

6TL0BFKDJL  
23-07072

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0BFKDJL

|  |                                      |  |  |  |  |   |  |
|--|--------------------------------------|--|--|--|--|---|--|
| Document Number Override                       |                                      | Primary Crash Document #                         |  | Agency Crash Number<br><b>23-07072</b> |  | Investigating Officer/Deputy<br><b>DEPUTY H. VOLZ</b> |  |
| Crash Date<br><b>07/04/2023</b>                |                                      | Crash Time<br><b>01:55 PM</b>                    |  | Date Arrived<br><b>07/04/2023</b>      |  | Time Arrived<br><b>02:04 PM</b>                       |  |
| Date Notified<br><b>07/04/2023</b>             |                                      | Time Notified<br><b>01:56 PM</b>                 |  | Total Units<br><b>03</b>               |  | Total Injured<br><b>03</b>                            | Total Killed<br><b>01</b>                    |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run | <input checked="" 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<br><b>NO</b>        |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b>     |  | <input type="checkbox"/> Amended       |  | <input type="checkbox"/> Secondary Crash              |  |

Description

|                |   |
|----------------|---|
| <p>Diagram</p> | <p>Reconstruction By<br/><b>SAUK COUNTY SHERIFF</b></p>                                 |
|                | <p>Photos By<br/><b>DEPUTY H VOLZ//SAUK COUNTY RECONSTRUCTION</b></p>                   |
|                | <p>Additional Information<br/><b>FATAL CRASH SUPPLEMENT, PHOTOS, RECONSTRUCTION</b></p> |

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

UNIT 1 WAS TRAVELING SB ON USH 12. UNITS 2 AND 3 (MOTORCYCLES) WERE TRAVELING NB ON USH 12. UNIT 1 WAS ATTEMPTING TO MAKE A LEFT TURN ONTO CTH Z. UNIT 1 DRIVER SAID THERE WAS ANOTHER VEHICLE IN THE TURN LANE NORTHBOUND ON USH 12 TO TURN LEFT ONTO PRAIRIE ROAD BLOCKING HIS VIEW. UNIT 1 MADE THE LEFT TURN. UNIT 2 STRUCK UNIT 1 IN THE REAR OF THE VEHICLE. UNIT 3 OPERATOR WAS ABLE TO MAKE AN EVASIVE MANEUVER AROUND UNIT 1 BEFORE LOSING CONTROL OF THE MOTORCYCLE AND BEING THROWN FROM IT. UNIT 1 SPUN AROUND IN THE ROAD BEFORE COMING TO REST FACING TO THE WEST.

6TL0BFKDJL  
23-07072

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| ON USH12 EB<br>98 FT N<br>OF USH12 EB<br>IN THE TOWN OF PRAIRIE DU SAC<br>IN SAUK COUNTY | Latitude<br><b>43.315032959</b>       | Longitude<br><b>-89.759246826</b> |
|  | X Coordinate<br><b>276245.53125</b>   | Y Coordinate<br><b>4799497</b>    |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|   |  |  |               |
|---|--|--|---------------|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      |  | First Harmful Event Location<br><b>ON ROADWAY</b>                              |               |
| Manner of Collision<br><b>01 - ANGLE</b>                  |  | Light Condition<br><b>DAYLIGHT</b>   |               |
| Road Surface Condition(s)<br><b>DRY</b>                   |  | Roadway Factor(s)<br><br><b>NONE</b>   |               |
| Environment Factor(s)<br><b>NONE</b>                      |  |  |               |
| Weather Condition(s)<br><b>CLEAR</b>                      |  |  |               |
| Animal Type   |  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                          |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> |  | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>          |               |
| Tribal Land   |  | Access Control<br><b>NO CONTROL</b>  | Special Study |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>INTERSECTION-RELATED</b> | Intersection Type<br><b>FOUR-WAY INTERSECTION</b>                              |               |
| Closure Type<br><b>FULL CLOSURE</b>                       |  | Reasons for Closure<br><b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS, MED FLIGHT</b> |               |
| Date Initial Lane/Rd Closed<br><b>07/04/2023</b>          | Time Initial Lane/Rd Closed<br><b>02:08 PM</b>   | Date Scene Cleared<br><b>07/04/2023</b>  |               |
| Date All Lanes Open<br><b>07/04/2023</b>                  | Time All Lanes Open<br><b>05:14 PM</b>           |  |               |

