

6TL0B655P5

19-08128

# 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>19-08128</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>07/04/2019</b>		Crash Time <b>06:40 PM</b>	Date Arrived <b>07/04/2019</b>	Time Arrived <b>06:53 PM</b>	
Date Notified <b>07/04/2019</b>		Time Notified <b>06:43 PM</b>	Total Units <b>02</b>	Total Injured <b>03</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 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 <b>DEP. W. NEUBAUER</b>
	Additional Information <b>NONE, PHOTOS</b>

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

UNIT 1 MOTORCYCLE WAS TRAVELING W/B ON STH 78 NEAR THE INTERSECTION OF STH 113. UNIT 1 ENTERED THE RIGHT TURN LANE FOR STH 113 AND THEN PERFORMED A U TURN BACK ONTO STH 78. UNIT DRIVER STATED THE SUN WAS IN HIS EYES AND DID NOT SEE UNIT 2. UNIT 2 WAS BEHIND UNIT 1, ALSO TRAVELING W/B ON STH 78. UNIT 2 OBSERVED UNIT 1 ENTER THE RIGHT HAND TURN LANE AND THEN U TURN BACK ONTO STH 78 IN FRONT OF THEM. UNIT 2 TOOK EVASIVE ACTION IN A ATTEMPT TO AVOID A COLLISION BUT WAS UNABLE TO DO SO. UNIT 2 STRUCK UNIT 1 ON THE LEFT SIDE. UNIT 1 CAME TO REST FACING W/B IN THE E/B LANE ON ITS LEFT SIDE. UNIT 2 CAME TO REST FACING W/B IN THE W/B LANE OF TRAFFIC. AIR BAGS DEPLOYED FOR UNIT 2, UNIT 1 DRIVER WAS THROWN FROM THE MOTORCYCLE. UNIT 1 DRIVER WAS TRANSPORTED TO UW MADISON HOSPITAL FOR A BROKEN LEG. UNIT 2 DRIVER AND JUV PASSENGER SUFFERED MINOR INJURIES TO THEIR FEET AND WERE CHECKED OUT BY EMS ON SCENE.

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**Location**

ON STH78 SB 56 FT E OF STH113 SB IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude <b>43.372924264</b>	Longitude <b>-89.678402264</b>
	X Coordinate <b>283008.15625</b>	Y Coordinate <b>4805713</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</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>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	

**Unit Summary**

<b>UNIT</b>	<b>01</b>	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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash <input type="checkbox"/> Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>				
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>								
<b>UNIT</b>	<b>01</b>	<b>Vehicle</b>								
		License Plate Number <b>824JL</b>	Plate Type <b>CYC - CYCLE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>					
		Vehicle Identification Number <b>1HD1FBC18JB680351</b>	Make <b>HARLEY DAVIDSON</b>	Year <b>2018</b>	Model <b>FLHR</b>					
		Color <b>BLU - BLUE</b>	Body Style <b>MC - MOTORCYCLE</b>		Bus Use <b>NOT A BUS</b>					
		Initial Contact Point <b>9--LEFT SIDE MIDDLE</b>	Vehicle Damage <b>7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER</b>							
		Extent Of Damage <b>DISABLING DAMAGE</b>	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>							
	Vehicle Removed By <b>EVERETTS TOWING</b>									

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UNIT VEHICLE	What Driver Was Doing <b>U TURN</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>IMPROPER TURN, LOOKED BUT DID NOT SEE</b>		
	Owner Name <b>MICHAEL J KELLY (608) 393-4341</b>	Owner Address <b>226 FRONT ST MERRIMAC, WI 53561 , US</b>	
UNIT 01	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event <b>LEFT TURN</b>		
	Event <b>CROSS CENTERLINE</b>		
UNIT 01	<b>Policy Holder</b>		
	Insurance Company <b>ERIE-INS-CO</b>	Individual <b>MICHAEL KELLY</b>	
	<b>Individual</b>		
	Driver <b>MICHAEL J KELLY (608) 393-4341</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
UNIT INDIVIDUAL		Date of Birth	Race <b>WHITE</b>
	Address <b>226 FRONT ST MERRIMAC, WI 53561 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>	On Duty Crash	Protective Gear
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>NONE</b>	
UNIT 01	Helmet Use <b>NO</b>	Helmet Compliance <b>UNKNOWN</b>	
	Eye Protection <b>NO</b>	Tint Compliance <b>UNKNOWN</b>	
	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
UNIT 001	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>6000555</b>	EMS Run #
	Hospital <b>UW HEALTH-AMERICAN CENTER</b>	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>UNKNOWN</b>	
	Distracted By Action <b>UNKNOWN</b>		
UNIT 01	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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UNIT	INDIVIDUAL	Action	
		Action Other	
01	001	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>			

### Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements			
		Total Occs <b>3</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>WESTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>836SRF</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2C4RC1CG0DR736817</b>	Make <b>CHRYSLER</b>	Year <b>2013</b>	Model <b>TOWN &amp; AMP</b>
		Color <b>DBL - BLUE, DARK</b>	Body Style <b>VN - VAN</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>11--LEFT FRONT CORNER, 12--FRONT</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>EVERETTS TOWING</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
Driver Prior Action Other	<b>NOT APPLICABLE</b>				

WISCONSIN MOTOR VEHICLE  
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UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	02	02	02
	Owner Name <b>NICOLE J MITTENZWEI (608) 669-0578</b>	Owner Address <b>E10711 COUNTY ROAD O SAUK CITY, WI 53583 , US</b>	
<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>NICOLE MITTENZWEI</b>
UNIT INDIVIDUAL	<b>Individual</b>		
		Driver <b>NICOLE J MITTENZWEI (608) 669-0578</b>	Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
			Race <b>WHITE</b>
	Address <b>E10711 COUNTY ROAD O SAUK CITY, WI 53583 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 002	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

WISCONSIN MOTOR VEHICLE  
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UNIT	INDIVIDUAL	Action				
		Action Other		To/From School		
		<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>				
		<b>Individual</b>				
		Passenger <b>CORY MICHAEL MITTENZWEI (608) 434-0992</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>E10711 COUNTY ROAD O SAUK CITY, WI 53583 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>	<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		<b>Distracted By</b>	Distracted By Source			
		Distracted By Action				
UNIT	INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<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>		
	<b>Individual</b>		
	Passenger <b>ETHAN C MITTENZWEI (608) 669-0578</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>E10711 COUNTY ROAD O SAUK CITY, WI 53583 , US</b>		Date of Birth <b>WHITE</b>
Driver License Number			
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash <b>EMT/FIRST-RESPONDER</b>	Safety Equipment <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>
	Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>		
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	<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>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>					
		<b>02</b>	<b>004</b>				