

6TL0D7W18N
26-06040

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 26-06040		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 06/10/2026		Crash Time 04:04 PM		Date Arrived 06/10/2026		Time Arrived 04:09 PM	
Date Notified 06/10/2026		Time Notified 04:04 PM		Total Units 01		Total Injured 01	Total Killed 00
<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 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
<p>NOT TO SCALE</p>		Photos By KMUELLER
		Additional Information PHOTOS

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

UNIT 1 WAS DRIVING WEST ON HWY 60 AROUND A CORNER AND FAILED TO NEGOTIATE THE CURVE, DRIVING OFF THE ROADWAY IN TO THE DITCH. THE MOTORCYCLE OVERTURNED AND CAUSED DAMAGE ON MOST AREAS OF THE MOTORCYCLE.

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Location

ON STH60 WB 0.46 MI W OF CTHC WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.200266506	Longitude -89.999663946
	X Coordinate 256290.734375	Y Coordinate 4787423.5
	Structure Type NO STRUCTURE	

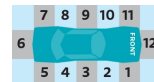
Crash Scene

First Harmful Event DITCH	First Harmful Event Location ROADSIDE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	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

Unit Summary

UNIT 01	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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With DITCH		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 CURVE LEFT	Road Grade LEVEL		
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	License Plate Number T315HD	Plate Type CYC	St IN	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1HFSC2200PA502221	Make HOND	Year 1993	Model GL1	
	Color RED - RED	Body Style MC - MOTORCYCLE		Bus Use	
	Initial Contact Point 00 - NON-COLLISION	Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE	15 - ALL AREAS			



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UNIT	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By NACHREINER'S TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL			
01	Owner Name JOEL GRAY (219) 713-1647		Owner Address 15404 WHITE OAK AVE LOWELL, IN 46356 9318, US	
	Sequence Of Events			
01	Event DITCH			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company ALLSTATE-INS-CO		INDIVIDUAL JOEL GRAY	
UNIT	Individual			
	DRIVER JOEL GRAY (219) 713-1647		Citations Issued 0	Sex MALE
	Address 15404 WHITE OAK AVE LOWELL, IN 46356 9318, US		Date of Birth	Race
			Driver License Number	
01	Safety Equipment		On Duty Crash	
			Protective Gear NONE	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use THREE-QUARTER		Helmet Compliance UNKNOWN	
	Eye Protection UNKNOWN		Tint Compliance UNKNOWN	
	Injury	Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED	
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND		EMS Agency Identifier 6001155	EMS Run #
	Hospital SAUK PRAIRIE HOSP		Date of Death	Time of Death
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	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					
		Individual Condition CONFUSED OR DISORIENTED (NON LUCID)					