

6TL0BC3B65
22-07434

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 22-07434		Investigating Officer/Deputy DEPUTY W. VERTEIN	
Crash Date 07/31/2022		Crash Time 11:31 AM		Date Arrived 07/31/2022		Time Arrived 11:45 AM	
Date Notified 07/31/2022		Time Notified 11:35 AM		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 checked="" 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

<p>Diagram</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 THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING WESTBOUND. AS THE OPERATOR WAS ATTEMPTING TO NEGOTIATE A CURVE, HE LOST CONTROL OF UNIT 1. UNIT 1 ENTERED THE WESTERNMOST DITCH LINE WHERE IT OVER TURNED ONCE IT STRUCK GRAVEL. THE OPERATOR COMPLAINED OF RIB AND SHOULDER PAIN. HE WAS TRANSPORTED TO THE LOCAL HOSPITAL.

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Location

ON STH60 WB 382 FT W OF WILLIAMS RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.201615445	Longitude -89.961613348
	X Coordinate 259387.671875	Y Coordinate 4787463.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location ROADSIDE	
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 01	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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OVERTURN/ROLLOVER	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				

Vehicle

UNIT VEHICLE 01	License Plate Number BL1475	Plate Type CYC - CYCLE	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number JKBVNRB13LA021284	Make KAWASAKI	Year 2020	Model VULCAN
	Color SIL - SILVER (ALUMINUM)	Body Style MC - MOTORCYCLE		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 03 - RIGHT SIDE MIDDLE, 05 - RIGHT REAR CORNER, 08 - LEFT SIDE REAR, 10 - LEFT SIDE FRONT		
Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions RAN OFF ROADWAY			
01 01	Owner Name BRUCE J HANDLER (847) 525-6735		Owner Address 788 LAUREL AVE HIGHLAND PARK, IL 60035 , US	
	Sequence Of Events			
01 01	01	Event RUN OFF ROADWAY RIGHT		
	02	Event DITCH		
	03	Event OVERTURN/ROLLOVER		
	04	Event		
UNIT	Policy Holder			
	Insurance Company GEICO-GENERAL-INS-CO		Individual BRUCE HANDLER	
UNIT INDIVIDUAL	Individual			
	Driver BRUCE J HANDLER (847) 525-6735		Citations Issued 0	Sex MALE
	Address 788 LAUREL AVE HIGHLAND PARK, IL 60035 , US		Date of Birth [REDACTED]	Race WHITE
	Driver License Number [REDACTED]		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 UNKNOWN		Eye Protection YES: WORN AND WINDSHIELD	
	Tint Compliance UNKNOWN		Airbag NOT APPLICABLE	
	Injury		Injury Severity SUSPECTED MINOR INJURY	
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport EMS GROUND	
EMS Agency Identifier 6000554		EMS Run #		
Hospital SAUK PRAIRIE HOSP		Date of Death		
Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/From School	
INDIVIDUAL	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					

01	Property Owner				
	PROP OWNER	01 Government TOWNSHIP OF TROY (608) 544-3549		Address E9699 FUCHS RD SAUK CITY, WI 53583 , US	

Fixed Objects Struck				
01	Striking Unit 01	Struck Object DITCH	Structure Number	Damage Tag Number NA