WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Investigating Officer/Deputy DEPUTY M. PETERSON | | | |
|---|--|--|--|
| Time Arrived 10:48 PM | | | |
| d | | | |
| Reporting Threshold | | | |
| • | | | |
| Secondary Crash | | | |
| - | | | |
| Ву | | | |
| Photos By | | | |
| Additional Information NONE | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 4

Crash Date 07/06/2023
Crash Time 10:40 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Loc | ation | | | | | | | | | |
|------|---|--|--------------------------------|---|--------------------------|---|---------------------------|---------------|---------------------|-----------------------|--|
| | | USH12 WB | | | | Latitude | | | Longitud | de | |
| | | MIS | | | | -89.787 | | | | | |
| | | N REEDSBURG RD | X Coordinate Y | | | Y Coord | linate | | | | |
| | | HE TOWN OF DELTO AUK COUNTY | 274749.0625 | | | 482293 | 4822938.5 | | | | |
| | IIV O | AUR COUNTT | | Structure : | Туре | | | | | | |
| | | | NO STR | UCTURE | | | | | | | |
| (| Cras | sh Scene | | | | | | | | | |
| 1 | First | Harmful Event | | First Harm | nful Event Lo | cation | | | | | |
| | | | | | | | DE | | | | |
| | Manner of Collision | | | | | | dition | | | | |
| | 00 - | NO COLLISION W/VI | DARK/U | NLIT | | | | | | | |
| | Road | Surface Condition(s) | | | | Roadway | Factor(s) | | | | |
| | DRY | • | | | | | | | | | |
| | Envir | onment Factor(s) | | | | | | | | | |
| | NON | IE | | | | NONE | | | | | |
| | Weat | ther Condition(s) | | | | 1 | | | | | |
| | CLE | AR | | | | | | | | | |
| | Anim | al Type | | | | Relation T | o Trafficway | ' | | | |
| | | | | | | TRAFFICWAY - ON ROAD | | | | | |
| | | h Classification - Location | 1 | | | | ssification | | | | |
| | | PUBLIC PROPERTY Tribal Land | | | | NO SPECIAL JURISDICTION Access Control | | | | Special Study | |
| | | | | | | NO CONTROL | | | | | |
| | Within NO | n Interchange Area | Junction Location NON-JUNCTION | | Intersection | tion Type N INTERSECTION | | | | | |
| | | · Cummons | HOR CONCINCIO | | 11017 | | | | | | |
| | | : Summary Status | | Vehicle On | erating As C | lassification | 1 | Unit Type | | | |
| | | RANSIT | | M CLASS | - | MOTORCYCLE | | | | | |
| | Vehicle Type | | | | | | Operating As Endorsements | | | | |
| 01 | МОТ | TORCYCLE | | | | | | | | | |
| | Total | Total Occs Train/Bus # Recorded | | | itions Issued | d Total Traile | | ers | Total Haz | :Mat Types | |
| | 1 | | | 0 | | 0 | | 0 | | | |
| | Insur | Insurance? Direction Of Travel | | | Pre CrashTire | | e Speed Lim | | Total Lan | anes | |
| ⊢ | YES | YES SOUTHBOUND | | | | Mark 65 | | | 4 | | |
| UNIT | | Harmful Event: Collision | With | Special Fur | | | | 0 , | y Motor Vehicle Use | | |
| | DITC | | | | | | | | | | |
| | Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER Traffic Control NO CONTROL | | | | | Traffic Control Inoperative/M NO | | | | tive/iviissing | |
| | DIVIDED HWY W/O TRAFFIC BARRIER NO CONTROL Surface Type Road Curvature | | | | | Road Grade | | | | | |
| | BLACKTOP (BITUMINOUS) STRAIGHT | | | | | LEVEL | | | | | |
| | Truck Bus or HazMat | | | | | | | | | | |
| | Truck | k Bus or HazMat | | | | | | | | | |
| | Truck NO | k Bus or HazMat | | | | | | | | | |
| | NO | /ehicle | | | | | | | | | |
| | NO | /ehicle License Plate Number | | Plate Type | | | St | Country of Is | | | |
| | NO \ | /ehicle License Plate Number 179PE | | CYC - CY | | | WI | UNITED S | | | |
| | NO \ | /ehicle License Plate Number 179PE Vehicle Identification Nu | | CYC - CY | | | WI Year | UNITED S | | | |
| | 01 NO | /ehicle License Plate Number 179PE Vehicle Identification Nu 1HFSC2204RA6029 | | CYC - CY Make HONDA | YCLE | | WI | Model GL1500A | | | |
| | 01 NO | /ehicle License Plate Number 179PE Vehicle Identification Nu | | CYC - CYMake HONDA Body Style MC - MO | YCLE | .E | WI Year | UNITED S | | | |
| | E 01 | /ehicle License Plate Number 179PE Vehicle Identification Nu 1HFSC2204RA6029: Color GRN - GREEN Initial Contact Point | 72 | CYC - CY Make HONDA Body Style | YCLE | .E | WI Year | Model GL1500A | | 7 8 9 10 11 | |
| LIN | E 01 | /ehicle License Plate Number 179PE Vehicle Identification Nu 1HFSC2204RA6029 Color GRN - GREEN Initial Contact Point 00 - NON-COLLISIO | 72 | CYC - CY Make HONDA Body Style MC - MO Vehicle Da | YCLE TORCYCI amage | .E | WI Year | Model GL1500A | | 7 8 9 10 11 6 § 12 | |
| UNIT | HICLE 01 5 | /ehicle License Plate Number 179PE Vehicle Identification Nu 1HFSC2204RA6029: Color GRN - GREEN Initial Contact Point | 72 | CYC - CY Make HONDA Body Style MC - MO Vehicle Da | YCLE | .E | WI Year | Model GL1500A | | | |

