

6TL0DCL4FW  
21-04421

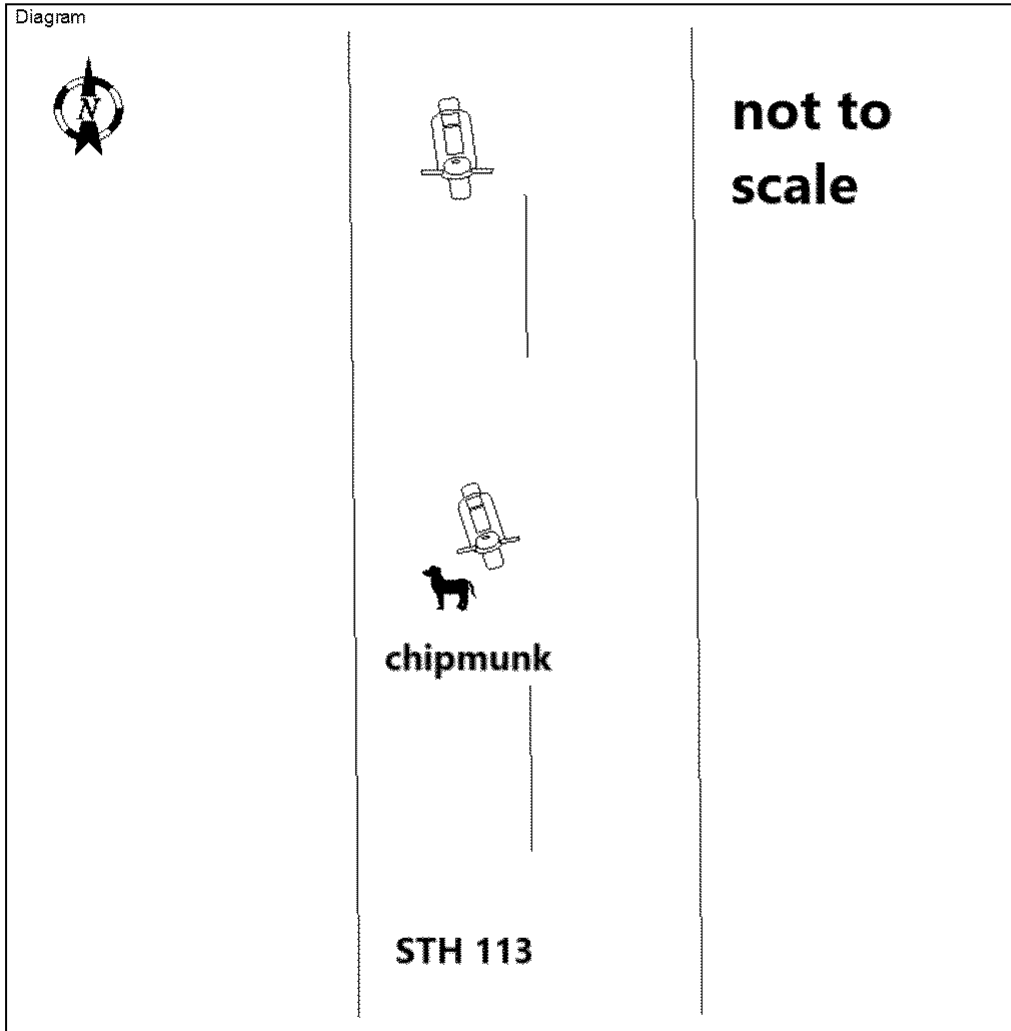
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override <b>6TL0B655RV</b>		Primary Crash Document#	Agency Crash Number <b>21-04421</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>05/22/2021</b>		Crash Time <b>11:00 AM</b>	Date Arrived <b>05/22/2021</b>	Time Arrived <b>11:30 AM</b>	
Date Notified <b>05/22/2021</b>		Time Notified <b>11:08 AM</b>	Total Units <b>01</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram  <p style="text-align: center;"><b>not to scale</b></p> <p style="text-align: center;"><b>chipmunk</b></p> <p style="text-align: center;"><b>STH 113</b></p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING S/B ON STH 113. UNIT 1 DRIVER STATED HE SAW A CHIPMUNK CROSS THE ROAD AND ATTEMPTED TO STEER AWAY FROM IT. UNIT 1 DRIVER STATED HE LOCKED UP THE REAR BRAKE WHICH CAUSED HIM FALL OFF THE BACK.

SPELLING OF DRIVER NAME

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**Location**

ON STH113 SB 0.37 MI N OF SOLUM LN IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.424450755	Longitude -89.685129442
	X Coordinate 282647.53125	Y Coordinate 4811453.5
	Structure Type	

**Crash Scene**

First Harmful Event <b>OTHER NON-COLLISION</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>M CLASS</b>		Unit Type <b>MOTORCYCLE</b>	
	Vehicle Type <b>MOTORCYCLE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>OTHER NON-COLLISION</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

<b>01</b>	License Plate Number <b>171MF</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>SMTD00NS7CT522785</b>	Make <b>TRIUMPH</b>	Year <b>2012</b>	Model <b>UNKNOWN</b>	
	Color <b>RED - RED</b>	Body Style <b>MC - MOTORCYCLE</b>		Bus Use	
	Initial Contact Point <b>00 - NON-COLLISION</b>				

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UNIT VEHICLE	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>JAMES MICHAEL HLLAND (608) 514-6771</b>		Owner Address <b>4912 PACKERS AVE MADISON, WI 53704 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>			
	01	Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		
	02	Event <b>FELL/JUMPED FROM MOTOR VEHICLE</b>		
	03	Event		
UNIT VEHICLE	04	Event		
	<b>Policy Holder</b>			
UNIT INDIVIDUAL	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>JAMES HLLAND</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>JAMES MICHAEL HOLLAND (608) 514-6771</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>4912 PACKERS AVE MADISON, WI 53704 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	
	Protective Gear <b>GLOVES, BOOTS, JACKET, LONG PANTS</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Airbag <b>NOT APPLICABLE</b>	
	Helmet Use <b>FULL-FACE</b>		Helmet Compliance <b>APPROVED</b>	
	Eye Protection <b>YES: WORN</b>		Tint Compliance <b>YES</b>	
	Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death

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<b>UNIT INDIVIDUAL          01 001</b>	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type Drug Test Results
	Drug Type	
Individual Condition <b>APPEARED NORMAL</b>		