#### **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 Crash Number 20-06760   |  | Investigating Officer/Deputy DEPUTY A. SUKOWATEY |                        |  |                        |
|-------------|---------------------------------|--|------------------------------------|-----------|--------------------------------|--|--|------------------------|--|------------------------|
| S           | Crash Date <b>07/11/2020</b>    |  | Crash Time<br>06:17 PM             |           | Date Arrived <b>07/11/2020</b> |  | Time Arrived 06:27 PM                            |                        |  |                        |
| <b>9</b> 0  | Date Notified <b>07/11/2020</b> |  | Time Notified 06:18 PM             |           | Total Units <b>01</b>          |  | Total Injured 01                                 | Total Killed <b>00</b> |  |                        |
| <b>0B</b> 7 | On Emergency Hit                |  | and Run 🔽 Lane Closu               |           | ure Work Zone                  |  | Trailer or Towed                                 |                        |  | Reporting<br>Threshold |
| eTL         | Government Property             |  | Active Sc                          | hool Zone | School Bus Related NO          |  | Tags   |                        |  |                        |
|             | <b>✓</b> Reportable             |  | Crash Type DT4000 (STANDARD CRASH) |           | )                              |  | Amended  |                        |  | Secondary<br>Crash     |
|             | Description =                   |  |                                    |           |                                |  |  |                        |  |                        |

# Diagram Reconstruction By Photos By **9135/9134** Additional Information **PHOTOS** UNIT 1 NOT TO SCALE

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

THE OPERATOR OF UNIT ONE WAS TRAVELING NORTH ON HWY 113 NEGOTIATING A CURVE WHEN HE GOT TOO CLOSE TO THE EAST EDGE OF THE ROADWAY HITTING THE GRAVEL CAUSING HIM TO LOSE CONTROL OF THE MOTORCYCLE. THE OPERATOR WAS SEPARATED FROM THE MOTORCYCLE COMING TO REST IN THE EAST DITCH IN HIGH GRASS AND SHRUBBERY. SUSPECTED INJURIES WERE POSSIBLE HEAD AND NECK TRAUMA AND ALSO ROAD RASH.

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| Loc                                   | ation                       |                             |       |                     |               |   |                    |                                     |                                      |              |  |
|---------------------------------------|-----------------------------|-----------------------------|-------|---------------------|---------------|---|--------------------|-------------------------------------|--------------------------------------|--------------|--|
| ON STH113 NB                          |                             |                             |       |                     |               |   | Latitude Longitude |                                     |                                      |              |  |
| 0.44 MI E                             |                             |                             |       |                     |               | 43.427426718 -89.689299002              |                    |                                     | 299002                               |              |  |
| OF CTHDL SB IN THE TOWN OF GREENFIELD |                             |                             |       |                     |               | X Coordinate Y Coordinate               |                    |                                     | linate                               |              |  |
| IN THE TOWN OF GREENFIELD             |                             |                             |       |                     |               | 282320.6875 4811795                     |                    |                                     | 95                                   |              |  |
|                                       |                             |                             |       |                     |               |   | Туре               |                                     |                                      |              |  |
|                                       |                             |                             |       |                     |               | NO STR                                  | UCTURE             | <u> </u>                            |                                      |              |  |
| Cra                                   | sh Scene 💳                  |                             |       |                     |               |   |                    |                                     |                                      |              |  |
| First                                 | Harmful Event               |                             |       |                     |               | First Harm                              | ful Event          | Location                            |                                      |              |  |
| DIT                                   | СН                          |                             |       |                     |               | OUTSID                                  | E RIGHT            | -OF-WAY (TR                         | AFFICW                               | 'AY)         |  |
| Manı                                  | ner of Collision            |                             |       |                     |               | Light Condition                         |                    |                                     |                                      |              |  |
| 00 -                                  | NO COLLISION W/VE           | EHICLE IN TRANSPORT         |       |                     |               | DAYLIGHT                                |                    |                                     |                                      |              |  |
| Road                                  | Surface Condition(s)        |                             |       |                     |               | Roadway                                 | Factor(s)          |                                     |                                      |              |  |
| DRY                                   | •                           |                             |       |                     |               |   |                    |                                     |                                      |              |  |
| Envir                                 | ronment Factor(s)           |                             |       |                     |               |   |                    |                                     |                                      |              |  |
| NON                                   | <b>IE</b>                   |                             |       |                     |               | NONE                                    |                    |                                     |                                      |              |  |
| Wea                                   | ther Condition(s)           |                             |       |                     |               |   |                    |                                     |                                      |              |  |
| CLC                                   | OUDY                        |                             |       |                     |               |   |                    |                                     |                                      |              |  |
