

6TL0C22XW7  
19-07685

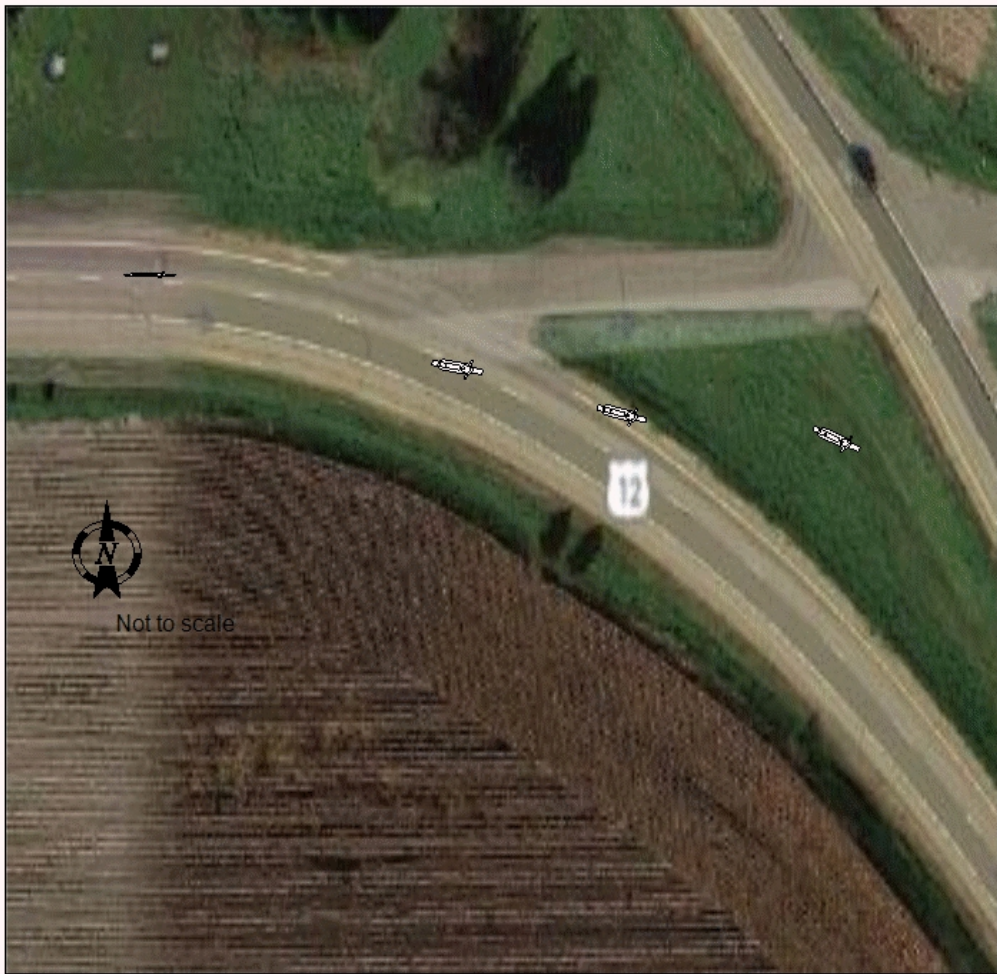
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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>19-07685</b>	Investigating Officer/Deputy <b>SERGEANT E. VANDENHEUVEL</b>	
Crash Date <b>06/26/2019</b>		Crash Time <b>07:00 AM</b>	Date Arrived <b>06/26/2019</b>	Time Arrived <b>07:06 AM</b>	
Date Notified <b>06/26/2019</b>		Time Notified <b>07:01 AM</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 checked="" 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

Diagram	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 EASTBOUND ON USH 12. UNIT 1 FAILED TO NEGOTIATE A CURVE IN THE ROAD AND ENTERED THE LEFT SIDE DITCH. UNIT 1 TRAVELED DOWN INTO THE DITCH AND THE OPERATOR WAS SEPARATED FROM UNIT 1 WHICH WAS A MOTORCYCLE. MOTORCYCLE CAME TO REST ON ITS SIDE IN THE MEDIAN GORE AREA BETWEEN THE DIVIDED LANES OF USH 12. DRIVER UNIT 1 COULD NOT RECALL THE CRASH SEQUENCE AND WAS TRANSPORTED FOR SUSPECTED HEAD INJURIES. DAMAGE TO NEARLY ALL AREAS OF UNIT 1 CAUSED BY SLIDING THROUGH THE DITCH.

Location

<b>ON USH12 EB 53 FT N OF OLD BLUFF TRL IN THE TOWN OF SUMPTER IN SAUK COUNTY</b>	Latitude <b>43.351955411</b>	Longitude <b>-89.767583663</b>
	X Coordinate <b>275705.46875</b>	Y Coordinate <b>4803620.5</b>
	Structure Type <b>NO STRUCTURE</b>	

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## Crash Scene

First Harmful Event <b>DITCH</b>		First Harmful Event Location <b>ROADSIDE</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>LOW SHOULDER</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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

<b>UNIT</b> 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 # Recorded	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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b> 01 <b>VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>JH822</b>		Plate Type <b>CYC - CYCLE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JKBVNAD11TA046523</b>		Make <b>KAWASAKI</b>	Year <b>1996</b>	Model <b>VN1500D</b>
	Color <b>GRN - GREEN</b>		Body Style <b>MC - MOTORCYCLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>ALL AREAS</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>		
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors		
Driver Prior Action Other		<b>NOT APPLICABLE</b>			

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UNIT	VEHICLE	Driver Actions <b>EXCEED SPEED LIMIT, SPEED TOO FAST/COND, RAN OFF ROADWAY</b>	
		Owner Name <b>ROBERT G FULKERSON</b>	Owner Address <b>N619 GANNON ROAD LODI, WI 53555 , US</b>
01	01	<b>Sequence Of Events</b>	
	01	Event <b>RUN OFF ROADWAY LEFT</b>	
	02	Event <b>DITCH</b>	
	03	Event <b>OVERTURN/ROLLOVER</b>	
	04	Event	
UNIT	INDIVIDUAL	<b>Policy Holder</b>	
		Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>BRADLEY KOOISTRA</b>
UNIT	INDIVIDUAL	<b>Individual</b>	
		Driver <b>BRADLEY JASON KOOISTRA (608) 212-7435</b>	Citations Issued <b>0</b>
			Sex <b>MALE</b>
			Race <b>WHITE</b>
	Address <b>1988 SPRINGDALE ST MOUNT HOREB, WI 53572 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>	
		On Duty Crash	Protective Gear <b>BOOTS, JACKET, LONG PANTS</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	
		Helmet Use <b>THREE-QUARTER</b>	Helmet Compliance <b>APPROVED</b>
		Eye Protection <b>YES: WORN AND WINDSHIELD</b>	Tint Compliance <b>YES</b>
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>
			Airbag <b>NOT APPLICABLE</b>
		Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000555</b>	EMS Run #	
Hospital <b>SAUK PRAIRIE HOSP</b>	Date of Death	Time of Death	
<b>Distacted By</b>	Distacted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distacted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action				
		Action Other			To/From School	
	<b>01</b>	<b>001</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>			

### Property Owner

<b>PROP OWNER</b>	<b>01</b>	Government <b>WISCONSIN DEPT OF TRANSPORTATION</b> (608) 246-3800	Address <b>2101 WRIGHT ST</b> <b>MADISON, WI 53705 2583, US</b>
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### Fixed Objects Struck

<b>01</b>	Striking Unit <b>01</b>	Struck Object <b>DITCH</b>	Structure Number	Damage Tag Number
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