Unit Summary

|             |   |   |  |                                       |  |   |
|-------------|---|---|--|---------------------------------------|--|---|
| <b>UNIT</b> | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>AUTOMOBILE</b>        |  |   |
|             | Vehicle Type<br><b>PASSENGER CAR</b>                                | Operating As Endorsements                             |  |                                       |  |   |
|             | Total Occs<br><b>3</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>            | Total HazMat Types<br><b>0</b>                       |   |
|             | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>SOUTHBOUND</b>              | <input type="checkbox"/> Pre CrashTire Mark    | Speed Limit<br><b>55</b>              | Total Lanes<br><b>2</b>                              |   |
|             | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> |                                       | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |   |
|             | Traffic Way<br><b>DIVIDED HWY W/O TRAFFIC BARRIER</b>               |   | Traffic Control<br><b>NO CONTROL</b>           |                                       | Traffic Control Inoperative/Missing<br><b>NO</b>     |   |
|             | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>STRAIGHT</b>              |                                       | Road Grade<br><b>LEVEL</b>                           |   |
|             | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |                                       |  |   |
|             | <b>01</b>   | <b>Vehicle</b>  |  |                                       |  |   |
|             |   | License Plate Number<br><b>AMB2955</b>                |  | Plate Type<br><b>AUT - AUTOMOBILE</b> | St<br><b>WI</b>                                      | Country of Issuance<br><b>UNITED STATES</b> |
| <b>01</b>   | Vehicle Identification Number<br><b>2C3CDXJG9JH316715</b>           |   | Make<br><b>DODGE</b>                           | Year<br><b>2018</b>                   | Model<br><b>CHARGER</b>                              |   |

6TL0BFKDJL

23-07072

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|   |  |  |  |
|---|--|--|--|
| UNIT<br>VEHICLE                             | Color<br><b>GRY - GRAY</b>   | Body Style<br><b>SD - SEDAN</b>  | Bus Use  |
|   | Initial Contact Point<br><b>04 - RIGHT SIDE REAR</b>               | Vehicle Damage<br><b>03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b> |  |
|   | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                       |  |  |
|   | Towed Due To Damage<br><b>TOWED BUT NOT DUE TO DISABLING DAMAG</b> |  |  |
| UNIT<br>VEHICLE                             | What Driver Was Doing<br><b>LEFT TURN</b>                          | Vehicle Factors<br><b>NOT APPLICABLE</b>   |  |
|   | Driver Prior Action Other  |  |  |
|   | Driver Actions<br><b>LOOKED BUT DID NOT SEE</b>                    |  |  |
|   | Owner Name<br><b>SOLOMON BANKHEAD</b>                              | Owner Address<br><b>4615 52ND AVE # A<br/>KENOSHA, WI 53144 , US</b>   |  |
| <b>Sequence Of Events</b>                   |  |  |  |
| UNIT<br>01                                  | Event<br><b>LEFT TURN</b>  |  |  |
|   | Event<br><b>MOTOR VEH IN TRANSPORT</b>                             |  |  |
|   | Event  |  |  |
|   | Event  |  |  |
| UNIT<br>01                                  | <b>Policy Holder</b>   |  |  |
|   | Insurance Company<br><b>ROUTE INSURANCE</b>                        | Individual<br><b>JESUS MERCADO-MORA</b>  |  |
| UNIT<br>INDIVIDUAL                          | <b>Individual</b>  |  |  |
|   | Driver<br><b>JESUS MERCADO-MORA<br/>(779) 625-0617</b>             | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>                                 |
|   |  | Date of Birth  | Race<br><b>WHITE</b>                               |
|   | Address<br><b>2010 W LAPHAM ST<br/>MILWAUKEE, WI 53204 , US</b>    | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>  |  |
| UNIT<br>01                                  | <b>Safety Equipment</b>  |  |  |
|   | On Duty Crash  |  | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |
|   | Row<br><b>01 - FRONT ROW</b>                                       | Seat Position<br><b>07 - LEFT</b>  |  |
|   | Helmet Use   |  | Helmet Compliance                                  |
|   | Eye Protection   |  | Tint Compliance                                    |
|   | <b>Injury</b>  | Injury Severity<br><b>NO APPARENT INJURY</b>   | Airbag<br><b>NON DEPLOYED</b>                      |
| Ejected<br><b>NOT EJECTED</b>               |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>   | Trapped/Extricated<br><b>NOT TRAPPED</b>           |
| Medical Transport<br><b>NOT TRANSPORTED</b> |  | EMS Agency Identifier  | EMS Run #  |