| Anim                                  | al Type                     |                             |       |                     |               | Relation T                              | o Trafficw         | ay                                  |                                      |              |  |
|                                       |                             |                             |       |                     |               | TRAFFIC                                 | 1 - YAWC           | NOT ON ROA                          | D                                    |              |  |
| Cras                                  | h Classification - Location |                             |       |                     |               | Crash Classification - Jurisdiction     |                    |                                     |                                      |              |  |
|                                       | SLIC PROPERTY               |                             |       |                     |               | NO SPECIAL JURISDICTION                 |                    |                                     |                                      |              |  |
| Triba                                 | ll Land                     |                             |       |                     |               | Access Control Special Study NO CONTROL |                    |                                     |                                      |              |  |
| Withi                                 | n Interchange Area          | Junction Location           |       |                     | Intersectio   |   |                    |                                     |                                      |              |  |
| NO                                    | go / u ou                   | NON-JUNCTION                |       |                     |               | NINTERSECTION                           |                    |                                     |                                      |              |  |
| Clos                                  | ure Type                    |                             |       | Reasons for Closure |               |   |                    |                                     |                                      |              |  |
| CLC                                   | SURE-ONE DIRECTION          | ON                          |       |                     |               |   |                    |                                     |                                      |              |  |
| Date                                  | Initial Lane/Rd Closed      | Time Initial Lane/Rd Closed | d     | LAW                 | ENFORC        | EMENT, FIRE/EMS                         |                    |                                     |                                      |              |  |
|                                       | 1/2020                      | 06:32 PM                    |       |                     |               |   |                    |                                     |                                      |              |  |
|                                       | All Lanes Open              | Time All Lanes Open         |       |                     |               | ime Scene Cleared                       |                    |                                     |                                      |              |  |
|                                       | 1/2020                      | 06:59 PM                    |       | 07/11/2020 0        |               |   | 7:08 PM            |                                     |                                      |              |  |
|                                       | Summary =                   |                             |       |                     |               |   |                    |                                     |                                      |              |  |
|                                       | Status                      |                             |       |                     | erating As C  | lassification                           |                    | Unit Type                           |                                      |              |  |
|                                       | RANSIT                      |                             | M CL  | ASS                 |               |   |                    |                                     | MOTORCYCLE Operating As Endorsements |              |  |
|                                       | cle Type<br>FORCYCLE        |                             |       |                     |               |   |                    | Operating As                        | g AS Endorsements                    |              |  |
|                                       | Occs                        | Train/Bus # Recorded        | Total | # Citat             | tions Issued  |   | Total Tra          | ailers                              | Total Haz                            | Mat Types    |  |
| 1                                     | Occs                        | Train/Bus # Necoraca        | 2     | # Cital             | lions issued  |   | 0                  | anoi3                               | 0                                    | wat Types    |  |
|                                       | ance?                       | Direction Of Travel         | -     | Due                 | CbTi          |   | Speed L            | imit                                | Total Lanes                          |              |  |
|                                       | KNOWN                       | NORTHBOUND                  |       | Pre CrashTire Mark  |               |   | 55                 |                                     | 2                                    |              |  |
| Most                                  | Harmful Event: Collision    | With                        | Speci | ecial Function      |               | Emergend                                |                    | y Motor Vehicle Use                 |                                      |              |  |
| DIT                                   | СН                          |                             | NO S  | O SPECIAL FUNCTION  |               |   | NOT APPLICABLE     |                                     |                                      |              |  |
| Traffic Way Traf                      |                             |                             |       |                     | offic Control |   |                    | Traffic Control Inoperative/Missing |                                      | tive/Missing |  |
| ,                                     |                             |                             |       | CONTROL             |               |   | NO                 |                                     |                                      |              |  |
|                                       |                             |                             |       | ad Curvature        |               |   | Road Grade         |                                     |                                      |              |  |
|                                       |                             |                             |       | RVE LEFT LEVEL      |               |   |                    |                                     |                                      |              |  |
