

6TL0CR2KSZ

Document Number Override		Primary Crash Document #		Agency Crash Number <b>SC23-07179</b>		Investigating Officer/Deputy <b>DEPUTY Z. DRILL</b>	
Crash Date <b>07/06/2023</b>		Crash Time <b>10:46 PM</b>		Date Arrived <b>07/06/2023</b>		Time Arrived <b>10:46 PM</b>	
Date Notified <b>07/06/2023</b>		Time Notified <b>10:46 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency		<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

**Description**

Diagram 01		Reconstruction By	
		Photos By <b>DEPUTY DRILL</b>	
		Additional Information <b>PHOTOS</b>	

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

DRIVER OF UNIT 1 (MOTORCYCLE) STOPPED IN THE PARKING LOT OF THE LAVALLE FIRE DEPARTMENT TO BUTTON UP HIS COAT DUE TO WEATHER GETTING COOLER. DRIVER WENT TO TURN HIS MOTORCYCLE AROUND WHEN THE CLUTCH/TRANSMISSION JUMPED GEAR CAUSING HIM TO ACCELERATE ACCIDENTALLY AND STRIKE THE ENTRYWAY AWNING SUPPORT POLE OF THE LAVALLE FIRE DEPARTMENT FRONT ENTRANCE, BREAKING THE 4X4 SUPPORT POLE. I WAS SITTING IN THE PARKING LOT OF THE LAVALLE FIRE DEPARTMENT AT THE TIME OF THE ACCIDENT. DRIVER AGREED TO FIELD SOBRIETY TESTING. NO SIGNS OF IMPAIRMENT. INFORMATION COLLECTED AND DOCUMENTED.

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SC23-07179

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

<b>PARKING LOT</b> <b>E MAIN ST/ STH33 EB LOT 209</b> <b>(FIRE 109)</b>  <b>IN THE TOWN OF LA VALLE</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.581974135</b>	Longitude <b>-90.12993462</b>
	X Coordinate <b>247298.734375</b>	Y Coordinate <b>4830206</b>
	Structure Type <b>FIRE</b>	

Crash Scene

First Harmful Event <b>OTHER FIXED OBJECT</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>M CLASS</b>		Unit Type <b>MOTORCYCLE</b>	
	Vehicle Type <b>MOTORCYCLE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>05</b>	Total Lanes
	Most Harmful Event: Collision With <b>OTHER POST, POLE OR SUPPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				

Vehicle

<b>UNIT</b>	<b>VEHICLE</b>	<b>01</b>	License Plate Number <b>NK750</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MI</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>JH2SC7956JK002081</b>	Make <b>HONDA</b>	Year <b>2018</b>	Model <b>GL1800</b>	
			Color <b>BLU - BLUE</b>	Body Style <b>MB - MOTORBIKE OR POWER DRI</b>		Bus Use	
			Initial Contact Point <b>10 - LEFT SIDE FRONT</b>	Vehicle Damage			
			Extent Of Damage <b>MINOR DAMAGE</b>	<b>10 - LEFT SIDE FRONT</b>			



UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By		
		What Driver Was Doing <b>PARK MANEUVER</b>		Vehicle Factors		
		Driver Prior Action Other		<b>POWER TRAIN</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
01	01	Owner Name <b>JAMES BEYLER</b> (269) 999-3207		Owner Address <b>1331 MAPLE ST</b> <b>NILES, MI 49120 3653, US</b>		
		<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event <b>OTHER POST, POLE OR SUPPORT</b>			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>				
		Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		Individual <b>JAMES BEYLER</b>		
UNIT	INDIVIDUAL	<b>Individual</b>				
		Driver <b>JAMES BEYLER</b> (269) 999-3207		Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>1331 MAPLE ST</b> <b>NILES, MI 49120 3653, US</b>		Date of Birth	Race <b>WHITE</b>	
		Driver License Number				
01	001	<b>Safety Equipment</b>		On Duty Crash		
		Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		
		Protective Gear <b>GLOVES, BOOTS, JACKET, LONG PANTS</b>				
		Helmet Use <b>THREE-QUARTER</b>		Helmet Compliance <b>APPROVED</b>		
		Eye Protection <b>YES: WORN</b>		Tint Compliance <b>YES</b>		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
		Hospital		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>						

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		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>					