

6TL09XQZ1S
20-06560

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 20-06560	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 07/05/2020		Crash Time 08:46 PM	Date Arrived 07/05/2020	Time Arrived 08:52 PM	
Date Notified 07/05/2020		Time Notified 08:47 PM	Total Units 02	Total Injured 01	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	Reconstruction By
	Photos By ISAAC GALVAN
	Additional Information PHOTOS
	<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING EASTBOUND ON W REDSTONE DR. UNIT 2 WAS TRAVELING WESTBOUND ON W REDSTONE DR. UNIT 1 AND UNIT 2 WERE BOTH LEFT OF CENTER. UNIT 1 STRUCK UNIT 2 HEAD ON. UNIT 1 SUFFERED INJURIES AND WAS TRANSPORTED TO REEDSBURG AREA MEDICAL HOSPITAL VIA AMBULANCE. UNIT 1 DID NOT HAVE A CLASS M LICENSE TO OPERATE MOTORCYCLE. UNIT 1 WAS CITED FOR OPERATING WITHOUT A VALID LICENSE AND OPERATING LEFT OF CENTER. UNIT 2 WAS INFORMED HIS VIOLATION WOULD BE REFERRED TO THE DISTRICT ATTORNEY FOR REVIEW. BOTH UNITS WERE REMOVED BY THE OWNERS.

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Location

ON W REDSTONE DR 1012 FT W OF LOON CT IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.610548474	Longitude -90.097367736
	X Coordinate 250046.640625	Y Coordinate 4833281
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02 - FRONT TO FRONT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification M CLASS		Unit Type MOTORCYCLE	
	Vehicle Type MOTORCYCLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number 571PR	Plate Type CYC - CYCLE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JS1SK44A7K7100937	Make SUZUKI	Year 2019	Model DR-Z400
		Color WHI - WHITE	Body Style EN - ENDURO		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE			
01	01	Owner Name CHACE A HORKAN (608) 217-8525		Owner Address S957 W REDSTONE DR LAVALLE, WI 53941 , US
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
Individual				
UNIT INDIVIDUAL	Driver CHRISTIAN ALEXANDER WINK (786) 606-1902		Citations Issued 2	Sex MALE
	Address S1365 E REDSTONE DR LAVALLE, WI 53941 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment		On Duty Crash	Protective Gear	
01	001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE
Helmet Use FULL-FACE		Helmet Compliance APPROVED		
Eye Protection NO		Tint Compliance UNKNOWN		
Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag NOT APPLICABLE	
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run # 201114	
Hospital REEDSBURG AREA MED CTR		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	

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UNIT INDIVIDUAL
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given Alcohol Test Type Alcohol Test Results
Drug Test Given Drug Test Type Drug Test Results
Drug Type
Individual Condition
Violations
UTC Number Issue To? Statute Number Description
AE757686 001 346.05(1) OPERATING LEFT OF CENTER
AE757689 001 343.05(3)(a) OPERATE W/O VALID LICENSE (1ST VIOLATION)

Unit Summary

UNIT 02
Unit Status Vehicle Operating As Classification Unit Type
IN TRANSIT O CLASS EQUIPMENT
Vehicle Type Operating As Endorsements
ATV/UTV (UTILITY TERRAIN VEHICLE)
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat Types
1 0 0 0 0
Insurance? Direction Of Travel Pre Crash Tire Mark Speed Limit Total Lanes
YES WESTBOUND 45 2
Most Harmful Event: Collision With Special Function Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT NO SPECIAL FUNCTION NOT APPLICABLE
Traffic Way Traffic Control Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED NO CONTROL NO
Surface Type Road Curvature Road Grade
BLACKTOP (BITUMINOUS) CURVE RIGHT LEVEL
Truck Bus or HazMat
NO

UNIT 02
Vehicle
License Plate Number Plate Type St Country of Issuance
1160UY ATV WI UNITED STATES
Vehicle Identification Number Make Year Model
IHFVE0303H4 HONDA 2017 UTV
Color Body Style Bus Use
GRN - GREEN AT - ALL TERRAIN VEHICLE
Initial Contact Point
12 - FRONT

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER
	What Driver Was Doing NEGOTIATING CURVE	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE	
	Owner Name BRANDON JOHN PEYER (608) 495-0490	Owner Address E4256 KICKAPOO CT LA VALLE, WI 53941 , US
	Sequence Of Events	
UNIT VEHICLE	Event 01 MOTOR VEH IN TRANSPORT	
	Event 02	
	Event 03	
	Event 04	
UNIT VEHICLE	Policy Holder	
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual BRANDON PEYER
UNIT INDIVIDUAL	Individual	
	Driver BRANDON JOHN PEYER (608) 495-0490	Citations Issued 0
		Sex MALE
		Date of Birth
UNIT INDIVIDUAL	Address E4256 KICKAPOO CT LA VALLE, WI 53941 , US	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment	
	On Duty Crash	Safety Equipment
UNIT INDIVIDUAL	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	SHOULDER & LAP BELT	
	Helmet Use	
	Helmet Compliance	
UNIT INDIVIDUAL	Eye Protection	
	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY
	Airbag NON DEPLOYED	
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	
	EMS Agency Identifier	
UNIT INDIVIDUAL	Hospital	EMS Run #
	Date of Death	Time of Death

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UNIT	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
	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					
02	002	Individual Condition				
		APPEARED NORMAL				

Witness

WITN 01	Individual MACY JANE GEBHARDT (608) 658-5998		Address 1018 FINCASTLE ST OREGON, WI 53575 , US		Date of Birth
	ESS				