

6TL0F68VP6

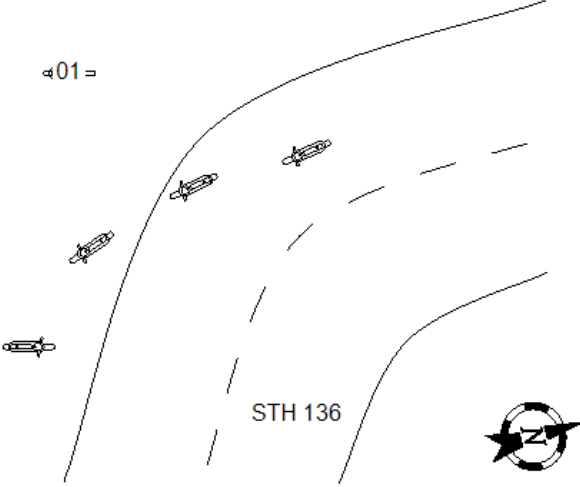
25-06677

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK 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 25-06677 | | Investigating Officer/Deputy SERGEANT T. CLAUER | |
| Crash Date 06/30/2025 | | Crash Time 05:35 PM | | Date Arrived 06/30/2025 | | Time Arrived 05:41 PM | |
| Date Notified 06/30/2025 | | Time Notified 05:40 PM | | 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

| | |
|---|---|
| <p>Diagram</p>  <p>NOT TO SCALE</p> | Reconstruction By |
| | Photos By CLAUER |
| | Additional Information PHOTOS |

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

ON 6/30/25 I RESPONDED TO A MOTORCYCLE ACCIDENT WITH ONE INJURED. I ARRIVED ON SCENE AND OBSERVED THE DRIVER HAD A HEAD INJURY FROM GETTING EJECTED OFF THE MOTORCYCLE. DRIVER ADVISED HE LOST CONTROL ON THE SWEEPING LEFT CORNER ON STH 136. THE VEHICLE AND DRIVER CAME TO REST IN THE SOUTH DITCH. DRIVER WAS THE ONLY ONE ON THE MOTORCYCLE. DOT RECORDS SHOWED DRIVER DIDN'T HAVE A CLASS M LICENSE. CITATION ISSUED TO DRIVER FOR NO CLASS M. MOTORCYCLE WAS REMOVED BY SELF HELP.

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Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON STH136 EB 192 FT E OF EXCELSIOR DR IN THE TOWN OF EXCELSIOR IN SAUK COUNTY | Latitude 43.474989406 | Longitude -89.876027958 |
| | X Coordinate 267388.15625 | Y Coordinate 4817582.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | | |
|--|--|---|---------------|
| First Harmful Event DITCH | | First Harmful Event Location ROADSIDE | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) CLEAR | | | |
| Animal Type | | 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 01 | 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 01 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 02 | |
| | Most Harmful Event: Collision With DITCH | | 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 CURVE LEFT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | |
|------------|---|--|---|---|
| UNIT 01 | Vehicle | | | |
| | License Plate Number 257XA | | Plate Type CYC | St WI |
| | Vehicle Identification Number 1HD1PMG1X5K976299 | | Make HD | Year 2005 |
| | Color ONG - ORANGE | | Body Style MC - MOTORCYCLE | Country of Issuance UNITED STATES |
| | Initial Contact Point 02 - RIGHT SIDE FRONT | | Model VROD | |
| VEHICLE | Extent Of Damage DISABLING DAMAGE | | Vehicle Damage 15 - ALL AREAS | |



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| | | | | |
|---|---|--|--|-------------------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OWNER | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE | | | |
| 01 | Owner Name CALEB PORTER (608) 393-5038 | | Owner Address 310 E WALNUT ST NORTH FREEDOM, WI 53951 , US | |
| | Sequence Of Events | | | |
| 01 | 01 | Event DITCH | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company HARLEYSVILLE-INSURANCE-CO | | INDIVIDUAL CALEB PORTER | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER CALEB PORTER (608) 393-5038 | | Citations Issued 01 | Sex MALE |
| | Address 310 E WALNUT ST NORTH FREEDOM, WI 53951 , US | | Date of Birth | Race WHITE |
| | Driver License Number | | STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 | 001 | Safety Equipment | | On Duty Crash |
| | | Protective Gear GLOVES, BOOTS, LONG PANTS | | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | | |
| | Helmet Use NO | | Helmet Compliance UNKNOWN | |
| | Eye Protection YES: WORN | | Tint Compliance YES | |
| | Injury | | Injury Severity SUSPECTED MINOR INJURY | Airbag NON DEPLOYED |
| | Ejected NOT APPLICABLE | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED | |
| | Medical Transport EMS GROUND | | EMS Agency Identifier 6000368 | EMS Run # |
| Hospital ST CLARE HOSP | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

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| | | | | | |
|------|------------|--|------------------|--|---|
| UNIT | INDIVIDUAL | Non Motorist | | Striking Unit # | Location |
| | | Prior Action | | | |
| | | Action | | | |
| | | Action Other | | | To/From School |
| 01 | 001 | Drug & Alcohol | | Suspected Alcohol Use YES | Suspected Drug Use NO |
| | | Alcohol Test Given TEST GIVEN | | Alcohol Test Type PRELIMINARY BREATH TEST (PBT) | Alcohol Test Results 05 |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results |
| | | Drug Type | | | |
| | | Individual Condition ASLEEP OR FATIGUED | | | |
| 01 | 001 | Violations | | | |
| | | UTC Number BL501971 | Issue To? 001 | Statute Number 343.05(3)(b) | Description OPERATE MOTORCYCLE W/O VALID LICENSE |