WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #		Agency Crash Number 23-07967		Investigating Officer/Deputy DEPUTY I. GALVAN		
B 1	Crash Date 07/25/2023	Crash Time 03:37 PM		Date Arrived 07/25/2023		Time Arrived 03:45 PM		
2KR	Date Notified 07/25/2023	Time Notified 03:39 PM		Total Units 01		Total Injured 01	,	
.0F2	On Emergency	it and Run	and Run Lane Closu		Work Zone	Trailer or Towed Reporting Threshold		
6T L	Government Property	Active School Zone		School Bus Related NO		Tags		
	Crash Type DT4000 (STANDARD CRASH)		Amended		Secondary Crash

Description Diagram Reconstruction By Photos By I GALVAN Additional Information **PHOTOS** OIL SPILI GIEBEL COURT NOT TO SC

UNIT 1 WAS TRAVELING WESTBOUND ON FERN DELL ROAD APPROACHING THE ROUNDABOUT NEAR MOON ROAD. UNIT 1 NEGOTIATED TURN TO CONTINUE WESTBOUND ON FERN DELL ROAD BUT TRAVELED OVER A APPROXIMATELY 50 TO 60 FOOT OIL SPILL CAUSING HIM TO FISHTAIL AND FALL OFF HIS MOTORCYCLE. UNIT 1 SUSTAINED SERIOUS INJURIES. UNIT 1 WAS REMOVED BY PLATTS WRECKER. WITNESS STATED UNIT 1 WAS TRAVELING AT SLOW SPEEDS AND VERIFIED SPEED WAS NOT A FACTOR. UNIT 1 WAS WEARING A DOT APPROVED FULL FACE HELMET.

Location

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Crash Time 03:37 PM

	39 F	FERN DELL RD FT E USHL U WB						Longitude -89.783021527		
	IN T	THE TOWN OF DELTON SAUK COUNTY			_	X Coordinate 275228.625		Y Coordinate 4826822		
					Structure NO STR	Type UCTURE				
	Cra	sh Scene			•					
1	First	: Harmful Event			First Harr	mful Event l	_ocation			
		HER NON-COLLISION			ON ROADWAY					
		ner of Collision			_	Light Condition				
		NO COLLISION W/VEH d Surface Condition(s)	IICLE IN TRANSPORT		_	DAYLIGHT Description (a)				
		. ,			Roadway	Roadway Factor(s)				
	OIL									
	Envi	ronment Factor(s)			BOAD S	ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH,				
	NOI	NE			ETC)	OURFACE	CONDITION	(WEI, ICI, SNOW, SLUSH,		
	Wea	ather Condition(s)								
	CLE	EAR								
	Anim	nal Type			Relation 7	To Trafficwa	av			
		21				CWAY - C	•			
	Cras	sh Classification - Location			Crash Cla	ssification ·	- Jurisdiction			
		BLIC PROPERTY			NO SPE	CIAL JUF	RISDICTION			
	Triba	al Land			Access C			Special Study		
	With	in Interchange Area	Junction Location	Interse	ection Type	n Type		<u> </u>		
	NO	I	NTERSECTION-RELATED	ROUI	NDABOUT					
į	Uni	t Summary 💳								
	Unit	Unit Status Vehicle Operating As C				n	Unit Type			
		RANSIT		M CLASS			MOTORC			
11	Vehi	icle Type					MOTORC	YCLE as Endorsements		
10	Vehi	icle Type TORCYCLE	I Train/Bus # Recorded	M CLASS		I Total Tra	MOTORC Operating A	As Endorsements		
10	Vehi	icle Type	Train/Bus # Recorded				MOTORC Operating A			
0.1	Vehi MO Tota 1	icle Type TORCYCLE	Train/Bus # Recorded Direction Of Travel	M CLASS Total # Citations Iss 0	sued	Total Tra	MOTORC Operating A	s Endorsements Total HazMat Types		
10	Vehi MO Tota 1	TORCYCLE Il Occs rance?		Total # Citations Iss 0 Pre Crash Mark	sued	Total Tra	MOTORC Operating A	Total HazMat Types O Total Lanes		
	Vehi MO' Tota 1 Insur YES	icle Type TORCYCLE II Occs rance? S t Harmful Event: Collision W	Direction Of Travel WESTBOUND	M CLASS Total # Citations Iss 0 Pre Crash Mark Special Function	sued Tire	Total Tra 0 Speed Li	MOTORC Operating A illers mit	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use		
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TO CINIO 01	Vehin MO' Tota 1 Insur YES Most OTH Traff DIVI Surfa BLA Truc NO	rance? S t Harmful Event: Collision W HER NON-COLLISION fic Way IDED HWY W/O TRAFF ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number 669TF Vehicle Identification Numl JYADM10E3MA00232	Direction Of Travel WESTBOUND ith IC BARRIER	Total # Citations Iss 0 Pre Crash Mark Special Function NO SPECIAL FU Traffic Control YIELD SIGN Road Curvature CURVE LEFT Plate Type CYC - CYCLE Make YAMAHA	Sued Tire UNCTION	Total Tra 0 Speed Li 45 St WI Year	MOTORC Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S' Model XTZ690	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing		
10 INO 110	Vehin MO Tota 1 Insur YES Most OTH Traff DIVI Surfa BLA Truc NO	rance? S t Harmful Event: Collision W HER NON-COLLISION fic Way IDED HWY W/O TRAFFI ace Type ACKTOP (BITUMINOUS Ex Bus or HazMat Vehicle License Plate Number 669TF Vehicle Identification Numl JYADM10E3MA00232 Color BLK - BLACK Initial Contact Point	Direction Of Travel WESTBOUND ith C BARRIER Deer	M CLASS Total # Citations Iss 0 Pre Crash Mark Special Function NO SPECIAL FU Traffic Control YIELD SIGN Road Curvature CURVE LEFT Plate Type CYC - CYCLE Make YAMAHA Body Style	Sued Tire UNCTION	Total Tra 0 Speed Li 45 St WI Year	MOTORC Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED S' Model XTZ690	Total HazMat Types 0 Total Lanes 2 Motor Vehicle Use LICABLE rol Inoperative/Missing		
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Crash Date 07/25/2023

