WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override			Agency 22-077	Crash Number	Investigating Officer/Deputy DEPUTY A. WILCOX			
Crash Date 08/08/2022	Crash Time 07:21 PM		Date Ar		Time Arrived 07:31 PM			
Date Notified 08/08/2022	Time Notified 07:23 PM		Total Ur 01		Total Injured	Total Kille	d	
On Emergency	lit and Run	Lane Closs	ure	☐ Work Zone	Trailer	r Towed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amende	d	Secondary Crash	
escription Diagram						Reconstruction	n By	
Not to scale	\$				-	Photos By A. WILCOX		
					_	Additional Info PHOTOS	rmation	
CTH D	/			STOP				
खाइक्रीन खाइक्रीन								
	est.			-				
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		Car	l mp Roa	d A				
		1		,	1			

UNIT 1 WAS TRAVELING WESTBOUND ON CTH D. UNIT 1 OPERATOR DYLAN R. HUEFNER WENT TO DOWNSHIFT UNIT 1 TO NEGOTIATE A LEFT-HAND CURVE. UNIT 1 AND THE OPERATOR RAN OFF THE ROAD AND ENTERED THE DITCH ON THE RIGHT SIDE OF THE ROAD. UNIT 1 AND THE OPERATOR TRAVELED THROUGH THE GRASS YARD UNTIL THE OPERATOR LOST CONTROL. UNIT 1 SLID ON ITS RIGHT SIDE WHILE THE OPERATOR WAS ON TOP OF UNIT 1. UNIT 1 AND THE OPERATOR CAME TO A STOP ON THE SHOULDER OF CAMP ROAD. THE OPERATOR HAD A SUPERFICIAL WOUND ON HIS FOREHEAD AND A RIGHT ANKLE INJURY. THE OPERATOR WAS TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER. STEVES TOWING REMOVED UNIT 1 FROM THE SCENE. WITNESS 1, IDENTIFIED AS KOLE L. MCCAN, AND WITNESS 2, IDENTIFIED AS MORGAN R. WARRENS, WERE TRAVELING WEST BOUND ON CTH D WHEN THEY OBSERVED UNIT 1 NEGOTIATING A LEFT-HAND CURVE AND RAN OFF THE ROADWAY, LOSING CONTROL.

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	Location ===									
,	ON CAMP RD				Latitude			Longi	tude	
	77 FT S					43.460212813		-89.937275757		
	OF CTHD WB IN THE TOWN OF FREEDOM IN SAUK COUNTY				X Coordin 262376.3			Y Coo 4816	ordinate 114	
						Structure Type NO STRUCTURE				
	Crash Scene									
	First Harmful Event				FirstHarm	nful Event Lo	cation			
	DITCH				SHOULE	ER RIGH	Г			
	Manner of Collision				Light Condition					
	00 - NO COLLISION W/V	EHICLE IN TRANSPORT			DAYLIGHT					
	Road Surface Condition(s)				Roadway	Factor(s)				
	DRY									
	Environment Factor(s)]					
	NONE				NONE					
	Weather Condition(s) CLEAR									
	AnimalType				Polation T	o Trafficway	.1			
	Animal Type					CWAY - OI				
	Crash Classification - Location PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	TribalLand				Access Control Special Study NO CONTROL			Special Study		
	Within Interchange Area NO NON-JUNCTION			1	tersection Type OT AN INTERSECTION					
	Unit Summary =									
	Unit Status		Vehicle Ope	erating As C	lassification	1	UnitType			
	IN TRANSIT M CLASS				MOTORCYCLE					
_	Vehicle Type				Operating As Endorsements			sements		
0	MOTORCYCLE									
	Total Occs Train/Bus#Recorded		Total#Citar	Total#Citations Issued 0		t Total Traile 0		ilers Total HazMat Types 0		
	Insurance? Direction Of Travel YES WESTBOUND		Pre	Pre CrashTire		Speed Limit 55		nit Total Lanes		
LINO	Most Harmful Event: Collision	SpecialFur	Mark Special Function				ncy Motor Vehicle Use			
5	DITCH	t AAIMt		NO SPECIAL FUNCTION		TION		NOT APPLICABLE		
	Traffic Way	.		Traffic Control NO CONTROL			Traffic Control Inoperative/Missing NO			
	TWO-WAY, NOT DIVIDED Surface Type		Road Curvature				Road Grade			
	BLACKTOP (BITUMINOUS)			CURVE RIGHT			LEVEL			
	Truck Bus or HazMat									
	NO									
	Vehicle									
	License Plate Number	AMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAMONINAM	Plate Type			St	Country of Is		iiodialistiiotialistiotialistiotialistiotialistiotialistiotialistiotialisti	
	340UR	CYC - CY	CYC - CYCLE		WI	UNITED ST	TED STATES			
01	Vehicle Identification N	Make			Year	Model				
0	5 1HD1CGP42WY220		HARLEY DAVIDSON		1998	XL1200				
	Color RED - RED				Body Style Bus Use					
	Initial Contact Point			Vehicle Damage						
LNN				HT SIDE F	RONT, 03 - RIGHT SIE		SIDE MIDDL	E	7 8 9 10 11 6 12	
	FUNCTIONAL DAMAGE								5 4 3 2 1	

