

6TLOB8M7W1

19-13685

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 19-13685	Investigating Officer/Deputy DEPUTY B. MEARS	
Crash Date 11/03/2019		Crash Time 10:27 AM	Date Arrived 11/03/2019	Time Arrived 10:33 AM	
Date Notified 11/03/2019		Time Notified 10:27 AM	Total Units 01	Total Injured 01	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 DEPUTY MEARS
	Additional Information PHOTOS

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

UNIT WAS SOUTHBOUND ON STRAWBRIDGE RD, WHEN A DEER CAME OUT, AS EVIDENCED BY DEER HAIR ON FRONT TIRE. IT IS UNKNOWN WHETHER OPERATOR STRUCK THE DEER OR NOT. MOTORCYCLE SLID ONTO ITS LEFT SIDE AND SLID ABOUT 20 FT PARTIALLY ON ITS LEFT SIDE, THEN ABOUT 45 FT ALL THE WAY ON ITS SIDE. OPERATOR CAME OFF CYCLE AND WAS NEXT TO THE CYCLE IN THE ROADWAY WHEN I ARRIVED. OPERATOR WAS CONSCIOUS BUT NOT COMMUNICATING. RP STATED HE WAS UNCONSCIOUS WHEN THEY CAME UPON HIM. HE INDICATED PAIN IN HEAD, NECK AND SHOULDER AREA ON LEFT SIDE AND BELIEVED TO HAVE SERIOUS INJURIES. WONEWOC AMBULANCE AND FIRE ARRIVED ON SCENE AND TRANSPORTED HIM TO ST JOES HOSPITAL. HE WAS TRANSPORTED VIA MED LINK TO GUNDERSON HOSPITAL IN LACROSSE UNIT HAD NON FUNCTIONAL DAMAGE AND WAS TOWED BY SHIELDS. I MADE CONTACT WITH HIS WIFE AND SHE HAD BEEN ADVISED AND HAD CONTACT WITH THE HOSPITAL.

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Location

ON STRAWBRIDGE RD 785 FT N OF MEFFERT RD IN THE TOWN OF WOODLAND IN SAUK COUNTY	Latitude 43.633919676	Longitude -90.211858466
	X Coordinate 240907.421875	Y Coordinate 4836228.5
	Structure Type	

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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification M CLASS	Unit Type MOTORCYCLE		
	Vehicle Type MOTORCYCLE	Operating As Endorsements			
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 00	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 02
	Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)		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 STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				
	VEHICLE	Vehicle			
		License Plate Number 340LB	Plate Type CYC - CYCLE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number MLHMD4419K5200975		Make HONDA	Year 2019	Model CRF250	
Color RED - RED		Body Style EN - ENDURO		Bus Use NOT A BUS	
Initial Contact Point 8--LEFT SIDE REAR		Vehicle Damage ALL AREAS			
Extent Of Damage DISABLING DAMAGE					
Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SHIELDS TOWING			

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions UNKNOWN		
01 01	Owner Name DONALD HARTMAN BROTEN (608) 921-8315	Owner Address S991 BOBOLINK CT LA VALLE, WI 53941 , US	
	Sequence Of Events		
01 02 03 04	Event NON DOMESTICATED ANIMAL (ALIVE)		
	Event OVERTURN/ROLLOVER		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual DONALD BROTEN	
UNIT INDIVIDUAL	Individual		
	Driver DONALD HARTMAN BROTEN (608) 921-8315	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE
	Address S991 BOBOLINK CT LA VALLE, WI 53941 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment	On Duty Crash	Protective Gear
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	GLOVES, BOOTS, JACKET, LONG PANTS	
	Helmet Use FULL-FACE	Helmet Compliance APPROVED	
	Eye Protection YES: WORN	Tint Compliance YES	
	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag NOT APPLICABLE
01 001	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6000820	EMS Run #
	Hospital HILLSBORO AREA HOSPITAL	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
01	001	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			