

6TL0C22XX6  
22-07772

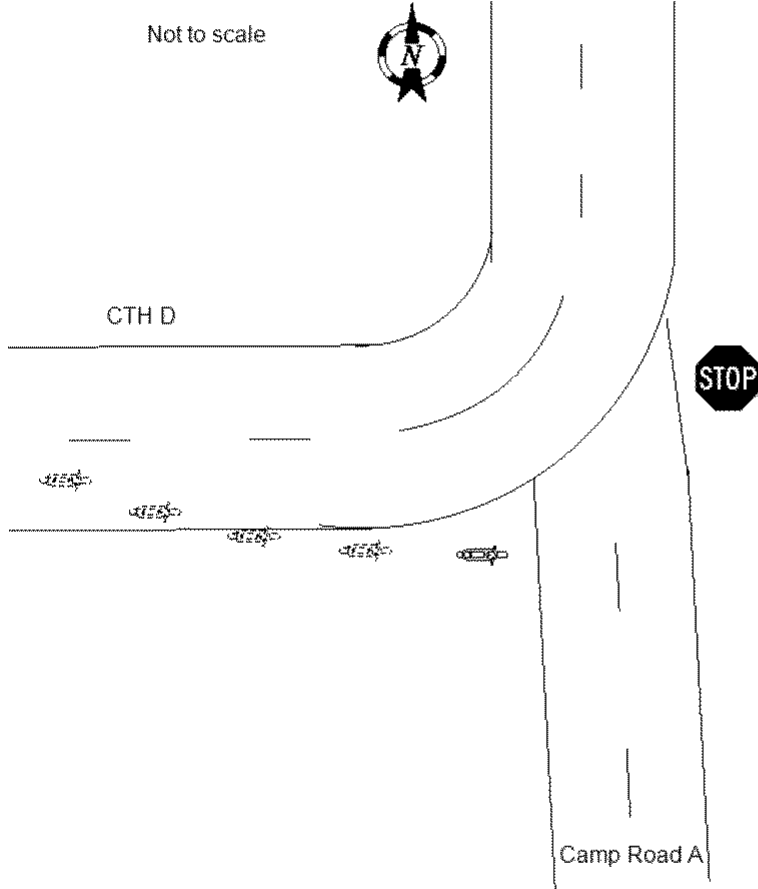
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0C22XX6

Document Number Override		Primary Crash Document#		Agency Crash Number 22-07772		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 08/08/2022		Crash Time 07:21 PM		Date Arrived 08/08/2022		Time Arrived 07:31 PM	
Date Notified 08/08/2022		Time Notified 07:23 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

<p>Diagram</p> <p>Not to scale</p> 	Reconstruction By
	Photos By A. WILCOX
	Additional Information PHOTOS

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

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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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other			
	Driver Actions <b>RAN OFF ROADWAY</b>			
01	01	Owner Name <b>DYLAN ROBERT HUEFNER (608) 495-5193</b>		Owner Address <b>230 W MAIN ST REEDSBURG, WI 53959 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>RUN OFF ROADWAY RIGHT</b>		
	02	Event <b>DITCH</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>DYLAN HUEFNER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>DYLAN ROBERT HUEFNER (608) 495-5193</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>
	Address <b>230 W MAIN ST REEDSBURG, WI 53959 , US</b>		Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Protective Gear <b>BOOTS, JACKET, LONG PANTS</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use <b>NO</b>		Helmet Compliance <b>UNKNOWN</b>	
	Eye Protection <b>YES: WORN</b>		Tint Compliance <b>NO</b>	
	<b>Injury</b>		Airbag <b>NON DEPLOYED</b>	
	Injury Severity <b>SUSPECTED MINOR INJURY</b>			
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	EMS Run #
	Hospital <b>REEDSBURG AREA MED CTR</b>		Date of Death	Time of Death
<b>Distracted By</b>				
Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT INDIVIDUAL 01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				

## Witness

WITN 01 ESS	Individual <b>KOLE LEE MCCANN</b> (608) 415-3951	Address <b>S5796 SUNRISE RD</b> <b>LOGANVILLE, WI 53943 , US</b>	Date of Birth [REDACTED]

## Witness

WITN 02 ESS	Individual <b>MORGAN ROSE WARRENS</b> (820) 912-7992	Address <b>S5796 SUNRISE RD</b> <b>LOGANVILLE, WI 53943 , US</b>	Date of Birth [REDACTED]