

6TL09T1TNH
19-10029

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

6TL09T1TNH

Document Number Override		Primary Crash Document #		Agency Crash Number 19-10029		Investigating Officer/Deputy DEPUTY C. GALLAGHER	
Crash Date 08/11/2019		Crash Time 04:52 PM		Date Arrived 08/11/2019		Time Arrived 05:23 PM	
Date Notified 08/11/2019		Time Notified 04:52 PM		Total Units 01		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 DEPUTY C.GALLAGHER #9170	
		Additional Information PHOTOS	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	

UNIT 1 WAS TRAVELING NORTHBOUND ON CTH PF. UNIT 1 STATED THAT HE OBSERVED A DEER BEFORE THE INTERSECTION OF CTH PF AND PAGEL DR. UNIT 1 ATTEMPTED TO AVOID THE ANIMAL AND LOST CONTROL OF THE MOTORCYCLE. UNIT 1 TIPPED ON ITS RIGHT SIDE AND SLID APPROXIMATELY 20 FEET BEFORE COMING TO A STOP IN THE SOUTHBOUND LANE ON CTH PF.

Location

ON CTHPF NB 80 FT N OF PAGEL DR IN THE TOWN OF HONEY CREEK IN SAUK COUNTY	Latitude 43.370291696	Longitude -89.968894428
	X Coordinate 259462.25	Y Coordinate 4806218
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event OVERTURN/ROLLOVER		First Harmful Event Location ON ROADWAY	
Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) ANIMAL (S) IN ROADWAY			
Weather Condition(s) CLOUDY			
Animal Type DEER		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area UNKNOWN	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 08/11/2019	Time Initial Lane/Rd Closed 05:10 PM	FIRE/EMS	
Date All Lanes Open 08/11/2019	Time All Lanes Open 05:39 PM	Date Scene Cleared 08/11/2019	Time Scene Cleared 06:00 PM

Unit Summary

UNIT	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 NORTHBOUND	<input checked="" type="checkbox"/> 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 RIGHT		Road Grade UPHILL	
	Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number 0F394	Plate Type CYC - CYCLE	St IA	Country of Issuance UNITED STATES
		Vehicle Identification Number 1HD1FC4119Y631893	Make HARLEY DAVIDSON	Year 2009	Model CUSTOM
		Color BLK - BLACK	Body Style MB - MOTORBIKE OR POWER DRI		Bus Use NOT A BUS
		Initial Contact Point 2--RIGHT SIDE FRONT	Vehicle Damage 1--RIGHT FRONT CORNER, 2--RIGHT SIDE FRONT, 3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR, 12--FRONT		
		Extent Of Damage FUNCTIONAL DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By OWNERS INSURANCE CO. / NAUHOLZ INS		
		What Driver Was Doing GOING STRAIGHT			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions			
	NO CONTRIBUTING ACTION			
01	Owner Name		Owner Address	
	CHARLES K SCHULTZ (319) 269-6364		17262 190TH ST HAWKEYE, IA 52147 , US	
Sequence Of Events				
01	01	Event		
		OVERTURN/ROLLOVER		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company		Individual	
	OWNERS INSURANCE CO.		CHARLES SCHULTZ	
UNIT INDIVIDUAL	Individual			
	Driver		Citations Issued	Sex
	CHARLES K SCHULTZ (319) 269-6364		0	MALE
	Date of Birth		Race	
			WHITE	
	Address		Driver License Number	
	17262 190TH ST HAWKEYE, IA 52147 , US		STATE: IOWA COUNTRY: UNITED STATES	
01	Safety Equipment	On Duty Crash		Protective Gear
				BOOTS
		Seat Position		Helmet Compliance
	1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		UNKNOWN	
	Helmet Use		Tint Compliance	
	NO		NO	
Eye Protection		Airbag		
YES: WORN AND WINDSHIELD		NON DEPLOYED		
001	Injury	Injury Severity		
		POSSIBLE INJURY		
Ejected		Ejection Path		Trapped/Extricated
NOT APPLICABLE		NOT EJECTED/NOT APPLICABLE		NOT TRAPPED
Medical Transport		EMS Agency Identifier		EMS Run #
EMS GROUND		6001155		
Hospital		Date of Death		Time of Death
SAUK PRAIRIE HOSP				
Distracted By		Distracted By Source		
		NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action				
NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	
Prior Action				

WISCONSIN MOTOR VEHICLE
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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 JESSICA M SCHULTZ (319) 404-2031	Citations Issued 0	Sex FEMALE
	Address 56 CRESTWOOD TER DAVENPORT, IA 52803 , US		Date of Birth WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Protective Gear
	Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI	NONE	
	Helmet Use NO	Helmet Compliance UNKNOWN	
	Eye Protection NO	Tint Compliance UNKNOWN	
	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag NON DEPLOYED
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6001155	EMS Run #
	Hospital SAUK PRAIRIE HOSP	Date of Death	Time of Death
	Distracted By	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	Non Motorist	Striking Unit #	Location
	Prior Action		

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	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			