6TL0B8M7W1

19-13685

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash	Document #	19-13685 E Date Arrived T			Investigating Officer/Deputy DEPUTY B. MEARS			
Crash Date 11/03/2019	Crash Time 10:27 AM				-	Time Arrived 10:33 AM			
Date Notified	Time Notified			Total Units		Total Injured Total Killed		1	
11/03/2019	10:27 AM		01	01		01 00		1	
On Emergency	lit and Run	Lane Closu	ure	Work Zone		er or ٦	Fowed	Reporting Threshold	
Government Property	Active Sc	hool Zone	School NO	School Bus Related Tags NO					
Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)		Amer	ded		Secondary Crash	
Description									
	R		T			DE	otos By PUTY ME		
		SLIDE MARKS WHEN UNIT ON SIDE UNIT ON LEFT	SIDE			PH	ditional Inforr	nation	
✓ I, a sworn law enforcem	ent officer, agre	e that I have no	ot addec	I any CJIS data in th	nis report.				
UNIT WAS SOUTHBOUND ON WHETHER OPERATOR STRUC THEN ABOUT 45 FT ALL THE V OPERATOR WAS CONSCIOUS	K THE DEER OR N VAY ON ITS SIDE.	NOT. MOTORCYCI	LE SLID (E OFF C)	ONTO ITS LEFT SIDE A CLE AND WAS NEXT	AND SLID ABOU TO THE CYCLE	JT 20 I E IN TH	FT PARTIAL	LY ON ITS LEFT SIDE, Y WHEN I ARRIVED.	

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.

19-13685

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

	Loc	ation								
	ON	STRAWBRIDGE RD			Latitude			Longitud	le	
	785	FT N	43.6339	43.633919676			858466			
	OF I	MEFFERT RD	X Coordin			Y Coord	linoto			
	IN T	HE TOWN OF WOODL		X Coordinate		483622				
	IN S	AUK COUNTY			240907.421875		403022	.8.3		
					Structure	Туре				
(Cra	sh Scene								
1		Harmful Event			First Harr	nful Event L	ocation			
		RTURN/ROLLOVER			ON ROA		ocation			
		ner of Collision								
					Light Con					
	-	COLLISION W/VEHICLE	EINTRANSPORT		-	DAYLIGHT				
	Road	Surface Condition(s)			Roadway	Factor(s)				
	DRY	,								
	Envi	onment Factor(s)								
	EUVI	onment Factor(s)								
	ANI	MAL (S) IN ROADWAY			NONE					
	Wea	ther Condition(s)								
	CLC	OUDY								
	Anim	al Type			Relation	To Trafficwa	IV			
	DEE					Relation To Trafficway TRAFFICWAY - ON ROAD				
		h Classification - Location					Jurisdiction			
	-				Access C				Special Study	
	THDa	li Lanu							Special Study	
					NO CON	TROL				
		0	Iunction Location		Intersection Type					
	NO	١	NON-JUNCTION	NOT	AN INTERSE	ECTION				
i	Unit	t Summary								
		t Summary Status		Vehicle Operating A	s Classification	1	Unit Type			
l	Unit	Status			s Classification	٦		YCLE		
	Unit	Status RANSIT		Vehicle Operating A	s Classification	ו	MOTORC		nents	
01	Unit IN T Vehi	Status RANSIT cle Type			s Classification	ſ			ments	
	Unit IN T Vehic MO	Status RANSIT cle Type FORCYCLE	Train/Bus # Recorded	M CLASS			MOTORC Operating A	s Endorser		
	Unit IN T Vehic MO Total	Status RANSIT cle Type	Train/Bus # Recorded	M CLASS		Total Trai	MOTORC Operating A	s Endorser Total Haz	ments Mat Types	
	Unit IN T Vehic MO Total 01	Status RANSIT Cle Type FORCYCLE		M CLASS	ued	Total Trai	MOTORC Operating A	s Endorser Total Haz 0	Mat Types	
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UNIT 01	Unit IN T Vehia MOT Total 01 Insur YES Most NON Traff TWC Surfa BLA Truck	Status RANSIT Cle Type FORCYCLE OCCS Tance? Tance? Thermful Event: Collision Will DOMESTICATED ANIL To Way D-WAY, NOT DIVIDED Tace Type CCKTOP (BITUMINOUS) K Bus or HazMat Vehicle License Plate Number 340LB Vehicle Identification Number	Direction Of Travel SOUTHBOUND ith MAL (ALIVE)	M CLASS Total # Citations Iss 00 Pre Crash Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type CYC - CYCLE Make	ued Fire	Total Trai 0 Speed Lin 45 St WI Year	MOTORC Operating A ilers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S [*] Model	s Endorser Total Haz 0 Total Land 02 Motor Vehi LICABLE rol Inoperat	Mat Types es icle Use	
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doin				Veh	icle Factors				
	GOING STRAIGHT										
		Driver Prior Action Oth	her			NO	T APPLICABLE				
		Driver Actions UNKNOWN									
L	Ш	UNKNOWN									
UNIT	VEHICL										
Б	Ш										
	>										
		Owner Name				- 1	Owner Address				
		DONALD HARTMA	AN BROTE	EN			S991 BOBOLINK CT				
9	01	(608) 921-8315					LA VALLE, WI 53941 , US				
		Sequence Of Ev	vents								
		Event				-					
	01	NON DOMESTICA		AL (ALIVE	E)						
	02	Event OVERTURN/ROLL	OVER								
		Event									
	03										
	04	Event									
		Policy Holder									
UNIT		Insurance Company				Ir	ndividual				
5		AMERICAN-FAMIL	LY-INS-CO)		DONALD BROTEN					
		Individual									
		Driver			IC	itations Issued	Sex				
		DONALD HARTMAN BROTEN				0		MALE			
	IAI	(608) 921-8315			D	ate of Birth	Race				
F	NDIVIDUAI							WHITE			
UNIT	N	Address					Driver License Number				
	ND	S991 BOBOLINK (LA VALLE, WI 539				s	STATE: WISCONSIN COUNTRY: UNITED STATES				
	_		,								
			On Duty Cr	rash			rotective Gear				
	Saf	fety Equipment	on Duty of			l'					
		Seat Position				GLOVES, BOOTS, JACKET, LONG PANTS					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
		Helmet Use			Helmet Compliance						
		FULL-FACE				APPROVED					
		Eye Protection				Tint Compliance					
		YES: WORN					ΈS				
9	001	1 *	Injury Seve	-	OUS INJUR		irbag IOT APPLICABLE				
	0	Ejected		jection Path	JUS INJUK			Trapped/Extricated			
		NOT APPLICABLE	-		ED/NOT APP			NOT TRAPPED			
		Medical Transport		0. 2020.		-	MS Agency Identifier	EMS Run #			
		EMS GROUND					000820				
		Hospital				D	Pate of Death	Time of Death			
		HILLSBORO ARE									
		Distracted By	Distracted I NOT APP	By Source		ст	ED)				
		Distracted By Action									
		NOT DISTRACTED) Striking Uni	it #	ocation						
		Non Motorist									
		Prior Action									
		1									

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WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	Action					
		Action Other					To/From School
	Ľ	Drug & Alcohol NO	se	Suspected Drug Use			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
0	001	Drug Type					
		Individual Condition APPEARED NORMAL					