

6TL0F3SSGH
24-04756

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 24-04756	Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 05/11/2024		Crash Time 12:09 PM	Date Arrived 05/11/2024	Time Arrived 12:15 PM	
Date Notified 05/11/2024		Time Notified 12:10 PM	Total Units 01	Total Injured 01	Total Killed 01
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
Not to scale	
	Photos By A KING
	Additional Information PHOTOS, FATAL CRASH SUPPLEMENT

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

U1 WAS TRAVELING EASTBOUND ON CH V NEAR CHURCHILL RD., WHEN A DEER RAN OUT OF THE WOODS INFRONT OF U1. OPERATOR STATED HE BRIEFLY SAW THE DEER BUT WAS UNABLE TO REACT PRIOR TO STRIKING THE DEER. OPERATOR OF THE MOTORCYCLE WAS LOCATED NEAR THE MOTORCYCLE IN THE GRAVEL DRIVEWAY. WHEREAS THE PASSENGER WAS FOUND LAYING FURTHER AWAY FROM THE MOTORCYCLE ON THE EDGE OF THE ROADWAY. WITNESS ON SCENE SAID THE PASSENGER ENDED UP PULSELESS AND NONBREATHING AND CPR WAS INITIATED. WITNESS SAID THE PASSENGER BEGAN AGONAL BREATHING AN BLOOD POURED OUT OF HER MOUTH WHERE SHE WAS THEN TURNED TO RECOVERY POSITION. I ARRIVED ON SCENE TO PASSENGER IN THE SAME POSITION AS THE WITNESS DESCRIBED AND THE OPERATOR OF THE MOTORCYCLE NEAR THE CYCLE. OPERATOR WAS RESPONSIVE, PASSENGER WAS NOT. REEDSBURG EMS RESPONDED AND REQUESTED MED FLIGHT. REMS ARRIVED ON SCENE AND BEGAN TRIAGING THE PATIENTS. REMS TRANSPORTED THE OPERATOR AND MED FLIGHT TRANSPORTED THE PASSENGER. BOTH SUBJECTS WENT TO UW-HOSPITAL IN MADISON. SHIELD'S TOWING RESPONDED FOR THE RECOVERY OF THE MOTORCYCLE. PASSENGER DIED FROM THE INJURIES ON 5/17/2024.

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Location

ON CTHV EB 773 FT S OF CHURCHILL RD IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude 43.574830852	Longitude -90.041772261
	X Coordinate 254387.96875	Y Coordinate 4829148
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE)		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) ANIMAL (S) IN ROADWAY			
Weather Condition(s) CLEAR			
Animal Type DEER		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure LAW ENFORCEMENT, FIRE/EMS, MED FLIGHT	
Date Initial Lane/Rd Closed 05/11/2024	Time Initial Lane/Rd Closed 12:17 PM		
Date All Lanes Open 05/11/2024	Time All Lanes Open 02:18 PM	Date Scene Cleared 05/11/2024	Time Scene Cleared 02:18 PM

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification M CLASS		Unit Type MOTORCYCLE		
	Vehicle Type MOTORCYCLE	Operating As Endorsements				
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	01	Vehicle				
		License Plate Number QM238	Plate Type CYC - CYCLE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1HD1KH717RB626897	Make HARLEY DAVIDSON	Year 2024	Model FLTRX		

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UNIT VEHICLE	Color GRY - GRAY	Body Style MC - MOTORCYCLE	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	12 - FRONT, 13 - TOP		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SHIELDS TOWING		
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
Driver Prior Action Other	NOT APPLICABLE			
Driver Actions NO CONTRIBUTING ACTION				
01	01	Owner Name KARL HAGENAH	Owner Address 827 PINE AVE HILLSBORO, WI 54634 , US	
Sequence Of Events				
01	01	Event NON DOMESTICATED ANIMAL (ALIVE)		
02	02	Event DITCH		
03	03	Event		
04	04	Event		
Policy Holder				
01	01	Insurance Company AMERICAN-FAMILY-INS-CO	Individual KARL HAGENAH	
Individual				
UNIT INDIVIDUAL	01	Driver KARL HAGENAH	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address 827 PINE AVE HILLSBORO, WI 54634 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment		On Duty Crash	Protective Gear	
01	001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	GLOVES, BOOTS, JACKET, LONG PANTS
		Helmet Use NO	Helmet Compliance UNKNOWN	
		Eye Protection YES: WINDSHIELD	Tint Compliance UNKNOWN	
		Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag NON DEPLOYED
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport EMS GROUND	EMS Agency Identifier 6001024	EMS Run # 240859

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Form containing fields for Hospital (UNIVERSITY OF WI HOSPITALS & CLINICS AUT), Date of Death, Time of Death, Distracted By (UNKNOWN), Striking Unit #, Location, Action, Drug & Alcohol (NO), Suspected Alcohol Use (NO), Suspected Drug Use (NO), Alcohol Test Given (TEST NOT GIVEN), Drug Test Given (TEST NOT GIVEN), Individual Condition (APPEARED NORMAL), Individual (KARI BENTHEIMER), Safety Equipment (GLOVES, JACKET, LONG PANTS), Injury (FATAL INJURY), Ejection Path (NOT EJECTED), EMS Agency Identifier (6001285), EMS Run # (24050118), Date of Death (05/17/2024), Time of Death (08:58).

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UNIT	Distracted By		Distracted By Source		
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	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				
01	002	Individual Condition			
		APPEARED NORMAL			