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26-05646

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		Investigating Officer/Deputy DEPUTY J. GREENWOOD		
Crash Date 05/31/2026		Crash Time 02:30 PM		Date Arrived 05/31/2026		Time Arrived 03:30 PM		
Date Notified 05/31/2026		Time Notified 02:33 PM		Total Units 02		Total Injured 03	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 DEPUTY GREENWOOD	
		Additional Information PHOTOS	

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

UNIT 1 WAS NB ON STH 23, UNIT 2 WAS FOLLOWING UNIT 1. UNIT 1 WAS SLOWING DOWN TO MAKE A U-TURN TO ASSIST ANOTHER MOTORCYCLE. UNIT 2 THOUGHT UNIT 1 WAS PULLING OVER AND WENT TO PASS UNIT 1. UNIT 2 HIT UNIT 1 AS IT TURN IN FRONT OF UNIT 2.

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Location

ON STH23 EB 0.55 MI S OF PEAK HILL RD IN THE TOWN OF WESTFIELD IN SAUK COUNTY	Latitude 43.426815091	Longitude -90.03648446
	X Coordinate 254214.671875	Y Coordinate 4812693
	Structure Type NO STRUCTURE	

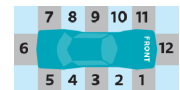
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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	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? NO	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	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 859YP	Plate Type CYC	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1HD1FCW175Y677378	Make HD	Year 2005	Model FLHTCUI
		Color BLK - BLACK	Body Style CR - CRANE		Bus Use
		Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT		
		Extent Of Damage MINOR DAMAGE			



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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By	
	What Driver Was Doing U TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	Owner Name KARSTEN DAVIS (608) 444-8714		Owner Address 808 S LINCOLN AVE # 102 BEAVER DAM, WI 53916 , US	
	Sequence Of Events			
01	01	Event OVERTURN/ROLLOVER		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	DRIVER KARSTEN DAVIS		Citations Issued 0	Sex MALE
	Address 808 S LINCOLN AVE # 102 BEAVER DAM, WI 53916 , US		Date of Birth	Race WHITE
	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Protective Gear BOOTS, LONG PANTS
	Helmet Use NO		Helmet Compliance UNKNOWN	
	Eye Protection YES: WORN AND WINDSHIELD		Tint Compliance YES	
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag NON DEPLOYED
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND		EMS Agency Identifier 6001024	EMS Run #
	Hospital REEDSBURG AREA MED CTR		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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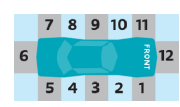
UNIT INDIVIDUAL 01 001
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use NO Suspected Drug Use NO
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification M CLASS Unit Type MOTORCYCLE
Vehicle Type MOTORCYCLE Operating As Endorsements
Total Occs 2 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? NO Direction Of Travel NORTHBOUND Pre Crash Tire Mark Speed Limit 55 Total Lanes 2
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT 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

Vehicle

UNIT 02 02
License Plate Number 474LT Plate Type CYC St WI Country of Issuance UNITED STATES
Vehicle Identification Number 1HD1FLW1X5Y600830 Make HD Year 2005 Model ELECTRA
Color RED - RED Body Style MC - MOTORCYCLE Bus Use
Initial Contact Point 02 - RIGHT SIDE FRONT Vehicle Damage 03 - RIGHT SIDE MIDDLE
Extent Of Damage FUNCTIONAL DAMAGE
Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG Vehicle Removed By
What Driver Was Doing OVERTAKE LEFT



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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions NO CONTRIBUTING ACTION	
02	Owner Name JOSEPH MORRISON	Owner Address 1329 11TH DR FRIENDSHIP, WI 53934 , US
	Sequence Of Events	
01	Event MOTOR VEH IN TRANSPORT	
02	Event	
03	Event	
04	Event	
UNIT INDIVIDUAL	Individual	
	DRIVER JONATHEN CHRISTIE (262) 210-0668	Citations Issued 0 Sex MALE
	Date of Birth	Race WHITE
02	Address 1329 11TH DR FRIENDSHIP, WI 53934 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment	On Duty Crash
002	Row 01 - FRONT ROW	Seat Position 07 - LEFT
	Protective Gear	BOOTS, LONG PANTS
002	Helmet Use NO	Helmet Compliance UNKNOWN
	Eye Protection YES: WINDSHIELD	Tint Compliance YES
002	Injury	Injury Severity SUSPECTED MINOR INJURY
	Airbag	NON DEPLOYED
002	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated	NOT TRAPPED
002	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	EMS Run #	
002	Hospital	Date of Death
	Time of Death	
002	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)
	Distracted By Action	NOT DISTRACTED
002	Non Motorist	Striking Unit #
	Location	
002	Prior Action	

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	002	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			
UNIT	INDIVIDUAL	Individual			
		PASSENGER COURTNEY J CHRISTIE-FORD	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race WHITE	
		Address 1329 11TH DR FRIENDSHIP, WI 53934 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment	On Duty Crash	Protective Gear LONG PANTS	
02	003	Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Compliance UNKNOWN	
		Helmet Use NO	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 NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death			
Distracted By	Distracted By Source				
Distracted By Action					
Non Motorist	Striking Unit #	Location			
Prior Action					

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UNIT	INDIVIDUAL	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					
		02	003				