6TL0BFKDJL

23-07072

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|  |  |                                    |  |   |  |                |
|--|--|------------------------------------|--|---|--|----------------|
| UNIT<br>INDIVIDUAL                             | Hospital   |                                    | Date of Death                                      |   | Time of Death                            |                |
|  | <b>Distracted By</b>   |                                    | Distracted By Source<br><b>UNKNOWN</b>             |   |  |                |
|  | Distracted By Action<br><b>UNKNOWN</b>                                   |                                    |  |   |  |                |
|  | <b>Non Motorist</b>  |                                    | Striking Unit #                                    |   | Location                                 |                |
|  | Prior Action   |                                    |  |   |  |                |
|  | Action   |                                    |  |   |  |                |
|  | Action Other   |                                    |  |   |  | To/From School |
|  | <b>Drug &amp; Alcohol</b>  |                                    | Suspected Alcohol Use<br><b>NO</b>                 |   | Suspected Drug Use<br><b>NO</b>          |                |
|  | Alcohol Test Given<br><b>TEST GIVEN</b>                                  |                                    | Alcohol Test Type<br><b>BLOOD</b>                  |   | Alcohol Test Results<br><b>PENDING</b>   |                |
|  | Drug Test Given<br><b>TEST GIVEN</b>                                     |                                    | Drug Test Type<br><b>BLOOD</b>                     |   | Drug Test Results<br><b>PENDING</b>      |                |
| Drug Type                                      |  |                                    |  |   |  |                |
| Individual Condition<br><b>APPEARED NORMAL</b> |  |                                    |  |   |  |                |
| UNIT<br>INDIVIDUAL                             | <b>Individual</b>  |                                    |  |   |  |                |
|  | Passenger<br><b>MYLISSA RAMOS</b><br><b>(779) 704-1554</b>               |                                    |  | Citations Issued<br><b>0</b>                  | Sex<br><b>FEMALE</b>                     |                |
|  | Address<br><b>9215 RACHEL DRIVE</b><br><b>WONDER LAKE, IL 60097 , US</b> |                                    |  | Date of Birth                                 | Race<br><b>WHITE</b>                     |                |
|  | Driver License Number  |                                    |  | <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b> |  |                |
|  | <b>Safety Equipment</b>  |                                    | On Duty Crash                                      |   | Safety Equipment                         |                |
|  | Row<br><b>01 - FRONT ROW</b>   | Seat Position<br><b>09 - RIGHT</b> | <b>SHOULDER &amp; LAP BELT</b>                     |   |  |                |
|  | Helmet Use   |                                    |  | Helmet Compliance                             |  |                |
|  | Eye Protection   |                                    |  | Tint Compliance                               |  |                |
|  | <b>Injury</b>  |                                    | Injury Severity<br><b>POSSIBLE INJURY</b>          |   | Airbag<br><b>NON DEPLOYED</b>            |                |
|  | Ejected<br><b>NOT EJECTED</b>  |                                    | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |   | Trapped/Extricated<br><b>NOT TRAPPED</b> |                |
| Medical Transport<br><b>EMS GROUND</b>         |  |                                    | EMS Agency Identifier<br><b>6000555</b>            | EMS Run #<br><b>2307 730</b>                  |  |                |
| Hospital<br><b>SAUK PRAIRIE HOSP</b>           |  | Date of Death                      |  | Time of Death                                 |  |                |