Crash Time 03:37 PM

		Towed Due To Damage		Vel	nicle Removed By				
		TOWED DUE TO DISABI	ING DAMAGE	PL	ATTS WRECKER				
		What Driver Was Doing		Vehicle Factors					
		NEGOTIATING CURVE							
		Driver Prior Action Other		NC	T APPLICABLE				
		Driver Actions							
	Щ	NO CONTRIBUTING ACT	ΓΙΟΝ						
⊨	CL								
L	VEHICLE								
_	ΛE								
		Owner Name			Owner Address				
_	1	BRANDON HEBEL			129 8TH ST				
2	01	(608) 333-1466			BARABOO, WI 539	913 , US			
		Sequence Of Events							
		Event							
	01	OTHER NON-COLLISION	N .						
	02	Event	OTOD VEUIOLE						
	0	FELL/JUMPED FROM M	OTOR VEHICLE						
	03	Event							
	0								
	04	Event							
	0								
—	ı	Policy Holder							
LIND		Insurance Company			Individual				
\supset		GEICO-GENERAL-INS-CO			BRANDON HEBEL				
	ĺ	ndividual							
		Driver BRANDON HEBEL (608) 333-1466 Address 129 8TH ST BARABOO, WI 53913, US			Citations Issued Sex				
	_				0 MALE Date of Birth Race				
	JA								
⊨	INDIVIDUAL				WHITE				
	Σ				Driver License Number				
_					STATE: WISCONSIN COUNTRY: UNITED STATES				
	_	BARABOO, WI 33913 , 03		STATE. WISCONSIN COUNTRY, UNITED STATES					
	Sat	on Du fety Equipment	ty Crash	F	Protective Gear				
	Ou,				<u> </u>				
		Row	Seat Position	(GLOVES				
		01 - FRONT ROW Helmet Use	07 - LEFT		Helmet Compliance				
		FULL-FACE			APPROVED				
		Eye Protection YES: WORN AND WINDSHIELD			Tint Compliance				
					YES				
_	_	Injury Severity			Airbag				
2	90	Injury SUSPECTED SERIOUS INJ							
		Ejected	Ejection Path			<u> </u>			
		NOT APPLICABLE NOT EJECTED/NOT APP			LICABLE		NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
	EMS GROUND			6000123			231660		
		Hospital		Date of Death Time of Death					
		REEDSBURG AREA ME							
		Distracted Ry No.	ted By Source		·				
			APPLICABLE (NOT DISTR	ACT	EU)				
		Distracted By Action							
		NOT DISTRACTED							

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		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	JAL									
LIND	VIDL									
_ر	INDIVIDUAL									
		Action Other						To/From School		
		Orug & Alcohol	Suspected Alcohol U	se	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				
2	001	Drug Type		•						
		Individual Condition								
		APPEARED NORM	//AL							
	Witı	ness								
11	Indiv PAN	idual IELA KEYES			Address 3854 LAUDON RD			Date of Birth		
e Ng	(608	3) 220-6607			COTTAGE GROVE, W	I 53527 , US				
WITN 01 ESS 01										