#### 6TL0CBQ6QJ 22-06265

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

|     | Document Number Override | Primary Crash E           | Primary Crash Document# |   | ⁄ Crash Number<br>265 | Investigating Officer/Deputy  DEPUTY A. JAHNKE |                 |  |                        |
|-----|--------------------------|---------------------------|-------------------------|---|-----------------------|--|-----------------|--|------------------------|
| g   | Crash Date<br>07/02/2022 | Crash Time<br>02:15 PM    |                         |   | rived<br>2022         | Time Arrived 02:19 PM                          |                 |  |                        |
| BQ6 | Date Notified 07/02/2022 | Time Notified 02:17 PM    |                         |   | nits                  | Total Injured 01                               | Total Killed 00 |  |                        |
|     | On Emergency             | Hit and Run               | and Run 🗸 Lane Closu    |   | ☐ Work Zone           | Trailer or 1                                   | Towed           |  | Reporting<br>Threshold |
| 6TL | Government Property      | Active Sc                 | Active School Zone      |   | Bus Related           | Tags   |                 |  |                        |
| _   | Reportable               | Crash Type<br>DT4000 (STA | NDARD CRASH             | ) |                       | Amended  |                 |  | Secondary<br>Crash     |

Description Diagram Reconstruction By Photos By **A.JAHNKE** Additional Information **PHOTOS** notto scale

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

UNIT 1 TRAVELING EASTBOUND ON CTY TK D. UNIT 1 SPEEDING WHILE TRYING TO NEGOTIATE CURVE TO THE LEFT. UNIT 1 LEFT ROADWAY ENTERING DITCH LINE. UNIT 1 TRAVELED THE DITCH LINE APPROXIMATELY 172.8 FEET. UNIT 1 STRUCK A CULVERT WHICH CAUSED UNIT 1 TO CRASH AND LAUNCHED THE OPERATOR. OPERATOR OF UNIT 1 WAS TRANSPORTED TO UW HOSPITAL. UNIT 1 WAS REMOVED BY SHIELD'S TOWING.

