# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash I	Document #	ů ,			Investigating Officer/Deputy DEPUTY J. HUNTER		
Crash Date <b>04/14/2024</b>	Crash Time 07:44 PM			Date Arrived 04/14/2024		d		
Date Notified 04/14/2024  Date Notified 04/14/2024  On Emergency  Government Property	Time Notified 07:44 PM		Total U	nits	Total Injure	d Total Kille	d	
On Emergency	Hit and Run	Lane Closu		Work Zone	Traile	r or Towed	Reporting Threshold	
Government Property		hool Zone	School <b>NO</b>	Bus Related	Tags			
<b>▼</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amen	ded	Secondary Crash	
Description Diagram						Reconstruction	Bv	
J.ag.a.ii			1			T COOLING COLLON	2,	
				N	ot to scale	Photos By <b>DEPUTY HU</b>	NTER	
	( ) ( ) ( ) ( ) ( )					Additional Infor	mation	
		ı		HY 130, N of Dur	st Rd.			
		I						
1			1					
	,		1					
✓ I, a sworn law enforc	ement officer, agre	ee that I have no	ot added	l any CJIS data in	this report.			
UNIT 1 WAS SOUTHBOUND OF FRONT OF THE MOTORCYCL	N HY 130, NORTH OF E, AND THE MOTORC	DURST RD. AT API YCLE COLLIDED W	PROXIMA 'ITH THE I	TELY 55 MPH. OPERA DEER. DEER WAS LOO	TOR OF UNIT 1 ST CATED DECEASED	FATED A DEER JU NEARBY.	JMPED INTO THE ROAD IN	

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L	<u>-0C</u>	ation <b>——</b>										
ł		STH130 SB					Latitude			Longitud	le	
		MIW					43.39089	3985		-90.170	276937	
		SANDUSKY RD	NOTON	X Coordin	ate		Y Coord	inate				
		HE TOWN OF WASHI AUK COUNTY	NGTON				243232.5	5		480910	7	
	IIV S	AUR COUNTT					Structure	Туре		1		
L							NO STRUCTURE					
(	)ras	sh Scene 💳										
Ī	First	Harmful Event					First Harm	nful Event L	ocation			
	NON	DOMESTICATED AN	NIMAL (ALIVE)				ON ROADWAY					
Γ	Mann	er of Collision				Light Cond	dition					
	00 -	NO COLLISION W/VE	HICLE IN TRANSPORT			DAYLIGHT						
	Road	Surface Condition(s)					Roadway	Factor(s)				
	DRY											
t	Envir	onment Factor(s)										
١	NON	E					NONE					
ŀ	Weat	her Condition(s)					1					
	CLE	AR										
t	Anim	al Type					Relation T	o Trafficwa	у			
L	DEE							CWAY - O				
L		Classification - Location					_		Jurisdiction			-
ı		PUBLIC PROPERTY  Tibal Land					NO SPECIAL JURISDICTION  Access Control				Special Study	
	TTIDA	al Latiu					NO CONTROL tion Type					
L		n Interchange Area	Junction Location			Intersection						
NO		<del>-</del>					AN INTERSECTION					
ı		ire Type	Reaso				osure					
L		L CLOSURE	Tr. 1 '': 11 /D101			ENEODO	FMENT F	IDE/EMO				
L		Initial Lane/Rd Closed 4/2024	Time Initial Lane/Rd Clos 08:00 PM	sea	LAW	ENFURC	CEMENT, FIRE/EMS					
L		All Lanes Open	Time All Lanes Open		Date 9	Scene Clear	Cleared		me Scene Cleared			
ı		4/2024	09:15 PM			1/2024	ou		:15 PM	00		
ί	Jnit	Summary	-									
ſ	Unit S	Status		Vehi	icle Ope	erating As C	lassification	ı	Unit Type			
	IN T	RANSIT		M C	LASS			MOTORCYCLE				
ı		ele Type		•					Operating As Endorsements			
		ORCYCLE										
		Occs	Train/Bus # Recorded		al # Cita	tions Issued		Total Trai			Mat Types	
L	2	_	D: " 0(T	1			0		0			
ı		ance?	Direction Of Travel		Pre	CrashTire						
L	YES		SOUTHBOUND		Mark Special Function			55		Emergency Motor Vehicle Use		
L						IAL FUNC	TION		NOT APPL			
		, ,				Traffic Control			Traffic Control Inoperative/Missing			
١	TWO-WAY, NOT DIVIDED			NO	NO CONTROL				NO			
2.		Roa	Road Curvature STRAIGHT			Road Grade						
BLACKTOP (BITUMINOUS) ST						STF	LEVEL					
		ruck Bus or HazMat							•			
	NO.	, , , ,										
	_	Vehicle										
License Plate Number 115AH				Plate Type		St WI		Country of Issuance				
		Vehicle Identification Nur	mher		CYC - CYCLE Make				Model	NITED STATES		
	2	1HD1BMY171Y03188				DAVIDSO	N	2001	FLSTF			
pil			-	1			=					

