag						
	Ejected Ejection Path			Trapped/Extricated					
		Medical Transport	EMS Agency Identifier	EMS Run #					
		Hospital	Date of Death	Time of Death					
	l	Distracted By Source							
		Distracted By Action							
		Striking Unit # Location							
		Non Motorist							
		Prior Action							

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UNIT	INDIVIDUAL	Action					
		Action Other Suspected Alcohol U	lse	Suspected Drug Use			To/From School
	L	Drug & Alcohol					
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given	Drug Test Type		Drug Test Results		
6	001	Drug Type	I				
		Individual Condition					