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

|  |                               |  |  |  |                      |
|--|-------------------------------|--|--|--|----------------------|
| <b>UNIT</b>  | <b>Distracted By</b>          | Distracted By Source                               |  |  |                      |
|  |                               | Distracted By Action                               |  |  |                      |
|  | <b>Non Motorist</b>           | Striking Unit #                                    | Location                                       |  |                      |
|  |                               | Prior Action                                       |  |  |                      |
|  | <b>INDIVIDUAL</b>             | Action   |  |  |                      |
|  |                               | Action Other                                       |  | To/From School                           |                      |
|  |                               | <b>Drug &amp; Alcohol</b>                          | Suspected Alcohol Use<br><b>NO</b>             | Suspected Drug Use<br><b>NO</b>          |                      |
|  |                               | Alcohol Test Given<br><b>TEST NOT GIVEN</b>        | Alcohol Test Type                              |  | Alcohol Test Results |
|  |                               | Drug Test Given<br><b>TEST NOT GIVEN</b>           | Drug Test Type                                 | Drug Test Results                        |                      |
|  |                               | Drug Type  |  |  |                      |
| Individual Condition<br><b>APPEARED NORMAL</b>                     |                               |  |  |  |                      |
| <b>Individual</b>  |                               |  |  |  |                      |
| Passenger<br><b>ISANDRO MERCADO-RAMOS</b>                          |                               | Citations Issued<br><b>0</b>                       | Sex<br><b>MALE</b>                             |  |                      |
| Date of Birth  |                               | Race<br><b>WHITE</b>                               |  |  |                      |
| Address<br><b>9215 RACHEL DRIVE<br/>WONDER LAKE, IL 60097 , US</b> |                               | Driver License Number                              |  |  |                      |
| <b>Safety Equipment</b>  | On Duty Crash                 |  | Safety Equipment                               |  |                      |
|  | Row<br><b>02 - SECOND ROW</b> | Seat Position<br><b>07 - LEFT</b>                  | <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b> |  |                      |
|  | Helmet Use                    |  | Helmet Compliance                              |  |                      |
|  | Eye Protection                |  | Tint Compliance                                |  |                      |
|  | <b>Injury</b>                 | Injury Severity<br><b>POSSIBLE INJURY</b>          | Airbag<br><b>NON DEPLOYED</b>                  |  |                      |
| Ejected<br><b>NOT EJECTED</b>                                      |                               | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |  | Trapped/Extricated<br><b>NOT TRAPPED</b> |                      |
| Medical Transport<br><b>EMS GROUND</b>                             |                               | EMS Agency Identifier<br><b>6000555</b>            | EMS Run #<br><b>2307 730</b>                   |  |                      |
| Hospital<br><b>SAUK PRAIRIE HOSP</b>                               |                               | Date of Death                                      | Time of Death                                  |  |                      |
| <b>Distracted By</b>   |                               | Distracted By Source                               |  |  |                      |

6TL0BFKDJL

23-07072

# WISCONSIN MOTOR VEHICLE CRASH REPORT

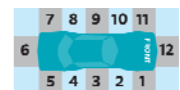
SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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

## Unit Summary

|             |           |   |   |  |                            |                                |
|-------------|-----------|---|---|--|----------------------------|--------------------------------|
| <b>UNIT</b> | <b>02</b> | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>M CLASS</b> | Unit Type<br><b>MOTORCYCLE</b>                                 |                            |                                |
|             |           | Vehicle Type<br><b>MOTORCYCLE</b>                                   | Operating As Endorsements                             |  |                            |                                |
|             |           | Total Occs<br><b>1</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>                           | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b> |
|             |           | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>NORTHBOUND</b>              | <input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b> | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>        |
|             |           | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b>           |                            |                                |
|             |           | Traffic Way<br><b>DIVIDED HWY W/O TRAFFIC BARRIER</b>               | Traffic Control<br><b>NO CONTROL</b>                  | Traffic Control Inoperative/Missing<br><b>NO</b>               |                            |                                |
|             |           | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        | Road Curvature<br><b>STRAIGHT</b>                     | Road Grade<br><b>LEVEL</b>                                     |                            |                                |
|             |           | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |                            |                                |

|             |                |   |                                      |                     |   |
|-------------|----------------|---|--------------------------------------|---------------------|---|
| <b>UNIT</b> | <b>VEHICLE</b> | <b>Vehicle</b>  |                                      |                     |   |
|             |                | License Plate Number<br><b>594TE</b>                      | Plate Type<br><b>CYC - CYCLE</b>     | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|             |                | Vehicle Identification Number<br><b>1HD1KBM19DB685184</b> | Make<br><b>HARLEY DAVIDSON</b>       | Year<br><b>2013</b> | Model<br><b>FLHX</b>                        |
|             |                | Color<br><b>BLK - BLACK</b>                               | Body Style<br><b>MC - MOTORCYCLE</b> | Bus Use             |   |
|             |                | Initial Contact Point<br><b>12 - FRONT</b>                | Vehicle Damage                       |                     |   |
|             |                | Extent Of Damage<br><b>DISABLING DAMAGE</b>               | <b>15 - ALL AREAS</b>                |                     |   |



