

6TLOBNZLZV

19-07824

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 19-07824	Investigating Officer/Deputy DEPUTY A. BREUNIG	
Crash Date 06/29/2019		Crash Time 08:24 AM	Date Arrived 06/29/2019	Time Arrived 08:37 AM	
Date Notified 06/29/2019		Time Notified 08:26 AM	Total Units 01	Total Injured 02	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

Diagram	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 TRAVELING WESTBOUND ON STH 60. UNIT 1 WAS TRAVELING INTO A CURVE TO THE LEFT. UNIT 1 WAS NEGOTIATING THE CURVE. AS UNIT 1 TRAVELED OUT OF THE CURVE IT TRAVELED OFF THE RIGHT SIDE OF THE ROAD. UNIT 1 TRAVELED INTO THE DITCH. UNIT 1 OVERTURNED. UNIT 1 CAME TO REST IN THE DITCH. THE OPERATOR ADVISED THAT HE MAY HAVE STRUCK SOMETHING IN THE ROAD. WITNESSES ADVISED THAT ALL OF A SUDDEN THE BIKE LOST CONTROL. WITNESSES. STATED THE MOTORCYCLE MAY HAVE STRUCK SOMETHING ON THE ROAD.

Location

ON STH60 WB 464 FT W OF WILLIAMS RD IN THE TOWN OF TROY IN SAUK COUNTY	Latitude 43.201624498	Longitude -89.961921165
	X Coordinate 259362.6875	Y Coordinate 4787465
	Structure Type	

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Crash Scene

Table with 7 rows and 2-3 columns. Fields include: First Harmful Event (DITCH), First Harmful Event Location (SHOULDER RIGHT), Manner of Collision (NO COLLISION W/VEHICLE IN TRANSPORT), Light Condition (DAYLIGHT), Road Surface Condition(s) (DRY), Environment Factor(s) (NONE), Weather Condition(s) (CLEAR), Relation To Trafficway (TRAFFICWAY - ON ROAD), Crash Classification - Location (PUBLIC PROPERTY), Crash Classification - Jurisdiction (NO SPECIAL JURISDICTION), Access Control (NO CONTROL), Special Study, Within Interchange Area (NO), Junction Location (NON-JUNCTION), Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with 10 rows and 5-6 columns. Fields include: Unit Status (IN TRANSIT), Vehicle Operating As Classification (M CLASS), Unit Type (MOTORCYCLE), Vehicle Type (MOTORCYCLE), Operating As Endorsements, Total Occs (2), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (WESTBOUND), Pre Crash Tire Mark, Speed Limit (55), Total Lanes (2), Most Harmful Event: Collision With (OVERTURN/ROLLOVER), Special Function (NO SPECIAL FUNCTION), Emergency Motor Vehicle Use (NOT APPLICABLE), Traffic Way (TWO-WAY, NOT DIVIDED), Traffic Control (NO CONTROL), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (CURVE LEFT), Road Grade (LEVEL), Truck Bus or HazMat (NO).

Vehicle

Table with 8 rows and 4-5 columns. Fields include: License Plate Number (278GS), Plate Type (CYC - CYCLE), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (1HD1FCW162Y650913), Make (HARLEY DAVIDSON), Year (2002), Model (FLHTCUI), Color (BLK - BLACK), Body Style (MC - MOTORCYCLE), Bus Use (NOT A BUS), Initial Contact Point (9--LEFT SIDE MIDDLE), Vehicle Damage (ALL AREAS), Towed Due To Damage (TOWED DUE TO DISABLING DAMAGE), Vehicle Removed By (EVERETTS TOWING), What Driver Was Doing (NEGOTIATING CURVE), Vehicle Factors (NOT APPLICABLE), Driver Prior Action Other.

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UNIT	VEHICLE	Driver Actions FAILURE TO CONTROL		
		Owner Name RICHARD ALAN CONTRYMAN JR (315) 778-2704	Owner Address 1184 S CZECH CT FRIENDSHIP, WI 53934 , US	
Sequence Of Events				
UNIT	01	Event RUN OFF ROADWAY RIGHT		
	02	Event OVERTURN/ROLLOVER		
	03	Event		
	04	Event		
Policy Holder				
UNIT	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual RICHARD CONTRYMAN	
	Individual			
UNIT	INDIVIDUAL	Driver RICHARD ALAN CONTRYMAN JR (315) 778-2704	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
	Address 1184 S CZECH CT FRIENDSHIP, WI 53934 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	001	Safety Equipment	On Duty Crash	Protective Gear GLOVES, LONG PANTS
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		
	Helmet Use FULL-FACE	Helmet Compliance APPROVED		
	Eye Protection YES: WORN AND WINDSHIELD	Tint Compliance YES		
	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NOT APPLICABLE	
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND	EMS Agency Identifier 6000554	EMS Run #	
Hospital UW HEALTH-AMERICAN CENTER	Date of Death	Time of Death		
Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED				
Non Motorist	Striking Unit #	Location		
Prior Action				

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UNIT 01	INDIVIDUAL	Action			
		Action Other		To/From School	
		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			
		Individual			
		Passenger SUZANNE ELIZABETH CONTRYMAN (315) 775-6288	Citations Issued 0	Sex FEMALE	
		Address 1184 S CZECH CT FRIENDSHIP, WI 53934 , US		Date of Birth	Race WHITE
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
UNIT 01	INDIVIDUAL	Safety Equipment	On Duty Crash	Protective Gear	
		Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	NONE		
		Helmet Use HALF	Helmet Compliance APPROVED		
		Eye Protection NO	Tint Compliance UNKNOWN		
		Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND	EMS Agency Identifier 6000554	EMS Run #	
		Hospital UW HEALTH-AMERICAN CENTER	Date of Death	Time of Death	
		Distracted By	Distracted By Source		
		Distracted By Action			
Non Motorist	Striking Unit #	Location			
Prior Action					

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		Action Other		To/From School	
01	002	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					

Witness

WITN 01	ESS	Individual ANGIE M ZIEGLER (608) 206-1374	Address 603 SOMMERSET RD # 12 SPRING GREEN, WI 53588 , US	Date of Birth

Witness

WITN 02	ESS	Individual CRAIG L MELLOR (608) 330-0769	Address 105 N WATSON ST LIVINGSTON, WI 53554 , US	Date of Birth