6TL0BNZLXH

18-10733

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913**

							(608) 356-4	895
t Number Overrid	le Primary Crash	Document #					у	
te	Crash Time				Time Arrived			
)18	04:00 PM				04:14 PM			
				s	Total Injured		led	
)18 	04:03 PM	T	01		01	00		
Emergency	Hit and Run	Lane Clos		Work Zone		Towed	Reporting Threshold	
Government Property	Active S	chool Zone	NO School B	us Related	Tags			
ortable	Crash Type DT4000 (STA	ANDARD CRAS	H)		Amended	l	Secondary Crash	
ption =	•							
							on By	
Ā		NOT TO S	SCALE .	(посоѕ Бу		
						ONE		
	_	-	_	CTH N				
		KNOB RD	_	■€	⊒-ŷ-			
	te 118 fied 118 fimergency Government Property ortable	te	te	te Crash Time Date Arriv O9/27/20 O9/27/20 O9/27/20 O1/18 O4:00 PM O1/18 O4:03 PM O4:03 PM	te Crash Time Od:00 PM O9/27/2018 Ified Time Notified O4:03 PM O1 Imergency Hit and Run Lane Closure Work Zone Government Property Crash Type DT4000 (STANDARD CRASH) ption NOT TO SCALE CTH N	18-10733 DEPUTY A. E	te 18-10733 DEPUTY A. BREUNIG Ite O4:00 PM O9/27/2018 O4:14 PM Ited Time Notified Total Units O1 O1 Itemsers O4:03 PM O1 O1 Itemsers O4:04 PM Item	Investigating Officer/Deputy DEPUTY A. BREUNIG te

UNIT WAS TRAVELING EASTBOUND ON CTH N. UNIT 1 WAS RIDING WITH A GROUP OF MOTORCYCLES. UNIT 1 WAS RIDING SINGLE FILE. UNIT 1 WAS NEGOTIATING A CURVE. THERE WAS SAND ON THE EDGE OF THE ROAD. UNIT 1 DROVE ONTO THE SAND AND GRAVEL. UNIT 1 LOST CONTROL AND ENTERED THE DITCH. UNIT 1 OVERTURNED IN THE DITCH AND CAME TO REST.

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

	Loc	ation —									
		CTHN EB				Latitude			Longitud	de	
	93 F	TE			43.293123916		23916		_	742035	
		KNOB RD (2)		X Coordinate			Y Coord	linate			
		HE TOWN OF FRANK	KLIN		251624.8125 Structure Type		4797919.5				
	IN S	AUK COUNTY						11010			
						Structure	туре				
	Cra	sh Scene									
•	First	Harmful Event				First Harm	nful Event Lo	ocation			
	OVE	RTURN/ROLLOVER					DER RIGH				
	Manr	ner of Collision			Light Condition						
	NO	COLLISION W/VEHIC	LE IN TRANSPORT			DAYLIGHT					
	Road	d Surface Condition(s)				Roadway Factor(s)					
	DRY	` '				, , , , ,					
	Envir	ronment Factor(s)									
	NON	NE				LOOSE	GRAVEL				
	Wea	ther Condition(s)									
	CLC	OUDY									
	Anim	al Type				Relation T	o Trafficwa	/			
						TRAFFIC	CWAY - O	- ON ROAD			
		h Classification - Location					ash Classification - Jurisdiction O SPECIAL JURISDICTION				
		l Land			Access Control			Special Study		Special Study	
					NO CONTROL						
	Within Interchange Area NO Junction Location NON-JUNCTION					Intersection Type NOT AN INTERSECTION					
	Llnit	t Summary =									
		Status —		Vehicle Ope	erating As C	·lassification)	Unit Type			
				M CLASS		MOTORC'			YCLE		
	IN TRANSIT Vehicle Type				Operating As Endorsements				ments		
5		TORCYCLE						Operating /	io Endordo	monto	
	Total	Occs	Train/Bus # Injured	Total # Cita	Total # Citations Issued To		Total Trail	Total Trailers		Total HazMat Types	
	1			0		0			0		
	Insur	ance?	Direction Of Travel	Pre CrashTi		re Speed Lin		mit Total La		es	
:	YES						55		2		
5		Harmful Event: Collision	With	Special Fun		CTION		Emergency Motor Vehicle Use NOT APPLICABLE			
	DIT				NO SPECIAL FUNCTION						
		ic Way D-WAY, NOT DIVIDED	•		Traffic Control NO CONTROL Road Curvature			Traffic Control Inoperative/Missing NO Road Grade			
		ace Type	<u> </u>								
	1				CURVE LEFT			LEVEL			
		k Bus or HazMat	<u>, </u>								
	NO										
	,	Vehicle									
				Plate Type	Plate Type		St Country of Issuance				
		License Plate Number			/O! =			UNITED STATES			
		837BX		CYC - CY	CLE		WI		IAIES		
5	01			CYC - CY	CLE DAVIDSO	ON .	Year 1998	Model FATBOY	IAIES		
5	10	837BX Vehicle Identification Num		CYC - CY	DAVIDSO	ON	Year	Model FATBOY Bus Use			
5	10	837BX Vehicle Identification Nur 1HD1BML11WY0518		CYC - CY Make HARLEY Body Style	DAVIDSO		Year	Model FATBOY			
5		837BX Vehicle Identification Nut 1HD1BML11WY0518 Color BLK - BLACK Initial Contact Point	996	CYC - CY Make HARLEY Body Style	DAVIDSO		Year	Model FATBOY Bus Use			
-		837BX Vehicle Identification Nut 1HD1BML11WY0518 Color BLK - BLACK Initial Contact Point 9LEFT SIDE MIDDL	996	CYC - CY Make HARLEY Body Style MC - MO Vehicle Da	DAVIDSO TORCYCI		Year	Model FATBOY Bus Use			
	VEHICLE 01	837BX Vehicle Identification Nut 1HD1BML11WY0518 Color BLK - BLACK Initial Contact Point	.E	CYC - CY Make HARLEY Body Style MC - MO	DAVIDSO TORCYCI		Year	Model FATBOY Bus Use			

