

6TL0DQPGHX

25-09952

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 25-09952 | | Investigating Officer/Deputy DEPUTY BRANDON SONN | |
| Crash Date 09/21/2025 | | Crash Time 05:06 PM | | Date Arrived 09/21/2025 | | Time Arrived 05:21 PM | |
| Date Notified 09/21/2025 | | Time Notified 05:06 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

| | | | |
|---------|--|---|--|
| Diagram | | Reconstruction By | |
| | | Photos By 9104 | |
| | | Additional Information PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO | |

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

DRIVER OF UNIT 1 ADVISED HE WAS TRAVELING WB ON STH 33 AND HAD JUST PASSED THE 55 MPH POSTED MARKER AND WAS BETWEEN 45 AND 55 MPH. DRIVER OF UNIT 1 SAID A DEER RAN OUT FROM THE WEST SIDE OF THE ROAD TOWARDS HIM. DRIVER OF UNIT 1 TRIED TO MAKE AN EVASIVE MANEUVER TO MISS THE DEER AND THEN OVERTURNED ON HIS MOTORCYCLE. DRIVER OF UNIT 1 HAD SOME ABRASIONS FROM THE ROADWAY AND WAS SORE. DRIVER OF UNIT 1 WAS WEARING A DOT APPROVED FULL-FACE HELMET, RIDING GLOVES, MULTIPLE LAYERS OF LONG SLEEVES, PANTS, AND PROTECTIVE BOOTS. WITNESS 01 WAS RIDING ON A SEPARATE UNIT AND OBSERVED THE CRASH HAPPENED, CORROBORATING DRIVER 1'S STATEMENTS.

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Location

| | | |
|--|--------------------------------------|-----------------------------------|
| ON STH33 WB 373 FT S OF SEFKAR RD IN THE TOWN OF LA VALLE IN SAUK COUNTY | Latitude 43.601599073 | Longitude -90.133773785 |
| | X Coordinate 247071.046875 | Y Coordinate 4832397.5 |
| | Structure Type | |

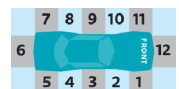
Crash Scene

| | | | |
|--|--|---|---------------|
| First Harmful Event OVERTURN/ROLLOVER | | First Harmful Event Location ON ROADWAY | |
| 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) ANIMAL (S) IN ROADWAY | | | |
| Weather Condition(s) CLEAR | | | |
| 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 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification M CLASS | | Unit Type MOTORCYCLE | |
| | Vehicle Type MOTORCYCLE | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 55 | Total Lanes 2 | |
| | Most Harmful Event: Collision With OVERTURN/ROLLOVER | | 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 CONCRETE | | Road Curvature STRAIGHT | | Road Grade DOWNHILL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|------------|---|--|---|---------------------|---|
| UNIT 01 | Vehicle | | | | |
| | License Plate Number 583ZP | | Plate Type CYC | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number VBKGCJ405RM457607 | | Make OTH | Year 2024 | Model ES500 |
| | Color RED - RED | | Body Style MC - MOTORCYCLE | | Bus Use |
| | Initial Contact Point 09 - LEFT SIDE MIDDLE | | Vehicle Damage 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER | | |
| | Extent Of Damage MINOR DAMAGE | | | | |



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| | | | | |
|---|---|--|------------------------------------|--|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OWNER | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | 01 | Owner Name JORDAN MARKELL ARNETT RIVERA (608) 479-0725 | | Owner Address 232 MECHANIC ST HILLSBORO, WI 54634 , US |
| | | Sequence Of Events | | |
| 01 | 01 | Event OVERTURN/ROLLOVER | | |
| | 02 | Event | | |
| | 03 | Event | | |
| | 04 | Event | | |
| UNIT | Policy Holder | | | |
| | Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP | | INDIVIDUAL JORDAN RIVERA | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER JORDAN RIVERA (608) 479-0725 | | Citations Issued 0 | Sex MALE |
| | Address 232 MECHANIC ST HILLSBORO, WI 54634 , US | | Date of Birth Race | |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 | 001 | Safety Equipment | | On Duty Crash |
| | | Row 01 - FRONT ROW | | Seat Position 07 - LEFT |
| | | Protective Gear GLOVES, BOOTS, LONG PANTS | | |
| | | Helmet Use FULL-FACE | | |
| | Helmet Compliance APPROVED | | | |
| | Eye Protection YES: WORN | | | |
| | Tint Compliance YES | | | |
| | Airbag NOT APPLICABLE | | | |
| Injury | | Injury Severity SUSPECTED MINOR INJURY | | |
| Ejected NOT APPLICABLE | | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # |
| Hospital | | 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 01 001 | Non Motorist | Striking Unit # | Location | | | |
| | 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 | | | | | |
| Witness | | | | | | |
| WITN ESS 01 | Individual CARIDAD ONZALES (608) 495-2258 | | Address 228 GARDEN ST HILLSBORO, WI 54634 , US | | Date of Birth | |