6TL0BFKDJL

23-07072

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| UNIT<br>VEHICLE                        | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>                |  | Vehicle Removed By<br><b>CRAIGS TOWING</b>                                       |  |  |
|  | What Driver Was Doing<br><b>GOING STRAIGHT</b>                             |  | Vehicle Factors<br><br><b>UNKNOWN</b>  |  |  |
|  | Driver Prior Action Other  |  |  |  |  |
|  | Driver Actions<br><b>UNKNOWN</b>   |  |  |  |  |
| 02                                     | Owner Name<br><b>JEFFREY BRUCH</b>   |  | Owner Address<br><b>N57W21490 MEMORIAL DR<br/>MENOMONEE FALLS, WI 53051 , US</b> |  |  |
|  | <b>Sequence Of Events</b>  |  |  |  |  |
| 01<br>02<br>03<br>04                   | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                     |  |  |  |  |
|  | Event  |  |  |  |  |
|  | Event  |  |  |  |  |
|  | Event  |  |  |  |  |
| UNIT                                   | <b>Policy Holder</b>   |  |  |  |  |
|  | Insurance Company<br><b>AMERICAN-FAMILY-INS-CO</b>                         |  | Individual<br><b>JEFFREY BRUCH</b>   |  |  |
| UNIT<br>INDIVIDUAL                     | <b>Individual</b>  |  |  |  |  |
|  | Driver<br><b>JEFFREY BRUCH</b>   |  | Citations Issued<br><b>0</b>   | Sex<br><b>MALE</b>                       |  |
|  |  |  | Date of Birth  | Race<br><b>WHITE</b>                     |  |
|  | Address<br><b>N57W21490 MEMORIAL DR<br/>MENOMONEE FALLS, WI 53051 , US</b> |  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>          |  |  |
| 02<br>004                              | <b>Safety Equipment</b>  |  | On Duty Crash  |  |  |
|  |  |  | Protective Gear<br><b>LONG PANTS</b>   |  |  |
|  | Row<br><b>01 - FRONT ROW</b>   | Seat Position<br><b>07 - LEFT</b>                  |  |  |  |
|  | Helmet Use<br><b>HALF</b>  |  | Helmet Compliance<br><b>APPROVED</b>   |  |  |
|  | Eye Protection<br><b>UNKNOWN</b>   |  | Tint Compliance<br><b>UNKNOWN</b>  |  |  |
|  | <b>Injury</b>  |  | Injury Severity<br><b>FATAL INJURY</b>   | Airbag<br><b>NOT APPLICABLE</b>          |  |
|  | Ejected<br><b>NOT APPLICABLE</b>   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |  | Trapped/Extricated<br><b>NOT TRAPPED</b> |  |
|  | Medical Transport<br><b>NOT TRANSPORTED</b>                                |  | EMS Agency Identifier  | EMS Run #                                |  |
| Hospital                               |  | Date of Death<br><b>07/04/2023</b>                 | Time of Death<br><b>14:43</b>  |  |  |
| <b>Distracted By</b>                   |  | Distracted By Source<br><b>UNKNOWN</b>             |  |  |  |
| Distracted By Action<br><b>UNKNOWN</b> |  |  |  |  |  |

6TL0BFKDJL

23-07072

WISCONSIN MOTOR VEHICLE CRASH REPORT

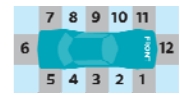
SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

UNIT INDIVIDUAL 02 004
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
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
NOT OBSERVED

Unit Summary

UNIT 03
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 NORTHBOUND Pre Crash Tire Mark Speed Limit 55 Total Lanes 2
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER Traffic Control NO CONTROL Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