Crash Date 07/02/2022 Crash Time 02:15 PM

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Crash Date 07/02/2022

Crash Time 02:15 PM

| Location <b>——</b>  |  |    |                                      |                                      |   |                            |               |                                 |         |  |  |
|---|--|----|--------------------------------------|--------------------------------------|---|----------------------------|---------------|---------------------------------|---------|--|--|
| ON CTHD EB  |  |    |                                      |                                      | Latitude  |                            |               | Longitud                        |         |  |  |
| 191 FT W  |  |    |                                      |                                      |   | 43.380627052 -89.969661108 |               |                                 | 9661108 |  |  |
| OF CTHPF EB   |  |    |                                      |                                      |   | Coordinate Y Coordinate    |               |                                 | linate  |  |  |
| IN THE TOWN OF WESTFIELD IN SAUK COUNTY                                     |  |    |                                      |                                      |   | 259441.03125 4807368       |               |                                 |         |  |  |
| IN SMOR COOK I I  |  |    |                                      |                                      |   | уре                        |               | 1                               |         |  |  |
|   |  |    |                                      |                                      |   |                            |               | NO STRUCTURE                    |         |  |  |
| Crash Scene   |  |    |                                      |                                      |   |                            |               |                                 |         |  |  |
| First Harmful Event   |  |    |                                      |                                      | First Harmt   | ful Eventi                 | ocation       |                                 |         |  |  |
| DITCH   |  |    |                                      |                                      |   |                            |               | NKNOW                           | N       |  |  |
| Manner of Collision   | OFF ROADWAY, LOCATION UNKNOWN              |    |                                      |                                      |   |                            |               |                                 |         |  |  |
| 00 - NO COLLISION W/VE  | HICLE IN TRANSPORT                         |    |                                      |                                      | Light Condition  DAYLIGHT                             |                            |               |                                 |         |  |  |
| Road Surface Condition(s)   |  |    |                                      |                                      | Roadway Factor(s)                                     |                            |               |                                 |         |  |  |
| DRY   |  |    |                                      |                                      | , todanay,  | 40101(0)                   |               |                                 |         |  |  |
| Environment Factor(s)   |  |    |                                      |                                      | -   |                            |               |                                 |         |  |  |
| NONE  |  |    |                                      |                                      | NONE  |                            |               |                                 |         |  |  |
| Weather Condition(s)  |  |    |                                      |                                      | 1   |                            |               |                                 |         |  |  |
| CLEAR   |  |    |                                      |                                      |   |                            |               |                                 |         |  |  |
| Animal Type   |  |    |                                      |                                      | Relation To Trafficway                                |                            |               |                                 |         |  |  |
|   |  |    |                                      |                                      | TRAFFICWAY - ON ROAD                                  |                            |               |                                 |         |  |  |
| Crash Classification - Location   |  |    |                                      |                                      | Crash Classification - Jurisdiction                   |                            |               |                                 |         |  |  |
| PUBLIC PROPERTY  Tribal Land  |  |    |                                      |                                      | NO SPECIAL JURISDICTION  Access Control Special Study |                            |               |                                 |         |  |  |
| InbalLand   |  |    |                                      |                                      | NO CONTROL  |                            |               |                                 |         |  |  |
| Within Interchange Area   | Junction Location                          |    |                                      | Intersection                         | ion Type I INTERSECTION                               |                            |               |                                 |         |  |  |
| NO  | NON-JUNCTION                               |    | _                                    |                                      |   | HUN                        |               |                                 |         |  |  |
| Closure Type  |  |    | Reaso                                | ons for Clos                         | ure   |                            |               |                                 |         |  |  |
| FULL CLOSURE  | I = 1 = 1 = 1 = 1 = 1 = 1 = 1              |    |                                      | ENEODO                               | -   | DE/EMO                     |               |                                 |         |  |  |
| Date Initial Lane/Rd Closed Time Initial Lane/Rd Closed D2:30 PM LAW ENFORC |  |    |                                      |                                      | EMENT, FIXE/EMS                                       |                            |               |                                 |         |  |  |
| Date All Lanes Open   | Time All Lanes Open                        |    | l                                    | ate Scene Cleared Time Scene Cleared |   |                            |               |                                 |         |  |  |
| 07/02/2022  | 03:14 PM                                   |    | 07/02                                | 2/2022                               | 03:38 PM  |                            |               |                                 |         |  |  |
| Unit Summary -  |  |    |                                      |                                      |   |                            |               |                                 |         |  |  |
| Unit Status   |  |    |                                      | erating As C                         | lassification   |                            | UnitType      |                                 |         |  |  |
| IN TRANSIT  |  | MC | /I CLASS                             |                                      |   |                            | MOTORCY       |                                 |         |  |  |
| Vehicle Type  |  |    |                                      |                                      | Operating As Endorsements                             |                            |               |                                 | ments   |  |  |
| MOTORCYCLE  |  |    |                                      |                                      |   |                            |               |                                 |         |  |  |
| Total Occs  | cs Train/Bus#Recorded Total#CitationsIssue |    |                                      | ions Issued                          | Total Trailers 0                                      |                            | lers          | Total HazMat Types  0           |         |  |  |
| Insurance?  | Direction Of Travel                        | 1_ | Pre                                  | CrashTire                            |   |                            | mit           | TotalLanes                      |         |  |  |
| YES   | EASTBOUND                                  |    |                                      | Mark                                 |   | 55                         |               | 2                               |         |  |  |
| Most Harmful Event: Collision With DITCH                                    |  |    | Special Function NO SPECIAL FUNCTION |                                      | TION  | 1 3                        |               | y Motor Vehicle Use<br>PLICABLE |         |  |  |
| Traffic Way Traffic Control   |  |    |                                      |                                      | Traffic Control Inoperative/Missing                   |                            |               | tive/Missing                    |         |  |  |
|   |  |    |                                      | CONTROL                              |   |                            | NO            |                                 |         |  |  |
| Surface Type R  |  |    |                                      | Road Curvature                       |   |                            | Road Grade    |                                 |         |  |  |
| BLACKTOP (BITUMINOUS)   |  |    | URVE LEFT                            |                                      |   | LEVEL                      |               |                                 |         |  |  |
| Truck Bus or HazMat   |  |    |                                      |                                      |   |                            |               |                                 |         |  |  |
| NO  |  |    |                                      |                                      |   |                            |               |                                 |         |  |  |
| Vehicle   |  |    |                                      |                                      |   |                            |               |                                 |         |  |  |
| License Plate Number  |  |    | te Туре                              |                                      | St Country of Issuance                                |                            |               |                                 |         |  |  |
|   |  |    |                                      | YC - CYCLE                           |   | WI                         | UNITED STATES |                                 |         |  |  |
| Vehicle Identification Number Make  |  |    |                                      |                                      | Year Model  |                            |               |                                 |         |  |  |
| 5 1HD1KRC17HB617806 HARLEY  |  |    |                                      |                                      | IDSON 2017  |                            | FLHXS         |                                 |         |  |  |

