

6TL09JDKW2  
18-09313

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL09JDKW2

Document Number Override		Primary Crash Document #	Agency Crash Number <b>18-09313</b>	Investigating Officer/Deputy <b>DEPUTY B. SCHLOUGH</b>	
Crash Date <b>08/24/2018</b>		Crash Time <b>04:00 PM</b>	Date Arrived <b>08/24/2018</b>	Time Arrived <b>04:13 PM</b>	
Date Notified <b>08/24/2018</b>		Time Notified <b>04:04 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>PRIVATE PROPERTY/PARKING LOT</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p><b>BARABOO BLUFF WINERY PARKING LOT</b></p> <p><b>DRAWING NOT TO SCALE</b></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 ATTEMPTING TO MAKE A TURNING MANEUVER IN THE BARABOO BLUFF WINERY PARKING LOT. WHILE MAKING THE TURN THE OPERATOR LOST HIS BALANCE CAUSING UNIT 1 TO OVERTURN. AS UNIT 1 OVERTURNED, THE PASSENGER GOT PINNED UNDERNEATH THE OPERATOR WHICH RESULTED IN INJURY TO THE PASSENGER. UNIT 1 CAME TO REST ON IT'S SIDE FACING SOUTH.

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Location

<b>PARKING LOT</b> <b>TERRYTOWN RD LOT E9120</b> <b>(FIRE E9120)</b>  <b>IN THE TOWN OF EXCELSIOR</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.497970517</b>	Longitude <b>-89.866444867</b>
	X Coordinate <b>268251.21875</b>	Y Coordinate <b>4820108</b>
	Structure Type <b>FIRE</b>	

Crash Scene

First Harmful Event <b>OVERTURN/ROLLOVER</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</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>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>	Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</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

<b>UNIT</b>	<b>01</b>	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>2</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>NOT ON ROADWAY</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>0</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>PARKING LOT OR PRIVATE PROPERTY</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>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b>	<b>01</b>	<b>Vehicle</b>			
		License Plate Number <b>GATR1</b>	Plate Type <b>CYC - CYCLE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1HD1KEM23DB660520</b>	Make <b>HARLEY DAVIDSON</b>	Year <b>2013</b>	Model <b>FLHTK ANNI</b>
		Color <b>BRZ - BRONZE</b>	Body Style <b>MC - MOTORCYCLE</b>		Bus Use <b>NOT A BUS</b>
		Initial Contact Point <b>9--LEFT SIDE MIDDLE</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>7--LEFT REAR CORNER, 9--LEFT SIDE MIDDLE, 11--LEFT FRONT CORNER</b>		

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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Driver Distractions <b>NOT DISTRACTED</b>			
01	01	Owner Name <b>STEVEN DOUGLAS FARMER (262) 370-3587</b>		Owner Address <b>W234N6471 LAUREL LN SUSSEX, WI 53089 , US</b>
<b>Sequence Of Events</b>				
	01	Event <b>OVERTURN/ROLLOVER</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>STEVEN FARMER</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>STEVEN DOUGLAS FARMER (262) 370-3587</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>W234N6471 LAUREL LN SUSSEX, WI 53089 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Equipment</b>	On Duty Crash	Protective Gear <b>GLOVES, BOOTS, JACKET, LONG PANTS</b>	
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>			
	Helmet Use <b>HALF</b>		Helmet Compliance <b>APPROVED</b>	
	Eye Protection <b>YES: WORN</b>		Tint Compliance <b>NO</b>	
01	001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
		Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>

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UNIT	INDIVIDUAL	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>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>NANCY J FARMER (262) 370-1739</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth [REDACTED]	Race <b>WHITE</b>		
		Address <b>W234N6471 LAUREL LN SUSSEX, WI 53089 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash	Protective Gear <b>BOOTS, JACKET, LONG PANTS</b>		
		Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>					
		Helmet Use <b>HALF</b>		Helmet Compliance <b>APPROVED</b>			
		Eye Protection <b>YES: WORN</b>		Tint Compliance <b>NO</b>			
		<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NOT APPLICABLE</b>		
		Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
01	001	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000368</b>	EMS Run #		
		Hospital <b>ST CLARE HOSP</b>		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
01	002	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000368</b>	EMS Run #		
		Hospital <b>ST CLARE HOSP</b>		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action		
		Action Other		
<b>01</b>	<b>002</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>		