

6TL0BC3B39

19-09304

# 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>19-09304</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>07/27/2019</b>		Crash Time <b>02:48 PM</b>	Date Arrived <b>07/27/2019</b>	Time Arrived <b>02:57 PM</b>	
Date Notified <b>07/27/2019</b>		Time Notified <b>02:49 PM</b>	Total Units <b>01</b>	Total Injured <b>02</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 <b>W. VERTEIN #9122</b>
	Additional Information <b>PHOTOS</b>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS TRAVELING NORTHBOUND. AS THE OPERATOR WAS ATTEMPTING TO MAKE A RIGHT TURN, HE LOST CONTROL OF UNIT 1. UNIT 1 ENTERED THE DITCH LINE WHERE IT STRUCK A STOP SIGN AND ANOTHER FIXED SIGN POST. UNIT 1 CAME TO REST IN THE DITCH LINE. THE OPERATOR AND PASSENGER OF UNIT 1 WERE INJURED, BUT REFUSED MEDICAL TREATMENT.

## Location

<b>ON STH23 EB 28 FT S OF CTHW NB IN THE TOWN OF WESTFIELD IN SAUK COUNTY</b>	Latitude <b>43.39551697</b>	Longitude <b>-90.036483901</b>
	X Coordinate <b>254087.984375</b>	Y Coordinate <b>4809217</b>
	Structure Type	

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## Crash Scene

First Harmful Event <b>TRAFFIC SIGN POST</b>		First Harmful Event Location <b>ON ROADWAY</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>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>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY 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>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>2</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>TRAFFIC SIGN POST</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>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

<b>UNIT</b> 01 <b>VEHICLE</b>	<b>Vehicle</b>				
	License Plate Number <b>277HE</b>		Plate Type <b>CYC - CYCLE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1HD1FF4197Y618064</b>		Make <b>HARLEY DAVIDSON</b>	Year <b>2007</b>	Model <b>NO DATA FO</b>
	Color <b>BLK - BLACK</b>		Body Style <b>MC - MOTORCYCLE</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>12--FRONT</b>		Vehicle Damage <b>1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 5--RIGHT REAR CORNER, 7--LEFT REAR CORNER, 8--LEFT SIDE REAR</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		Vehicle Removed By		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors		
	What Driver Was Doing <b>RIGHT TURN</b>		<b>NOT APPLICABLE</b>		
Driver Prior Action Other					

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UNIT	VEHICLE	Driver Actions <b>IMPROPER TURN, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE</b>	
		Owner Name <b>STEVEN R ENGAN (608) 415-5040</b>	Owner Address <b>431 MIDWAY DR REEDSBURG, WI 53959 , US</b>
UNIT	01	<b>Sequence Of Events</b>	
		01	Event <b>RIGHT TURN</b>
		02	Event <b>RUN OFF ROADWAY LEFT</b>
		03	Event <b>TRAFFIC SIGN POST</b>
UNIT	01	04	Event <b>DITCH</b>
		<b>Policy Holder</b>	
UNIT	INDIVIDUAL	Insurance Company <b>DAIRYLAND-INS-CO</b>	Individual <b>STEVEN ENGAN</b>
		<b>Individual</b>	
UNIT	INDIVIDUAL	Driver <b>STEVEN R ENGAN (608) 415-5040</b>	Citations Issued <b>2</b>
		Sex <b>MALE</b>	Date of Birth
UNIT	INDIVIDUAL	Address <b>431 MIDWAY DR REEDSBURG, WI 53959 , US</b>	Race <b>WHITE</b>
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT	001	<b>Safety Equipment</b>	On Duty Crash
		Protective Gear <b>BOOTS, LONG PANTS</b>	
UNIT	001	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance <b>UNKNOWN</b>
		Eye Protection <b>YES: WORN AND WINDSHIELD</b>	Tint Compliance <b>UNKNOWN</b>
UNIT	001	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>
		Airbag <b>NOT APPLICABLE</b>	
UNIT	001	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
		Trapped/Extricated <b>NOT TRAPPED</b>	
UNIT	001	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
		EMS Run #	
UNIT	001	Hospital	Date of Death
		Time of Death	
UNIT	001	<b>Distracted By</b>	Distracted By Source
		Distracted By Action <b>UNKNOWN</b>	
UNIT	001	<b>Non Motorist</b>	Striking Unit #
		Location	
UNIT	001	Prior Action	

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UNIT 01	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>KAREN J ENGAN (608) 495-3277</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>431 MIDWAY DR REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>
Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
UNIT 01	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Protective Gear <b>BOOTS, LONG PANTS</b>	
		Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>			
		Helmet Use <b>NO</b>	Helmet Compliance <b>UNKNOWN</b>		
		Eye Protection <b>YES: WORN AND WINDSHIELD</b>	Tint Compliance <b>UNKNOWN</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>	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			
<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>002</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>			
			<b>Violations</b>			
	<b>01</b>	<b>02</b>	UTC Number	Issue To?	Statute Number	Description
			<b>AE138362</b>	<b>001</b>	<b>343.07(4)(b)1</b>	<b>TYPE 1 CYCLE PERMITTEE OPERATE CYCLE W/UNQUALIFIED PASS</b>
<b>02</b>	<b>01</b>	UTC Number	Issue To?	Statute Number	Description	
		<b>AE138363</b>	<b>001</b>	<b>347.485(1)(a)</b>	<b>IN. PERMITTEE OPERATE CYCLE W/O HEADGEAR</b>	

### Property Owner

<b>PROP OWNER</b>	<b>01</b>	Government <b>TOWNSHIP OF WESTFIELD</b> (608) 727-4924	Address <b>E5269 SANDHILL RD</b> <b>REEDSBURG, WI 53959 , US</b>
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### Fixed Objects Struck

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

### Property Owner

<b>PROP OWNER</b>	<b>02</b>	Government <b>SAUK COUNTY HWY DEPT</b> (608) 356-3855	Address <b>620 STH 136</b> <b>PO BOX 26</b> <b>BARABOO, WI 53913 , US</b>
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### Fixed Objects Struck

<b>02</b>	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	<b>01</b>	<b>TRAFFIC SIGN POST</b>		<b>NA</b>

### Witness

<b>WITN</b>	<b>ESS</b>	<b>01</b>	Individual <b>CAYLA PAULINE ALBRIGHT</b> (608) 408-7860	Address <b>500 CLARK ST</b> <b>REEDSBURG, WI 53959 , US</b>	Date of Birth
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### Witness

<b>WITN</b>	<b>ESS</b>	<b>02</b>	Individual <b>CORDELL LYLE ROYER</b> (608) 393-8568	Address <b>335 LAUREL ST</b> <b>REEDSBURG, WI 53959 , US</b>	Date of Birth
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