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|  |          | Color  |                      |   | Body Style                              |                 | Bus Use                           |                                       |  |  |  |  |
|--|----------|--|----------------------|---|---|-----------------|-----------------------------------|---------------------------------------|--|--|--|--|
|  |          | BLK - BLACK  |                      |   | - MOTORCYCLE                            |                 |                                   |                                       |  |  |  |  |
|  | Ш        | Initial Contact Point  |                      | Vehicle Damage 7 8 9 10 11              |   |                 |                                   |                                       |  |  |  |  |
| UNIT                                     | <u>o</u> | 12 - FRONT   |                      |   | - RIGHT FRONT CO                        |                 |                                   | 6 12                                  |  |  |  |  |
| 5  | VEHICLE  | Extent Of Damage   |                      |   | ONT, 03 - RIGHT SI<br>AR, 05 - RIGHT RE |                 |                                   | 5 4 3 2 1                             |  |  |  |  |
|  | 3        | DISABLING DAMAGE   |                      |   |   | AIT COMMENT, OF | ) - KEAK, 07 - E                  | DAGABERREDA DISBERSE LA DA BERSEDA AV |  |  |  |  |
|  |          | Towed Due To Disage INC DAMAGE                                 |                      | Vehicle Removed By                      |   |                 |                                   |                                       |  |  |  |  |
|  |          | TOWED DUE TO DISABLING DAMAGE                                  |                      | _                                       | ELDS TOWING                             |                 |                                   |                                       |  |  |  |  |
|  |          | What Driver Was Doing NEGOTIATING CURVE                        |                      | ven                                     | icle Factors                            |                 |                                   |                                       |  |  |  |  |
|  |          | Driver Prior Action Other                                      |                      | NOT APPLICABLE                          |   |                 |                                   |                                       |  |  |  |  |
|  |          |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  |          | Driver Actions Driver Actions                                  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  | ш        | SPEED TOO FAST/COND  |                      |   |   |                 |                                   |                                       |  |  |  |  |
| ⊨  | VEHICLE  |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
| N  | Ĭ        |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
| _  | Ш        |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  |          |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  |          | Owner Name   |                      |   | Owner Address                           |                 |                                   |                                       |  |  |  |  |
| _  | 4        | MATTHEW WESLEY HEIGN<br>(260) 351-2828                         |                      | 3305 ROUND TABLE WAY                    |   |                 | _                                 |                                       |  |  |  |  |
| 2  | 5        |  |                      | CROSS PLAINS, WI 53528 , US             |   |                 |                                   |                                       |  |  |  |  |
|  |          |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  |          | Sequence Of Events   |                      | 8778778                                 |   |                 |                                   |                                       |  |  |  |  |
|  |          | Event  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  | 5        | DITCH  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  | 8        | Event<br>FELL/JUMPED FROM MOT                                  | OR VEHICLE           |   |   |                 |                                   |                                       |  |  |  |  |
|  |          | Event  | OIL VERIOLE          |   |   |                 |                                   |                                       |  |  |  |  |
|  | 8        |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  | 8        | Event  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  |          |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
| ╘  |          | Policy Holder  |                      |   |   |                 |                                   |                                       |  |  |  |  |
| N  |          | Insurance Company  |                      |   | dividual                                |                 |                                   |                                       |  |  |  |  |
| _  |          | STATE-FARM-GENERAL-IN  | (S-CO                | IV.                                     | IATTHEW HEIGN                           |                 |                                   |                                       |  |  |  |  |
|  |          | Individual   |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  |          | Driver   |                      |   | Citations Issued Sex                    |                 |                                   |                                       |  |  |  |  |
|  | 4        | MATTHEW WESLEY HEIGN<br>(260) 351-2828                         |                      | 0                                       |   | MALE            |                                   |                                       |  |  |  |  |
|  | DUA      |  |                      | D                                       | ate of Birth                            | Race<br>WHITE   |                                   |                                       |  |  |  |  |
| ≒  |          |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
| S  | M        | Address<br>3305 ROUND TABLE WAY<br>CROSS PLAINS, WI 53528 , US |                      | Driver License Number                   |   |                 |                                   |                                       |  |  |  |  |
|  | Z        |  |                      | STATE: WISCONSIN COUNTRY: UNITED STATES |   |                 |                                   |                                       |  |  |  |  |
|  |          |  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  |          | On Duty C  | rash                 | Protective Gear                         |   |                 |                                   |                                       |  |  |  |  |
|  | Sai      | ty Equipment   |                      | NONE                                    |   |                 |                                   |                                       |  |  |  |  |
|  |          | Row Seat Position  |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  |          | 01 - FRONT ROW   | 07 - LEFT            |   |   |                 |                                   |                                       |  |  |  |  |
|  |          | HelmetUse  |                      | Helmet Compliance                       |   |                 |                                   |                                       |  |  |  |  |
|  |          | NO   |                      | UNKNOWN                                 |   |                 |                                   |                                       |  |  |  |  |
|  |          | Eye Protection   |                      |   | TintCompliance                          |                 |                                   |                                       |  |  |  |  |
|  |          | YES: WORN AND WINDSHIELD                                       |                      |   | YES                                     |                 |                                   |                                       |  |  |  |  |
| Injury Severity  Suspected Serious INJUR |          |  |                      |   | Airbag                                  |                 |                                   |                                       |  |  |  |  |
| J  | 9        | Injury SUSPECTED SERIOUS INJUR                                 |                      |   |   |                 |                                   |                                       |  |  |  |  |
|  |          | Ejected Ejection Path  NOT APPLICABLE NOT EJECTED/NOT AP       |                      |   | ABLE                                    |                 | Trapped/Extricated NOT APPLICABLE |                                       |  |  |  |  |
|  |          | Medical Transport  | 2020 / 20/110 / At 1 |   | MS Agency Identifier                    |                 | EMS Run#                          | · <del>-</del>                        |  |  |  |  |
|  |          | EMS GROUND   |                      |   | 001024                                  |                 |                                   |                                       |  |  |  |  |