|                                       | k Bus or HazMat             |                             |       |                     |               |   |                    |                                     |                                      |              |  |
| NO                                    |                             |                             |       |                     |               |   |                    |                                     |                                      |              |  |
| '                                     | <b>Vehicle</b>              |                             |       |                     |               |   |                    |                                     |                                      |              |  |
|                                       |                             |                             |       | ate Type            |               |   | St                 | Country of Issuance                 |                                      |              |  |
|                                       |                             |                             |       | CY                  | CLE           |   |                    |                                     | UNITED STATES                        |              |  |
| _                                     | Vehicle Identification Nu   |                             | Make  |                     |               |   | Year               | Model                               |                                      |              |  |
| 5   1HFSC370XXA100950   HONDA         |                             |                             |       |                     |               | 1999                                    | VT1100             |                                     |                                      |              |  |

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|                       |                 | Color  |                          | Body Style                                    | Bus Use            |  |  |  |  |  |  |
|-----------------------|-----------------|--|--------------------------|---|--------------------|--|--|--|--|--|--|
|                       |                 | GRY - GRAY                                   |                          | MC - MOTORCYCLE                               |                    |  |  |  |  |  |  |
|                       | ш               | Initial Contact Point                        |                          | Vehicle Damage                                |                    |  |  |  |  |  |  |
| <b>-</b>              |                 | 02 - RIGHT SIDE FRONT                        |                          | · ·   |                    |  |  |  |  |  |  |
|                       | ¥               | Extent Of Damage                             |                          | 15 - ALL AREAS                                |                    |  |  |  |  |  |  |
| <b>-</b>              | VEHICL          | DISABLING DAMAGE                             |                          | IV DEE AILEAU                                 |                    |  |  |  |  |  |  |
|                       | _               | Towed Due To Damage                          |                          | Vehicle Removed By                            |                    |  |  |  |  |  |  |
|                       |                 | TOWED DUE TO DISABLING                       |                          | PRIVATE PARTY                                 |                    |  |  |  |  |  |  |
|                       |                 | What Driver Was Doing                        |                          | Vehicle Factors                               |                    |  |  |  |  |  |  |
|                       |                 | NEGOTIATING CURVE                            |                          |   |                    |  |  |  |  |  |  |
|                       |                 | Driver Prior Action Other                    |                          | NOT APPLICABLE                                |                    |  |  |  |  |  |  |
|                       |                 |  |                          |   |                    |  |  |  |  |  |  |
|                       |                 | Driver Actions                               |                          |   |                    |  |  |  |  |  |  |
|                       | щ               | SPEED TOO FAST/COND                          |                          |   |                    |  |  |  |  |  |  |
| ╘                     | VEHICL          |  |                          |   |                    |  |  |  |  |  |  |
| LIND                  | 포               |  |                          |   |                    |  |  |  |  |  |  |
| _                     | VE              |  |                          |   |                    |  |  |  |  |  |  |
|                       |                 |  |                          |   |                    |  |  |  |  |  |  |
|                       |                 | Owner Name                                   |                          | Owner Address                                 |                    |  |  |  |  |  |  |
| 2                     | 01              | JOHN C BROWN                                 |                          | 5601 US HIGHWAY 12<br>WAUNAKEE, WI 53597 , US |                    |  |  |  |  |  |  |
| 0                     | 0               |  |                          | TROTALE, III 00001 , 00                       |                    |  |  |  |  |  |  |
|                       |                 |  |                          |   |                    |  |  |  |  |  |  |
|                       | •               | Sequence Of Events                           |                          |   |                    |  |  |  |  |  |  |
|                       | 7               | Event RUN OFF ROADWAY RIGHT                  | -                        |   |                    |  |  |  |  |  |  |
|                       |                 |  |                          |   |                    |  |  |  |  |  |  |
|                       | S DITCH         |  |                          |   |                    |  |  |  |  |  |  |
|                       |                 |  |                          |   |                    |  |  |  |  |  |  |
|                       | 03              | Event  |                          |   |                    |  |  |  |  |  |  |
|                       | +               | Event  |                          |   |                    |  |  |  |  |  |  |
|                       | 04              |  |                          |   |                    |  |  |  |  |  |  |
|                       | Ī               | ndividual                                    |                          |   |                    |  |  |  |  |  |  |
|                       |                 | Driver                                       |                          | Citations Issued                              | Sex                |  |  |  |  |  |  |
|                       | _               | JOHN C BROWN                                 |                          | 2   | MALE               |  |  |  |  |  |  |
|                       | A               |  |                          | Date of Birth                                 | Race               |  |  |  |  |  |  |
| ⊨                     | ⊒∣              |  |                          |   |                    |  |  |  |  |  |  |
|                       | INDIVIDUAL      | Address                                      |                          | Driver License Number                         |                    |  |  |  |  |  |  |
