

6TL0CX0Q6W

20-07572

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 20-07572	Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 08/01/2020		Crash Time 11:15 AM	Date Arrived 08/01/2020	Time Arrived 11:30 AM	
Date Notified 08/01/2020		Time Notified 11:16 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 type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Non reportable	Diagram	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 NORTH ON STH 113 ENTERING A SWEEPING CURVE. UNIT 1 BELIEVES HE HIT SOME LOOSE GRAVEL OR CRACK IN THE HIGHWAY AND LOST CONTROL OF THE CYCLE. UNIT 1 ENTERED THE NORTH DITCHLINE AND CAME TO REST ABOUT 15 FEET OFF THE FOG LINE. OPERATOR WAS IN FULL SAFETY EQUIPMENT AND APPARELL. 9109

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Location

ON STH113 NB 0.40 MI E OF CTHDL NB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.427494049	Longitude -89.689704895
	X Coordinate 282288.0625	Y Coordinate 4811803.5
	Structure Type	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	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 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With DITCH	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				
	01	License Plate Number SICU	Plate Type CYC - CYCLE	St IL	Country of Issuance UNITED STATES
		Vehicle Identification Number JKAKLEE16GDA84517	Make KAWASAKI	Year 2016	Model CYCLE
		Color BLK - BLACK	Body Style MC - MOTORCYCLE		Bus Use
	VEHICLE	Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	04 - RIGHT SIDE REAR, 06 - REAR, 12 - FRONT		

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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By OWNER	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name DAVID W SPICKERMAN (815) 761-7761		Owner Address 250 W GARFIELD ST WATERMAN, IL 60556 , US	
	Sequence Of Events			
01 02 03 04	Event DITCH			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ALLSTATE-INS-CO		Individual DAVID SPICKERMAN	
UNIT INDIVIDUAL	Individual			
	Driver DAVID W SPICKERMAN (815) 761-7761		Citations Issued 0	Sex MALE
	Address 250 W GARFIELD ST WATERMAN, IL 60556 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: ILLINOIS COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Protective Gear		GLOVES, BOOTS, JACKET, LONG PANTS	
	Helmet Use FULL-FACE		Helmet Compliance APPROVED	
	Eye Protection YES: WORN		Tint Compliance YES	
	Injury		Injury Severity NO APPARENT INJURY	
	Airbag		NON DEPLOYED	
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		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		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
	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			