

6TL0C884FZ
20-11505

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 20-11505	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 09/25/2020		Crash Time 03:15 PM	Date Arrived 09/25/2020	Time Arrived 03:31 PM	
Date Notified 09/25/2020		Time Notified 03:19 PM	Total Units 01	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 <p>STH 136</p> <p>Not To Scale</p>	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.

ON 09-25-20 MOTORCYCLE WAS EASTBOUND ON STH 136 NEGOTIATING A CURVE IN THE ROAD. OPERATOR LOST CONTROL OF MOTORCYCLE AND SLIDE INTO THE SOUTH DITCH LINE.

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Location

ON STH136 EB 928 FT W OF SCENIC RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.47716439	Longitude -89.861178553
	X Coordinate 268597.53125	Y Coordinate 4817782.5
	Structure Type NO STRUCTURE	

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 EASTBOUND	<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 HILLCREST	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 176NS	Plate Type CYC - CYCLE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JKBVNKD136A007751	Make KAWASAKI	Year 2006	Model VULCAN
		Color GRN - GREEN	Body Style MC - MOTORCYCLE		Bus Use
		Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE MIDDLE		
Extent Of Damage FUNCTIONAL DAMAGE					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By MIKES TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name JOHN CONNERS (614) 230-1530		Owner Address 2134 S THOMPSON DR MADISON, WI 53716 , US	
	Sequence Of Events			
01	01	Event DITCH		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		Individual JOHN CONNERS	
UNIT INDIVIDUAL	Individual			
	Driver JOHN CONNERS (614) 230-1530		Citations Issued 0	Sex MALE
	Address 2134 S THOMPSON DR MADISON, WI 53716 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Protective Gear LONG PANTS
	Helmet Use HALF		Helmet Compliance APPROVED	
	Eye Protection YES: WORN		Tint Compliance YES	
	Injury		Injury Severity POSSIBLE INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND		EMS Agency Identifier 574	EMS Run #
	Hospital ST CLARE'S HOSPITAL		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist	Striking Unit #		Location		
		Prior Action				
	INDIVIDUAL	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					
	01	001	Individual Condition APPEARED NORMAL			