24-08253

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override 6TL0F8QXX5	Primary Crash Document # Crash Time 10:35 AM Time Notified 10:37 AM t and Run Active School Zone		24-08253         DEPUT           Date Arrived         Time Arri           07/27/2024         10:56 A           Total Units         Total Inju           01         02		DEPUTY J	ting Officer/Deputy Y J. GREENWOOD			
2	Crash Date 07/27/2024					Time Arrived 10:56 AM	Time Arrived 10:56 AM			
οι ευμνινιελο	Date Notified 07/27/2024					Total Injured Total I		Killed		
בא	On Emergency					Trailer	or Towed	r Towed Reporting Threshold		
	Government Property					Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amend	ed	Secondary Crash		
l	Description Diagram						Reconstructio			
	CTH N	£01P						REENWOOD		
	401.7 401.7		CTH G				Additional Info PHOTOS	prmation		
			Not to sca	le						
	I, a sworn law enforceme UNIT 1 SB ON CTH G NEGOTIATIN UNIT 1 WAS MED-FLIGHTED TO UN HAND INJURY AND ROAD RASH.	G A CURVE HIT	GRAVEL IN THE RO	DAD, CAU	SING IT TO LOSE CONT	ROL, SLIDE, AND	ENTER THE DI 1 WAS TRANSI	TCH. THE OPERATOR OF PORTED TO RAMC FOR A		

WRONG PERSON AS DRIVER

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Location										
ON CTHG SB			Latitude 43.326519746			Longitud				
32 FT S OF CTHN SB									2107767	
IN THE TOWN OF BEA			X Coordina 246866.2			Y Coord 480181				
				Structure Type NO STRUCTURE						
Crash Scene										
First Harmful Event					First Harm	ful Event Lo	cation			
OVERTURN/ROLLOVI	ER	ON ROADWAY								
Manner of Collision		Light Condition								
00 - NO COLLISION W			DAYLIGHT							
Road Surface Condition(s)					Roadway I	Factor(s)				
DRY, GRAVEL										
Environment Factor(s)										
NONE										
Weather Condition(s)										
CLEAR										
Animal Type					Relation T	o Trafficway	'			
					TRAFFIC	WAY - ON	ROAD			
Crash Classification - Loca						sification -				
PUBLIC PROPERTY						NO SPECIAL JURISDICTION				
Tribal Land	Land				Access Control Special Study NO CONTROL					
Within Interchange Area	Junction Location		Intersection Type							
NO	INTERSECTION			T-INTERSECTION						
Closure Type				Reasons for Closure						
FULL CLOSURE										
Date Initial Lane/Rd Close		sed	MED FLIGHT							
07/27/2024	11:15 AM		D-4- 0	C'		·		d		
Date All Lanes Open 07/27/2024	Time All Lanes Open 11:35 AM		Date Sci 07/27/2	ene Cleare 2024	ed		me Scene Cleared I <b>:53 AM</b>			
Jnit Summary			~., <u>~</u> ., <u>~</u>							
Unit Status		Vehic	le Opera	ating As Cla	assification		Unit Type			
IN TRANSIT		M CL						YCLE		
Vehicle Type								Operating As Endorsements		
MOTORCYCLE										
Total Occs	Train/Bus # Recorded		Total # Citations Issu			Total Traile	ers		Mat Types	
2		0				0	-	0		
Insurance? YES	Direction Of Travel SOUTHBOUND			rashTire Iark		Speed Lim 55	iit	Total Lan <b>2</b>	es	
Most Harmful Event: Collis		Speci	Special Function				Emergency Motor Vehicle Use			
OVERTURN/ROLLOVER			AMBULANCE		_		-	DT APPLICABLE		
Traffic Way TWO-WAY, NOT DIVIDED			Traffic Control NO CONTROL				Traffic Control Inoperative/Missing NO			
			Road Curvature			Road Grade				
	CKTOP (BITUMINOUS)				CURVE LEFT			HILLCREST		
Truck Bus or HazMat <b>NO</b>										
Vehicle										
License Plate Number		e Type St Country of Issuance								
8542N			CYC - CYCLE				UNITED STATES			