## 6TL0D5DZ1N

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		Color	Body Style Bus Use						
		RED - RED	RS - ROAD-STREET						
	Щ	Initial Contact Point	Vehicle Damage			7 8 9 10 11			
UNIT	<u> </u>	12 - FRONT				6 12			
5	VEHICL	Extent Of Damage	15 - ALL AREAS			5 4 3 2 1			
	K	DISABLING DAMAGE							
		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABLING							
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT		NOT ADDITIONELE					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	Щ	LOOKED BUT DID NOT SEE, UNKNOWN							
_	ï								
LIND	VEHICL								
$\supset$	Ē								
	>								
		Owner Name		Owner Address					
		GAGE FERGUSON		28262 POST HOLLOW LN LONE ROCK, WI 53556, US					
6	01								
		Sequence Of Events							
		Event							
	01	DOMESTICATED ANIMAL - A	ALIVE						
	02	S Event							
	Event								
	04	Event							
_		Policy Holder							
UNIT		Insurance Company		Individual					
5		GEICO-ADVANTAGE-INSUR	GAGE FERGUSON	ı					
				0.1021121100001					
		Individual Driver		Citations Issued	Sex				
		GAGE FERGUSON		1	MALE	E			
	AL			Date of Birth		Race			
_	DUAL			WHITE					
	INDIVIE	Address		Driver License Number					
$\supset$	⊒	28262 POST HOLLOW LN							
	=	LONE ROCK, WI 53556, US	3	STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty Cr	Protective Gear						
	Sai	fety Equipment							
		Row	Seat Position	BOOTS, LONG PA	NTS				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		NO		UNKNOWN					
		Eye Protection		Tint Compliance					
		YES: WINDSHIELD Injury Seve	rity	UNKNOWN Airbag					
5	001	Injury SUSPECT	NON DEPLOYED						
			ection Path  OT EJECTED/NOT APP			Trapped/Extricated			
		NOT APPLICABLE Note   Medical Transport							
		EMS AIR	EMS Agency Identifier <b>6001285</b>	EMS Run # 24040124					
						i .			

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		Hospital			Date of Death		Time of Death					
		UNIVERSITY OF V	VI HOSPIT	TALS & CLINICS AUT								
		Distracted By	Distracted E	By Source <b>N</b>								
		Distracted By Action UNKNOWN										
		Non Motorist	Striking Uni	t# Location								
		Prior Action										
		Action										
_	UAL											
LIND	NDIVIDUAL											
	IN											
		Action Other						To/From School				
	Ĺ	Orug & Alcohol	Suspected . <b>YES</b>	Alcohol Use	Suspected Drug Use NO							
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results					
		TEST GIVEN BLOOD					PENDING					
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results						
6	001	Drug Type										
		Individual Condition										
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL										
		Individual										
		Passenger JESSE KENT			Citations Issued  0	Sex FEMALE						
	JAL				Date of Birth	Race	9					
╘	DIVIDUAL				WHITE							
LNO	DIV	Address 100 S FOUNTAIN S	ST # G		Driver License Number							
		MONTFORT, WI 53569 , US			STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	ety Equipment	On Duty Cr	ash	Protective Gear							
		Row Seat Position			LONG PANTS, UNKNOWN							
		02 - SECOND ROV										
		Helmet Use NO			Helmet Compliance UNKNOWN							
		Eye Protection			Tint Compliance							
2	005	YES: WINDSHIELD Injury Severity			Airbag							
						Trapped/Extricated						
		NOT APPLICABLE Medical Transport		OT EJECTED/NOT APPL			NOT TRAPPED					
		EMS GROUND			EMS Agency Identifier 6001024		EMS Run # 240680					
		Hospital	רום פרון וע	ALS & CLINICS AUT	Date of Death		Time of Death					
		UNIVERSITY OF V	VI HOSPIT	ALS & CLINICS AUT								

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		Distracted By	Distracted By So	ource				
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LIND	INDIVIDUAL							
_	ΔN							
		Action Other						To/From School
	1	Drug & Alcohol	Suspected Alco	hol Use	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type	I .		Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
5	002	Drug Type						
		Individual Condition						
		APPEARED NORM	1AI					
		AFFLAKED NOKI						
	,	Violations						
	2	UTC Number BG110256	Issue To?	Statute Number <b>346.63(2)(a)1</b>	Description CAUSE INJURY/OP	ERATE WHILE U	NDER INFLUENCE 1	ST
			l		l			