

6TL0BTWRB1  
18-04627

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>18-04627</b>	Investigating Officer/Deputy <b>LIEUTENANT J. HODGES</b>	
Crash Date <b>05/06/2018</b>		Crash Time <b>03:12 PM</b>	Date Arrived <b>05/06/2018</b>	Time Arrived <b>03:14 PM</b>	
Date Notified <b>05/06/2018</b>		Time Notified <b>03:12 PM</b>	Total Units <b>01</b>	Total Injured <b>01</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

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS SB CTH C LEAVING COMMUNITY OF LELAND. UNIT 1 ATTEMPTED A "WHEELIE" AND LOST CONTROL OF MOTORCYCLE. UNIT 1 TIPPED AND BOTH OPERATOR AND UNIT 1 SLID ALONG CTH C UNTIL THEY CAME TO REST IN THE ROADWAY. MINOR ABRASIONS TO OPERATOR AND CRACKED PLASTIC ON LEFT SIDE OF UNIT 1. OPERATOR DROVE UNIT 1 FROM SCENE.

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Location

ON CTHC SB 376 FT N OF CTHPF SB IN THE TOWN OF HONEY CREEK IN SAUK COUNTY	Latitude <b>43.331906707</b>	Longitude <b>-89.951722699</b>
	X Coordinate <b>260702.671875</b>	Y Coordinate <b>4801905.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>OVERTURN/ROLLOVER</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>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>CLOUDY</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>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</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>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>301JS</b>	Plate Type <b>CYC - CYCLE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JYARN07E44A008964</b>	Make <b>YAMAHA</b>	Year <b>2004</b>	Model <b>FZS10</b>
	Color <b>BLU - BLUE</b>	Body Style <b>MC - MOTORCYCLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>NON-COLLISION</b>	Vehicle Damage		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>11--LEFT FRONT CORNER</b>		

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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>		
	What Driver Was Doing <b>OTHER</b>		Vehicle Factors		
	Driver Prior Action Other <b>FRONT WHEEL LIFT</b>		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILURE TO CONTROL</b>				
	Driver Distractions <b>NOT DISTRACTED</b>				
01	01	Owner Name <b>EILIV E ELLEFSON (608) 637-7176</b>		Owner Address <b>786 N MAIN ST VIROQUA, WI 54665 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>OTHER NON-COLLISION</b>			
		Event			
		Event			
		Event			
UNIT	04	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>EILIV ELLEFSON</b>	
		<b>Individual</b>			
		Driver <b>EILIV E ELLEFSON (608) 637-7176</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT	01	Date of Birth [REDACTED]		Race <b>WHITE</b>	
		Address <b>786 N MAIN ST VIROQUA, WI 54665 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Protective Gear <b>BOOTS, LONG PANTS</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Helmet Compliance <b>APPROVED</b>	
Helmet Use <b>FULL-FACE</b>		Tint Compliance <b>YES</b>			
Eye Protection <b>YES: WORN</b>		Airbag <b>NOT APPLICABLE</b>			
01	001	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	
		Ejected <b>NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	

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<b>UNIT</b>          <b>01</b>	<b>INDIVIDUAL</b>          <b>001</b>	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		<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>				