|                       |                 | 5601 US HIGHWAY 12<br>WAUNAKEE, WI 53597, US |                          | STATE: WISCONSIN COUNTRY: UNITED STATES       |                    |  |  |  |  |  |  |
|                       | _               | WAGNAREE, WI 33397 , 03                      |                          |   |                    |  |  |  |  |  |  |
|                       |                 |  |                          |   |                    |  |  |  |  |  |  |
|                       | Sat             | On Duty Cr<br>fety Equipment                 | asn                      | Protective Gear                               |                    |  |  |  |  |  |  |
|                       |                 |  |                          | CLOVES JACKET LONG DANTS                      |                    |  |  |  |  |  |  |
|                       |                 | Row 01 - FRONT ROW                           | Seat Position  07 - LEFT | GLOVES, JACKET, LONG PANTS                    | PANIS              |  |  |  |  |  |  |
|                       |                 | Helmet Use                                   |                          | Helmet Compliance                             |                    |  |  |  |  |  |  |
|                       |                 | FULL-FACE                                    |                          | UNKNOWN                                       |                    |  |  |  |  |  |  |
|                       |                 | Eye Protection                               |                          | Tint Compliance                               |                    |  |  |  |  |  |  |
|                       |                 | YES: WORN                                    |                          | YES   |                    |  |  |  |  |  |  |
| _                     | Injury Severity |  |                          | Airbag  |                    |  |  |  |  |  |  |
| 2                     | 9               | Injury SUSPECT                               | TED SERIOUS INJUR        | NON DEPLOYED                                  |                    |  |  |  |  |  |  |
| Ejected Ejection Path |                 |  |                          | 1   | Trapped/Extricated |  |  |  |  |  |  |
|                       |                 | NOT APPLICABLE N                             | OT EJECTED/NOT APP       |   | NOT TRAPPED        |  |  |  |  |  |  |
|                       |                 | Medical Transport                            |                          | EMS Agency Identifier                         | EMS Run #          |  |  |  |  |  |  |
|                       |                 | EMS GROUND                                   |                          | 6000368                                       |                    |  |  |  |  |  |  |
|                       |                 | Hoopital                                     |                          | Date of Death                                 | Time of Death      |  |  |  |  |  |  |
|                       |                 | Hospital  UW HEALTH-AMERICAN CE              |                          | Date of Death                                 | Time of Death      |  |  |  |  |  |  |

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|   |            | Distracted By                       | Distracted By Son NOT APPLIC | ource<br>ABLE (NOT DISTRAC         | CTED)                       |                   |                      |                |  |  |  |
|---|------------|-------------------------------------|------------------------------|------------------------------------|-----------------------------|-------------------|----------------------|----------------|--|--|--|
|   |            | Distracted By Action NOT DISTRACTED | )                            |                                    |                             |                   |                      |                |  |  |  |
|   |            | Non Motorist                        | Striking Unit #              | Location                           |                             |                   |                      |                |  |  |  |
|   |            | Prior Action                        |                              | ·                                  |                             |                   |                      |                |  |  |  |
|   |            | Action                              |                              |                                    |                             |                   |                      |                |  |  |  |
| _ | INDIVIDUAL |                                     |                              |                                    |                             |                   |                      |                |  |  |  |
|   | Ν          |                                     |                              |                                    |                             |                   |                      |                |  |  |  |
| _ | N          |                                     |                              |                                    |                             |                   |                      |                |  |  |  |
|   |            |                                     |                              |                                    |                             |                   |                      |                |  |  |  |
|   |            | Action Other                        |                              |                                    |                             |                   |                      | To/From School |  |  |  |
|   | L          | Drug & Alcohol                      | Suspected Alco               | hol Use                            | Suspected Drug Use NO       |                   |                      | 1              |  |  |  |
|   |            | Alcohol Test Given TEST NOT GIVEN   |                              | Alcohol Test Type                  |                             |                   | Alcohol Test Results |                |  |  |  |
|   |            | Drug Test Given TEST NOT GIVEN      |                              | Drug Test Type                     |                             | Drug Test Results |                      |                |  |  |  |
| 5 | 00         | Drug Type                           |                              | <u>'</u>                           |                             |                   |                      |                |  |  |  |
|   |            | Individual Condition                |                              |                                    |                             |                   |                      |                |  |  |  |
|   |            | APPEARED NORM                       | MAL                          |                                    |                             |                   |                      |                |  |  |  |
|   | ,          | Violations                          |                              |                                    |                             |                   |                      |                |  |  |  |
|   | 5          | UTC Number<br>AD980585              | Issue To?                    | Statute Number <b>341.04(1)</b>    | Description NON-REGISTRATIO | N OF AUTO, ETC    |                      |                |  |  |  |
|   | 05         | UTC Number<br>AD980586              | Issue To?<br><b>001</b>      | Statute Number <b>343.05(3)(b)</b> | Description OPERATE MOTORO  | YCLE W/O VALI     | D LICENSE            |                |  |  |  |