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| | | Towed Due To Damage | | Vehic | cle Removed By | | | | |
|--------|-------------------------------------|---------------------------------------|--------------------------|---------------------------|----------------------------|--|---------------|--|--|
| | | NOT TOWED | | OPERATOR | | | | | |
| | | What Driver Was Doing | | Vehic | cle Factors | | | | |
| | | GOING STRAIGHT | | NOT | | | | | |
| | | Driver Prior Action Other | river Prior Action Other | | | | | | |
| | | | | | | | | | |
| | | Driver Actions NO CONTRIBUTING ACTION | ON. | | | | | | |
| _ | _ | NO CONTRIBUTING ACTIO | 214 | | | | | | |
| UNIT | ≌ | | | | | | | | |
| \neg | VEHICLE | | | | | | | | |
| | > | | | | | | | | |
| | | Owner Name THOMAS GALSTON | | | Owner Address | | | | |
| | _ | | | | E10390 N REEDSBURG RD | | | | |
| | 0 | (608) 963-4023 | ľ | BARABOO, WI 53 | 913, US | | | | |
| | | | | | | | | | |
| | Sequence Of Events | | | | | | | | |
| | 10 | RUN OFF ROADWAY RIGH | łT | | | | | | |
| | 02 | Event DITCH | | | | | | | |
| | • | | | | | | | | |
| | 03 | Event | | | | | | | |
| | 4 | Event | | | | | | | |
| | 9 | | | | | | | | |
| _ | ı | Policy Holder | | | | | | | |
| L N | | Insurance Company | | | Individual | | | | |
| _ | | GEICO-GENERAL-INS-CO | JASON POTTER | | | | | | |
| | | Individual | | | | | | | |
| | | Driver JASON POTTER (608) 963-4023 | | | Citations Issued Sex MALE | | | | |
| | AL | | | | Date of Birth Race | | | | |
| _ | INDIVIDUAL | | | | WHITE | | | | |
| Ę | ₹ | Address | | | Driver License Number | | | | |
| _ | 9 | E10390 N REEDSBURG RD | | | | | | | |
| | = | BARABOO, WI 53913 , US | | | | | | | |
| | | LO- Duty Orack | | | | | | | |
| | Saf | On Duty Crash fety Equipment | | Protective Gear | | | | | |
| | | Row Seat Position | | GLOVES, BOOTS, LONG PANTS | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | 525 725, 25115 1 All 15 | | | | | |
| | | Helmet Use | | | Helmet Compliance | | | | |
| | | NO | | | UNKNOWN | | | | |
| | | Eye Protection | | | Tint Compliance | | | | |
| | | YES: WORN | | YES | | | | | |
| 7 | 9 | Injury Severity NO APPARENT INJURY | | Airbag NON DEPLOYED | | | | | |
| | Ŭ | Ejected Ejection Path | | Trapped/Extricated | | | | | |
| | | - | NOT EJECTED/NOT APP | LICABLE | | | NOT TRAPPED | | |
| | | Medical Transport | | EM | MS Agency Identifier | | EMS Run # | | |
| | | NOT TRANSPORTED | | | | | | | |
| | | Hospital | | Da | ate of Death | | Time of Death | | |
| | | Distracted | d By Source | | | | l . | | |
| | | Distracted By NOT AP | PLICABLE (NOT DISTRA | CTE | ED) | | | | |
| | Distracted By Action NOT DISTRACTED | | | | | | | | |
| | | | | | | | | | |

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| | | Non Motorist | Striking Unit # | Location | | | | |
|------|------------|-------------------------------------|---------------------------|-------------------|-----------------------|--|----------------------|----------------|
| | | Prior Action | | | | | | |
| LIND | INDIVIDUAL | Action | | | | | | |
| | | Action Other | | | | | | To/From School |
| | L | Orug & Alcohol | Suspected Alcohol U NO | se | Suspected Drug Use NO | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | | Alcohol Test Results | |
| 2 | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Result | | | |
| | 001 | Drug Type | | | | | | |
| | | Individual Condition APPEARED NORM | ИAL | | | | | |