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01	01	Vehicle Identification Number 1HD1FF4148Y696026		Make HARLEY DAVIDSON		ear 008	Model FLHT CLASS				
	-			Body Style		Bus Use					
				RS - ROAD-STREET							
⊨	Ë	00 - NON-COLLISION		Vehicle Damage 07 - LEFT REAR CORNER							
UNIT	VEHICLE										
	× N	FUNCTIONAL DAMAGE		5 4 3 2 1							
		Towed Due To Damage TOWED DUE TO DISABLIN		Vehicle Removed By							
		What Driver Was Doing		Vehicle Factors							
		NEGOTIATING CURVE		NOT APPLICABLE							
		Driver Prior Action Other									
		Driver Actions									
∟	Щ	FAILURE TO CONTROL									
UNIT	VEHICLE										
	Ň										
	•										
		Owner Name GLEN RUDIE		Owner Address 8962 MARION LI	N						
6	01	(715) 305-4859	FREMONT, WI 54940 , US								
	;	Sequence Of Events									
	0	Event OVERTURN/ROLLOVER									
	02	Event DITCH									
	03	Event									
	04	Event									
F	l	Policy Holder									
UNIT		Insurance Company AUTO-OWNERS-INS-CO	Individual CINDY RUDIE								
	I	Individual									
		Driver GLEN RUDIE	Citations Issued 0	Sex MALE							
	JAL	(715) 305-4859	Date of Birth	Race							
E	ם			WHITE							
UNIT	INDIVIDUA	Address 8962 MARION LN		Driver License Number							
	Z	FREMONT, WI 54940, US	STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sat	fety Equipment	Protective Gear								
		Row	Seat Position	BOOTS, JACKET, LONG PANTS							
		01 - FRONT ROW 07 - LEFT Helmet Use		Helmet Compliance							
		THREE-QUARTER	APPROVED								
		Eye Protection	Tint Compliance								
	~	YES: WORN	YES Airbag								
2	8 Injury Seveniy SUSPECTED SERIOUS INJUR			NON DEPLOYED							
		Ejected	Trapped/Extricated								
		NOT APPLICABLE	NOT EJECTED/NOT APP				NOT TRAPPED				

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					EMS Agency Identifier 6001285		EMS Run #				
		Hospital UW HEALTH-AMERICAN	CENTER		Date of Death		Time of Death				
		Distracted By NOT A	ed By Source	E (NOT DISTRAC	CTED)		1				
		Distracted By Action NOT DISTRACTED		-	-						
		Non Motorist	Unit #	Location							
		Prior Action									
		Action									
	JAL										
UNIT	INDIVIDUAL										
_	IND										
		Action Other						To/From School			
	L	Drug & Alcohol NO			Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Resul					
		Drug Test Given Drug TEST NOT GIVEN		Drug Test Type	Drug Test Resul		J;				
0	001	Drug Type									
	•	Individual Condition									
		APPEARED NORMAL									
	l	Individual									
		Passenger CINDY RUDIE			Citations Issued Sex 0 FEMALE						
	UAL	(715) 305-4859		Date of Birth	Race						
UNIT					WHITE						
5	INDIVID	Address 8962 MARION LN FREMONT, WI 54940 ,US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Crash ety Equipment			Protective Gear						
	Gui	Row 02 - SECOND ROW	w Seat Position		BOOTS, JACKET, LONG PANTS						
		Helmet Use		Helmet Compliance UNKNOWN							
		Eye Protection YES: WORN			Tint Compliance UNKNOWN						
6	002		Injury Severity SUSPECTED MINOR INJURY		Airbag NON DEPLOYED						
		Ejected NOT APPLICABLE	Ejection Pa	<sup>th</sup> CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport			EMS Agency Identifier		EMS Run #				
A/:		EMS GROUND	This report	6001024 rt does not include any CJIS data. Crash Date 07/27/2024							

Wisconsin Motor Vehicle Crash Form DT4000

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		Hospital		Date of Death		Time of Death	of Death	
		REEDSBURG AREA MED CTR Distracted By So						
		Distracted By	urce					
		Distracted By Action						
		Non Motorist	Location					
		Prior Action						
ĺ		Action						
	_							
Ι.	INDIVIDUAL							
UNIT	Ĩ							
5	N							
	Z							
		Action Other					To/From School	
	1	Drug & Alcohol NO	ol Use	Suspected Drug Use				
		Alcohol Test Given	Alcohol Test Type	9		Alcohol Test Results		
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
5	002	Drug Type						
	0							
		Individual Condition						
		APPEARED NORMAL						
		AFFEARED NORWAL						
	Wit	ness						
_	Indiv	vidual		Address	.,		Date of Birth	
9	1740	HARD RENNHACK 5) 650-0829		7254 COUNTY ROAD MARSHFIELD, WI 544	v 149.,US			
WITN ESS		,		,,	.,			
≥ш								