

6TL0F2KRB1  
23-07967

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<br><b>23-07967</b> | Investigating Officer/Deputy<br><b>DEPUTY I. GALVAN</b> |  |
| Crash Date<br><b>07/25/2023</b>                |   | Crash Time<br><b>03:37 PM</b>                | Date Arrived<br><b>07/25/2023</b>      | Time Arrived<br><b>03:45 PM</b>                         |  |
| Date Notified<br><b>07/25/2023</b>             |   | Time Notified<br><b>03:39 PM</b>             | Total Units<br><b>01</b>               | Total Injured<br><b>01</b>                              | Total Killed<br><b>00</b>                    |
| <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<br><b>NO</b>              |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |  | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash     |

Description

|         |   |
|---------|---|
| Diagram | Reconstruction By                       |
|         | Photos By<br><b>I GALVAN</b>            |
|         | Additional Information<br><b>PHOTOS</b> |

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

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.

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Location

|   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| ON FERN DELL RD<br>39 FT E<br>OF USHL U WB<br>IN THE TOWN OF DELTON<br>IN SAUK COUNTY | Latitude<br><b>43.560483368</b>       | Longitude<br><b>-89.783021527</b> |
|   | X Coordinate<br><b>275228.625</b>     | Y Coordinate<br><b>4826822</b>    |
|   | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|  |   |                                       |
|--|---|---------------------------------------|
| First Harmful Event<br><b>OTHER NON-COLLISION</b>                      | First Harmful Event Location<br><b>ON ROADWAY</b>                               |                                       |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>  |                                       |
| Road Surface Condition(s)<br><b>OIL</b>                                | Roadway Factor(s)<br><b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b> |                                       |
| Environment Factor(s)<br><b>NONE</b>                                   |   |                                       |
| Weather Condition(s)<br><b>CLEAR</b>                                   |   |                                       |
| Animal Type  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                           |                                       |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>           |                                       |
| Tribal Land  | Access Control<br><b>NO CONTROL</b>   | Special Study                         |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>INTERSECTION-RELATED</b>                                | Intersection Type<br><b>ROUNDBOUT</b> |

Unit Summary

|            |  |   |  |                                |  |  |
|------------|--|---|--|--------------------------------|--|--|
| UNIT<br>01 | Unit Status<br><b>IN TRANSIT</b>                                 | Vehicle Operating As Classification<br><b>M CLASS</b> |  | Unit Type<br><b>MOTORCYCLE</b> |  |  |
|            | Vehicle Type<br><b>MOTORCYCLE</b>                                |   |  | Operating As Endorsements      |  |  |
|            | Total Occs<br><b>1</b>   | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>     | Total HazMat Types<br><b>0</b>                       |  |
|            | Insurance?<br><b>YES</b>   | Direction Of Travel<br><b>WESTBOUND</b>               | <input type="checkbox"/> Pre CrashTire Mark    | Speed Limit<br><b>45</b>       | Total Lanes<br><b>2</b>                              |  |
|            | Most Harmful Event: Collision With<br><b>OTHER NON-COLLISION</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> |                                | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |  |
|            | Traffic Way<br><b>DIVIDED HWY W/O TRAFFIC BARRIER</b>            |   | Traffic Control<br><b>YIELD SIGN</b>           |                                | Traffic Control Inoperative/Missing<br><b>NO</b>     |  |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                     |   | Road Curvature<br><b>CURVE LEFT</b>            |                                | Road Grade<br><b>LEVEL</b>                           |  |
|            | Truck Bus or HazMat<br><b>NO</b>                                 |   |  |                                |  |  |

|   |   |  |  |                     |   |
|---|---|--|--|---------------------|---|
| UNIT<br>01<br>VEHICLE                       | <b>Vehicle</b>  |  |  |                     |   |
|   | License Plate Number<br><b>669TF</b>                      |  | Plate Type<br><b>CYC - CYCLE</b>   | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|   | Vehicle Identification Number<br><b>JYADM10E3MA002327</b> |  | Make<br><b>YAMAHA</b>  | Year<br><b>2021</b> | Model<br><b>XTZ690</b>                      |
|   | Color<br><b>BLK - BLACK</b>                               |  | Body Style<br><b>MC - MOTORCYCLE</b>   |                     | Bus Use                                     |
|   | Initial Contact Point<br><b>03 - RIGHT SIDE MIDDLE</b>    |  | Vehicle Damage<br><b>02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR</b> |                     |   |
| Extent Of Damage<br><b>DISABLING DAMAGE</b> |   |  |  |                     |   |