UNIT 03 03
Vehicle
License Plate Number 982TJ Plate Type CYC - CYCLE St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1HD1CGP185K419730 Make HARLEY DAVIDSON Year 2005 Model XL1200
Color RED - RED Body Style CR - CRANE Bus Use
Initial Contact Point 99 - UNKNOWN Vehicle Damage 15 - ALL AREAS
Extent Of Damage DISABLING DAMAGE
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE Vehicle Removed By CRAIGS TOWING





6TL0BFKDJL

23-07072

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|   |  |  |  |                      |
|---|--|--|--|----------------------|
| UNIT<br>VEHICLE                               | What Driver Was Doing<br><b>GOING STRAIGHT</b>                     |  | Vehicle Factors  |                      |
|   | Driver Prior Action Other  |  | <b>NOT APPLICABLE</b>  |                      |
|   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                    |  |  |                      |
|   | Owner Name<br><b>DENISE RUNYAN</b>                                 |  | Owner Address<br><b>8894 OAK GROVE RD<br/>MOUNT HOREB, WI 53572 , US</b> |                      |
| UNIT<br>03                                    | <b>Sequence Of Events</b>  |  |  |                      |
|   | 01   | Event<br><b>MOTOR VEH IN TRANSPORT</b>                         |  |                      |
|   | 02   | Event  |  |                      |
|   | 03   | Event  |  |                      |
|   | 04   | Event  |  |                      |
| UNIT  | <b>Policy Holder</b>   |  |  |                      |
|   | Insurance Company<br><b>AMERICAN-FAMILY-INS-CO</b>                 |  | Individual<br><b>DENISE RUNYAN</b>                                       |                      |
|   | <b>Individual</b>  |  |  |                      |
| UNIT<br>INDIVIDUAL                            | Driver<br><b>DENISE RUNYAN</b>                                     |  | Citations Issued<br><b>0</b>   | Sex<br><b>FEMALE</b> |
|   | Date of Birth  |  | Race<br><b>WHITE</b>   |                      |
|   | Address<br><b>8894 OAK GROVE RD<br/>MOUNT HOREB, WI 53572 , US</b> |  | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>  |                      |
| UNIT<br>03                                    | <b>Safety Equipment</b>  |  | On Duty Crash  |                      |
|   | Row<br><b>01 - FRONT ROW</b>                                       |  | Seat Position<br><b>07 - LEFT</b>  |                      |
|   | Protective Gear<br><b>LONG PANTS</b>                               |  | Helmet Use<br><b>THREE-QUARTER</b>                                       |                      |
|   | Helmet Compliance<br><b>APPROVED</b>                               |  | Eye Protection<br><b>UNKNOWN</b>   |                      |
|   | Tint Compliance<br><b>UNKNOWN</b>                                  |  | Airbag<br><b>NOT APPLICABLE</b>  |                      |
|   | <b>Injury</b>  |  | Injury Severity<br><b>SUSPECTED SERIOUS INJUR</b>                        |                      |
|   | Ejected<br><b>NOT APPLICABLE</b>                                   |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>                       |                      |
|   | Trapped/Extricated<br><b>NOT TRAPPED</b>                           |  | Medical Transport<br><b>EMS GROUND</b>                                   |                      |
|   | EMS Agency Identifier<br><b>6000555</b>                            |  | EMS Run #<br><b>2307 731</b>   |                      |
|   | Hospital<br><b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>    |  | Date of Death  |                      |
| Time of Death                                 |  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |  |                      |
| Distracted By Action<br><b>NOT DISTRACTED</b> |  |  |  |                      |
| <b>Non Motorist</b>                           |  |  |  |                      |
| Striking Unit #                               |  | Location   |  |                      |

6TL0BFKDJL  
23-07072

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|   |   |                                    |                                 |
|---|---|------------------------------------|---------------------------------|
| UNIT<br><br><br><br><br><br><br><br><br><br><br>03<br><br>005 | Prior Action                                |                                    |                                 |
|   | Action                                      |                                    |                                 |
|   | Action Other                                |                                    | To/From School                  |
|   | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                  | Alcohol Test Results            |
|   | Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type                     | Drug Test Results               |
|   | Drug Type                                   |                                    |                                 |
|   | Individual Condition<br><b>NOT OBSERVED</b> |                                    |                                 |