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		Towed Due To Damage TOWED DUE TO DISABLIN	NG DAMAGE	Vehicle Removed By STEVES AUTO SER	VICE				
		What Driver Was Doing	NG DAMAGE	Vehicle Factors	WICE				
		NEGOTIATING CURVE							
		Driver Prior Action Other		NOT APPLICABLE					
UNIT	VEHICLE	Driver Actions RAN OFF ROADWAY							
5	5	OwnerName DYLAN ROBERT HUEFNE (608) 495-5193	R	Owner Address 230 W MAIN ST REEDSBURG, Wt 53959 , US					
		l Sequence Of Events				nesias la suasta suasta suasta suasta sua sua sua sua sua sua sua sua sua su			
	10	Event RUN OFF ROADWAY RIGH		30012032000-20312032203-203120322032203	3022002-2002-2002-2002-2002-2002-2002-2				
	05	Event DITCH							
	8	Event							
	75	Event							
_		l Policy Hölder							
N N		Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual DYLAN HUEFNER					
		Driver DYLAN ROBERT HUEFNER (608) 495-5193		Citations Issued Sex					
	3			0 Date of Birth	MALE th Race				
⊨	置			WHITE					
TINO	NDIVIDUA	Address 230 W MAIN ST REEDSBURG, WI 53959 , US		Drivert icense Number STATE: WISCONSIN COUNTRY: UNITED STATES					
	C.	On Duty (Crash	Protective Gear					
	Sal	Row Seat Position		BOOTS, JACKET, LONG PANTS					
		01 - FRONT ROW	07 - LEFT						
		NO	Helmet Compliance UNKNOWN						
		Eye Protection YES: WORN		Tint Compliance NO					
5	3	Injury Se Injury SUSPE	Airbag NON DEPLOYED						
		Ejected Ejection Path NOT APPLICABLE NOT EJECTED/NOT API		PLICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport EMS GROUND		EMS Agency Identifier 6001024		EMS Run#			
				6001024	Date of Death Time of Death				
		Hospital				Time of Death			
		Hospital REEDSBURG AREA MED (d By Source	Date of Death		Time of Death			
		Hospital REEDSBURG AREA MED (d By Source	Date of Death		Time of Death			

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		Striking Unit# Non Motorist	Location				
		Prior Action					
TIND	INDIVIDUAL	Action					
	Z	Action Other					To/From School
	ı	Drug & Alcohol NO	ise	Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Type					Alcohol Test Results	
					Drug Test Results		
٤	60	Drug Type					
		Individual Condition					
		APPEARED NORMAL					
	Wit	ness					
WITN 01 ESS 01	Individual KOLE LEE MCCANN (608) 415-3951			Address S5796 SUNRISE RD LOGANVILLE, WI 539	Di	ate of Birth	
	Wit	ness					
WITN 02 ESS 02	Norgan Rose Warrens (920) 912-7992			Address S5796 SUNRISE RD LOGANVILLE, WI 539	43 , US	De	ate of Birth