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|   |   |  |   |                      |
|---|---|--|---|----------------------|
| UNIT<br>VEHICLE                               | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>             |  | Vehicle Removed By<br><b>PLATTS WRECKER</b>                   |                      |
|   | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>                       |  | Vehicle Factors   |                      |
|   | Driver Prior Action Other   |  | <b>NOT APPLICABLE</b>   |                      |
|   | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                         |  |   |                      |
| 01  | Owner Name<br><b>BRANDON HEBEL<br/>(608) 333-1466</b>                   |  | Owner Address<br><b>129 8TH ST<br/>BARABOO, WI 53913 , US</b> |                      |
|   | <b>Sequence Of Events</b>   |  |   |                      |
| 01  | 01  | Event<br><b>OTHER NON-COLLISION</b>                            |   |                      |
|   | 02  | Event<br><b>FELL/JUMPED FROM MOTOR VEHICLE</b>                 |   |                      |
|   | 03  | Event  |   |                      |
|   | 04  | Event  |   |                      |
| UNIT  | <b>Policy Holder</b>  |  |   |                      |
|   | Insurance Company<br><b>GEICO-GENERAL-INS-CO</b>                        |  | Individual<br><b>BRANDON HEBEL</b>                            |                      |
| UNIT<br>INDIVIDUAL                            | <b>Individual</b>   |  |   |                      |
|   | Driver<br><b>BRANDON HEBEL<br/>(608) 333-1466</b>                       |  | Citations Issued<br><b>0</b>                                  | Sex<br><b>MALE</b>   |
|   | Address<br><b>129 8TH ST<br/>BARABOO, WI 53913 , US</b>                 |  | Date of Birth   | Race<br><b>WHITE</b> |
|   | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |   |                      |
| 01  | <b>Safety Equipment</b>   |  | On Duty Crash   |                      |
|   | Row<br><b>01 - FRONT ROW</b>  |  | Seat Position<br><b>07 - LEFT</b>                             |                      |
|   | Protective Gear<br><b>GLOVES</b>  |  |   |                      |
|   | Helmet Use<br><b>FULL-FACE</b>  |  | Helmet Compliance<br><b>APPROVED</b>                          |                      |
|   | Eye Protection<br><b>YES: WORN AND WINDSHIELD</b>                       |  | Tint Compliance<br><b>YES</b>                                 |                      |
|   | <b>Injury</b>   |  | Airbag  |                      |
|   | Injury Severity<br><b>SUSPECTED SERIOUS INJUR</b>                       |  | <b>NOT APPLICABLE</b>   |                      |
|   | Ejected<br><b>NOT APPLICABLE</b>  |  | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>            |                      |
| Trapped/Extricated<br><b>NOT TRAPPED</b>      |   |  |   |                      |
| Medical Transport<br><b>EMS GROUND</b>        |   | EMS Agency Identifier<br><b>6000123</b>                        |   |                      |
| EMS Run #<br><b>231660</b>                    |   |  |   |                      |
| Hospital<br><b>REEDSBURG AREA MED CTR</b>     |   | Date of Death  |   |                      |
| Time of Death                                 |   |  |   |                      |
| <b>Distracted By</b>                          |   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |   |                      |
| Distracted By Action<br><b>NOT DISTRACTED</b> |   |  |   |                      |

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|-------------|--|---|------------------------------------|---------------------------------|----------------|
| <b>UNIT</b> | <b>Non Motorist</b>                            | Striking Unit #                             | Location                           |                                 |                |
|             |  | Prior Action                                |                                    |                                 |                |
|             | <b>INDIVIDUAL</b>                              | Action                                      |                                    |                                 |                |
|             |  | Action Other                                |                                    |                                 | To/From School |
|             |  | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |                |
|             |  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                  | Alcohol Test Results            |                |
|             | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                              | Drug Test Results                  |                                 |                |
|             | Drug Type                                      |   |                                    |                                 |                |
|             | Individual Condition<br><b>APPEARED NORMAL</b> |   |                                    |                                 |                |

**Witness**

|                |  |   |               |
|----------------|--|---|---------------|
| <b>WITN 01</b> | Individual<br><b>PAMELA KEYES</b><br><b>(608) 220-6607</b> | Address<br><b>3854 LAUDON RD</b><br><b>COTTAGE GROVE, WI 53527 , US</b> | Date of Birth |
|                | <b>ESS</b>   |   |               |