Crash Date 07/02/2022 Crash Time 02:15 PM

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

Crash Date 07/02/2022

Crash Time 02:15 PM

|      | Hospital                          |                          | Date of Death |                   | Time of Death        |                |
|------|-----------------------------------|--------------------------|---------------|-------------------|----------------------|----------------|
|      | UW HEALTH-AMERICAN CENT           | ER                       |               |                   |                      |                |
|      | Distracted By SounKNOWN           | ource                    |               |                   |                      |                |
|      | Distracted By Action UNKNOWN      |                          |               |                   |                      |                |
|      | Non Motorist Striking Unit#       | Location                 |               |                   |                      |                |
|      | Prior Action                      |                          |               |                   |                      |                |
|      | Action                            |                          |               |                   |                      |                |
| ¥    |                                   |                          |               |                   |                      |                |
| UNIT |                                   |                          |               |                   |                      |                |
|      |                                   |                          |               |                   |                      |                |
|      |                                   |                          |               |                   |                      |                |
|      | Action Other                      |                          |               |                   |                      | To/From School |
|      | Drug & Alcohol NO                 | Suspected Drug Use<br>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 |                      |                |
| 2 🖁  | Drug Type                         |                          |               |                   |                      |                |
|      | Individual Condition              |                          |               |                   |                      |                |
|      | APPEARED NORMAL                   |                          |               |                   |                      |                |