

6TL0F68VNJ

24-04515

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>24-04515</b>	Investigating Officer/Deputy <b>SERGEANT T. CLAUER</b>	
Crash Date <b>05/05/2024</b>		Crash Time <b>01:20 PM</b>	Date Arrived <b>05/05/2024</b>	Time Arrived <b>01:29 PM</b>	
Date Notified <b>05/05/2024</b>		Time Notified <b>01:25 PM</b>	Total Units <b>01</b>	Total Injured <b>02</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"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram 	Reconstruction By
	Photos By <b>SGT. CLAUER</b>
	Additional Information <b>PHOTOS</b>

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

ON 5/5/24 I RESPONDED TO A MOTORCYCLE ACCIDENT ON CTH C. I ARRIVED ON SCENE AND SPOKE TO THE OPERATOR WHO WAS IDENTIFIED BY WI DL. OPERATOR STATED HE WAS UNABLE TO MAKE THE CORNER AS HE WAS TRAVELING SOUTH ON CTH C. I ASKED THE OPERATOR IF HE MAY HAVE BEEN GOING TOO FAST, WHICH HE STATED MOST LIKELY. PASSENGER AND OPERATOR HAD MINOR INJURIES AND WERE TRANSPORTED BY PLAIN AMBULANCE TO THE HOSPITAL. CITATION WAS ISSUED TO THE OPERATOR FOR TOO FAST FOR CONDITIONS.

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Location

ON CTHC SB 43 FT N OF OCHSNER RD IN THE TOWN OF HONEY CREEK IN SAUK COUNTY	Latitude <b>43.306380284</b>	Longitude <b>-89.946918718</b>
	X Coordinate <b>260992.015625</b>	Y Coordinate <b>4799056.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>DITCH</b>	First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</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>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</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

UNIT 01	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>02</b>	Train/Bus # Recorded	Total # Citations Issued <b>01</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>02</b>	
	Most Harmful Event: Collision With <b>DITCH</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE	<b>Vehicle</b>				
	License Plate Number <b>351WA</b>		Plate Type <b>CYC - CYCLE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1HD1FFW34YY607621</b>		Make <b>HARLEY DAVIDSON</b>	Year <b>2000</b>	Model <b>CRUISER</b>
	Color <b>BLK - BLACK</b>		Body Style <b>MC - MOTORCYCLE</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>15 - ALL AREAS</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01	Owner Name <b>TREVOR GOHLKE (920) 293-1509</b>		Owner Address <b>W1004 HEATHER CIR NESHKORO, WI 54960 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>DITCH</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>TREVOR GOHLKE</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TREVOR GOHLKE (920) 293-1509</b>		Citations Issued <b>01</b>	Sex <b>MALE</b>
	Address <b>W1004 HEATHER CIR NESHKORO, WI 54960 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Protective Gear <b>LONG PANTS</b>		Helmet Use <b>NO</b>	
	Helmet Compliance <b>UNKNOWN</b>		Eye Protection <b>YES: WORN</b>	
	Tint Compliance <b>YES</b>		Airbag <b>NOT APPLICABLE</b>	
	<b>Injury</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>6001155</b>		EMS Run #		
Hospital <b>SAUK PRAIRIE HOSP</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>		

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
<b>01</b>	<b>001</b>	<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>					
		<b>Individual</b>					
		Passenger <b>CALI GILLINGHAM (920) 312-1830</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>W4179 COUNTY ROAD J PRINCETON, WI 54968 , US</b>			Date of Birth	Race <b>WHITE</b>	
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash	Protective Gear <b>LONG PANTS</b>
Row <b>02 - SECOND 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>YES</b>			
<b>Injury</b>				Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NOT APPLICABLE</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>6001155</b>	EMS Run #		
Hospital <b>SAUK PRAIRIE HOSP</b>				Date of Death	Time of Death		
<b>Distracted By</b>				Distracted By Source			
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #	Location				

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	INDIVIDUAL				
	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>				
	<b>Violations</b>				
<b>01</b>	<b>002</b>	UTC Number <b>BK262750</b>	Issue To? <b>001</b>	Statute Number <b>346.57(3)</b>	Description <b>DRIVING TOO FAST FOR CONDITIONS</b>