

6TLOBMQKWK

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 6TLOB8M7W1		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 00	Total Killed 01
<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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By DEPUTY MEARS
	Additional Information PHOTOS, FATAL CRASH SUPPLEMENT

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.

Investigator's Narrative Summary

FATALITY

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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					

UNIT	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		

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				
	Owner Name DONALD HARTMAN BROTEN (608) 921-8315		Owner Address S991 BOBOLINK CT LA VALLE, WI 53941 , US		
UNIT 01	Sequence Of Events				
	Event	NON DOMESTICATED ANIMAL (ALIVE)			
	Event	OVERTURN/ROLLOVER			
	Event				
UNIT INDIVIDUAL	Policy Holder				
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual DONALD BROTEN		
	Individual				
	Driver DONALD HARTMAN BROTEN (608) 921-8315		Citations Issued 0	Sex MALE	
Address S991 BOBOLINK CT LA VALLE, WI 53941 , US		Date of Birth	Race WHITE		
Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 01	Safety Equipment		On Duty Crash		
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Protective Gear GLOVES, BOOTS, JACKET, LONG PANTS		
	Helmet Use FULL-FACE		Helmet Compliance APPROVED		
	Eye Protection YES: WORN		Tint Compliance YES		
	Injury		Injury Severity FATAL INJURY	Airbag NOT APPLICABLE	
	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			

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UNIT	Prior Action		
	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		
	01	001	