Crash Time 04:00 PM

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		Towed Due To Dama	age	Vehicle Removed By					
				LEFT ON SCENE					
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors					
		Driver Prior Action Of		NOT APPLICABLE					
		Billor Filer Florion Ci							
		Driver Actions							
	щ	FAILURE TO CON	NTROL						
L N	<u> </u>								
5	VEHICL								
	>								
		Driver Distractions							
		NOT DISTRACTE	D						
_	1								
2	01								
		Owner Name		Owner Address					
		JOEL ROCCO AL	BERTI	1517 TWILIGHT TRL					
		(608) 698-0172		MADISON, WI 53716 , US					
	•	Sequence Of E	vents						
	01	Event DITCH							
		Event							
	02	OVERTURN/ROLI	LOVER						
	3	Event							
	03								
	04	Event							
		Daliay Haldar							
L		Policy Holder Insurance Company		Individual					
5		GEICO-GENERAL	INS-CO	JOEL ALBERTI					
		LIndividual							
		Driver		Citations Issued	Sex				
	_	JOEL ROCCO AL	BERTI	0	MALE				
	JAI	(608) 698-0172		Date of Birth	Race				
╘	INDIVIDUA				WHITE				
EN	<u> </u>	Address 1517 TWILIGHT T	'DI	Driver License Number					
	Z	MADISON, WI 537		STATE: WISCONSIN COUNTRY: UNITED STATES					
			On Duty Crash	Protective Gear					
		Equipment	·						
		Seat Position		GLOVES, BOOTS, JACKET, LONG PANTS					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use	n	Helmet Compliance					
		THREE-QUARTEI Eye Protection	π	APPROVED Tint Compliance					
		YES: WORN		UNKNOWN					
_	7		Injury Severity	Airbag					
5	00	Injury	SUSPECTED MINOR INJURY	NOT APPLICABLE					
		Ejected		Ejection Path Trapped/Extricated					
		NOT APPLICABL	E	NOT EJECTED/NOT APPLICABL	NOT TRAPPED				

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		Medical Transport			EMS Agency Ident	ifier	EMS Run #		
		EMS GROUND			6001155				
		Hospital			Date of Death		Time of Death		
		UNITYPOINT HEALTH-MERITER							
	Non Motorist Striking Unit # Prior Action			Prior Action		Location		To/From School	
		Action				I .			
	INDIVIDUAL								
╘	2								
UNIT	₹								
_	₫								
	Z								
		Action Other							
		7.00.011 0.1.01							
	,	Deve 9 Alaskal	Suspected Alcohol I	Use	Suspected Drug U	se			
	L	Orug & Alcohol	NO		NO				
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results		
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN	ı		Drug Test Type		Drug Test Results		
01	00	Drug Type							
		Individual Condition							
		APPEARED NOR	MAI						
		AFFEARED NOR	IVIAL						