

6TL0B1715C
18-10621

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 18-10621		Investigating Officer/Deputy DEPUTY I. HANSON	
Crash Date 09/24/2018		Crash Time 01:10 PM		Date Arrived 09/24/2018		Time Arrived 01:13 PM	
Date Notified 09/24/2018		Time Notified 01:11 PM		Total Units 02		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

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

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

UNIT 1 WAS SOUTH IN LANE ONE. UNIT 2 WAS SOUTH IN LANE 2 NEXT TO UNIT 1. UNIT ONE WANTED TO EXIT TO STH 136 AND BEGAN MERGING INTO LANE 2. UNIT 1 STRUCK UNIT 2 CAUSING THE MOTORCYCLE TO LAY DOWN AND SLIDE INTO THE WEST DITCHLINE. UNIT 1 WAS ABLE TO PULL TO THE SHOULDER OF THE ROAD. 9109

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Location

ON USH12 EB 125 FT N OF LINN ST/ STH136 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.475108309	Longitude -89.768902184
	X Coordinate 276053.25	Y Coordinate 4817301.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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 D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/TRAFFIC BARRIER		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE 01	Vehicle			
	License Plate Number 964XJM	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5J6RM4H72FL053451	Make HONDA	Year 2015	Model CRV
	Color BLK - BLACK	Body Style 4D - 4DR		Bus Use NOT A BUS
	Initial Contact Point 5--RIGHT REAR CORNER	Vehicle Damage		
Extent Of Damage FUNCTIONAL DAMAGE		5--RIGHT REAR CORNER		

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
		What Driver Was Doing CHANGING LANES	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Driver Distractions NOT DISTRACTED			
		Owner Name MARIUSZ Z NOWAK (608) 253-2509	Owner Address 1085 S CLARA AVE 41 WISCONSIN DELLS, WI 53965 , US		
Sequence Of Events					
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
Policy Holder					
UNIT	INDIVIDUAL	01	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual MARIUSZ NOWAK	
		01	Driver MARIUSZ Z NOWAK (608) 253-2509	Citations Issued 1	Sex MALE
		01	Address 1085 S CLARA AVE 41 WISCONSIN DELLS, WI 53965 , US	Date of Birth [REDACTED]	Race WHITE
		01		Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01	001	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY			
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		Non Motorist	Striking Unit #	Prior Action	Location	To/From School
	01	001	Action			
			Action Other			
			Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
	01	001	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition APPEARED NORMAL			
Violations						
01	001	UTC Number AE753446	Issue To? 001	Statute Number 346.13(3)	Seq Num 001	Description DEVIATION FROM DESIGNATED LANE

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification M CLASS	Unit Type MOTORCYCLE			
		Vehicle Type MOTORCYCLE	Operating As Endorsements				
		Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 2	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE			
		Traffic Way DIVIDED HWY W/TRAFFIC BARRIER	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL			
		Truck Bus or HazMat NO					
		02	02	Vehicle			
				License Plate Number XF241	Plate Type CYC - CYCLE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1HD1FC4137Y647316	Make HARLEY DAVIDSON			Year 2007	Model FLHTCU1		
Color BLK - BLACK	Body Style MC - MOTORCYCLE			Bus Use NOT A BUS			

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UNIT	VEHICLE	Initial Contact Point 10--LEFT SIDE FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT		
		Extent Of Damage MINOR DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By INTERSTATE BP		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
		Driver Distractions NOT DISTRACTED			
		Owner Name LEIF ERLING GREGERSON (608) 617-7187	Owner Address W13798 STATE ROAD 16 WISCONSIN DELLS, WI 53965 , US		
02	02	Sequence Of Events			
		01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company AMERICAN-FAMILY-INS-CO	Individual LEIF GREGERSON		
UNIT	INDIVIDUAL	Driver LEIF ERLING GREGERSON	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address W13798 STATE ROAD 16 WISCONSIN DELLS, WI 53965 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
		Equipment	On Duty Crash	Protective Gear	
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	NONE		
	Helmet Use NO	Helmet Compliance UNKNOWN			
	Eye Protection YES: WORN	Tint Compliance YES			

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02 UNIT INDIVIDUAL 02	002	Injury	Injury Severity SUSPECTED MINOR INJURY		Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND	EMS Agency Identifier 6000368		EMS Run #	
		Hospital ST CLARE HOSP	Date of Death		Time of Death	
	Non Motorist	Striking Unit #	Prior Action		Location	To/From School
	Action					
	Action Other					
	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 APPEARED NORMAL						