

6TLOBMQKVZ

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 6TLOBNZLZV		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 checked="" 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.

FAILED TO LIST SAFETY EQUIPMENT FOR PASSENGER

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Location

Table with 3 columns: Address (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.

Crash Scene

Table with 2 main columns: Event/Condition (DITCH, NO COLLISION W/VEHICLE IN TRANSPORT, DRY, NONE, CLEAR, Animal Type, PUBLIC PROPERTY, NO, NO) and Location/Type (SHOULDER RIGHT, DAYLIGHT, NONE, TRAFFICWAY - ON ROAD, NO SPECIAL JURISDICTION, NO CONTROL, NO, NON-JUNCTION, NOT AN INTERSECTION).

Unit Summary

Table with 5 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (M CLASS), Unit Type (MOTORCYCLE), Vehicle Type (MOTORCYCLE), and various statistics (Total Occs: 2, Citations: 0, Speed Limit: 55, etc.).

Table with 4 columns: 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), Disabling Damage (DISABLING DAMAGE), Towed Due To Damage (TOWED DUE TO DISABLING DAMAGE), Vehicle Removed By (EVERETTS TOWING).

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
	Owner Name RICHARD ALAN CONTRYMAN JR (315) 778-2704		Owner Address 1184 S CZECH CT FRIENDSHIP, WI 53934 , US	
UNIT 01	Sequence Of Events			
	01	Event RUN OFF ROADWAY RIGHT		
	02	Event OVERTURN/ROLLOVER		
	03	Event		
UNIT 04	Event			
	Policy Holder			
	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
	Address 1184 S CZECH CT FRIENDSHIP, WI 53934 , US		Date of Birth	Race WHITE
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment			
UNIT 01	On Duty Crash		Protective Gear	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		GLOVES, LONG PANTS	
	Helmet Use FULL-FACE		Helmet Compliance APPROVED	
	Eye Protection YES: WORN AND WINDSHIELD		Tint Compliance YES	
	Injury		Injury Severity	Airbag
	SUSPECTED MINOR INJURY		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 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 INDIVIDUAL	Safety Equipment	On Duty Crash	Protective Gear LONG PANTS
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI		
	Helmet Use HALF	Helmet Compliance APPROVED	
	Eye Protection YES: WORN	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			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
	01	002	Drug & Alcohol		
			Suspected Alcohol Use	Suspected Drug Use	
			NO	NO	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
			TEST NOT GIVEN		
Drug Test Given	Drug Test Type	Drug Test Results			
TEST NOT GIVEN					
Drug Type					
Individual Condition					
APPEARED NORMAL					

Witness

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

Witness

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