

6TL0F3SSLM
26-09454

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 26-09454		Investigating Officer/Deputy DEPUTY A. KING	
Crash Date 08/30/2026		Crash Time 99:99		Date Arrived 08/30/2026		Time Arrived 03:59 PM	
Date Notified 08/30/2026		Time Notified 03:53 PM		Total Units 01		Total Injured 01	Total Killed 00
☐ On Emergency	☐ Hit and Run	☒ Lane Closure	☐ Work Zone		☐ Trailer or Towed		☐ Reporting Threshold
☐ Government Property		☐ Active School Zone		School Bus Related NO		Tags	
☒ Reportable		Crash Type DT4000 (STANDARD CRASH)				☐ Amended	☐ Secondary Crash

Description

Diagram	Reconstruction By
	Photos By A. KING
	Additional Information PHOTOS

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

U1 WAS TRAVELING SOUTHBOUND ON GIEBEL COURT WHEN THE OPERATOR ACTIVATED HIS BRAKES LOCKING UP THE TIRES RESULTING IN TIRE SKID MARKS IN THE ROADWAY. U1 THEN TIPPED, CAUSING THE MOTORCYCLE TO DRAG ON THE ROADWAY, SLIDING INTO THE ONCOMING LANES CURB AND THEN FLIPPING INTO THE DITCH. OPERATOR OF U1 WAS THEN EJECTED FROM THE MOTORCYCLE. UPON ARRIVAL ON SCENE, OPERATOR WAS BREATHING BUT NOT RESPONDING, AND HAD AGONAL BREATHING. WHILE SEARCHING THE AREA FOR OTHER OCCUPANTS, BROKEN SAFETY GLASSES WERE LOCATED IN THE PATH OF THE CRASH, WHICH MADE ME BELIEVE HE WAS WEARING THEM. NEAR THE CRASH SITE, A PAIR OF GLOVES AND LEATHER JACKET WERE LOCATED, BUT NO OBVIOUS DAMAGE TO THE GEAR, WHICH MAKES ME BELIEVE HE WAS NOT WEARING THE GEAR. DELLS DELTON EMS ARRIVED ON SCENE AND BEGAN TRIAGING UNTIL UW-MED FLIGHT ARRIVED AND TRANSPORTED THE OPERATOR TO NEENAH HOSPITAL THEDA CARE. I WAS BRIEFED BY DELLS DELTON EMS THAT THEY COULD SMELL THE ODOR OF INTOXICANTS FROM HIS BREATH. I THEN SEARCHED HIS EQUIPMENT AND MOTORCYCLE AND LOCATED AN EMPTY SMALL BOTTLE OF FIREBALL WHISKEY. CRAIG'S TOWING RECOVERED THE VEHICLE.

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Location

ON GIEBEL CT 0.36 MI S OF FERN DELL RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.555567946	Longitude -89.784891771
	X Coordinate 275059.28125	Y Coordinate 4826281
	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) 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	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 08/30/2026	Time Initial Lane/Rd Closed 03:59 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS, MED FLIGHT	
Date All Lanes Open 08/30/2026	Time All Lanes Open 05:29 PM		
Date Scene Cleared 08/30/2026		Time Scene Cleared 05:31 PM	

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? UNKNOWN	Direction Of Travel NORTHBOUND	☒ Pre CrashTire Mark	Speed Limit 25	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 BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number 520WS		Plate Type CYC	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 5VPYW36N8G3050824		Make VCTY	Year 2016	Model MAGNUM		

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UNIT	VEHICLE	Color BLK - BLACK	Body Style MC - MOTORCYCLE	Bus Use
		Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage	
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions EXCEED SPEED LIMIT		
		Owner Name SHAWN BIERD	Owner Address 1284 PRAIRIE VILLAGE RD DEERFIELD, WI 53531 , US	
		Sequence Of Events		
		01	01	Event CROSS CENTERLINE
UNIT	VEHICLE	02	02	Event OVERTURN/ROLLOVER
		03	03	Event OVERHEAD SIGN POST
		04	04	Event
UNIT	INDIVIDUAL	Individual		
		DRIVER SHAWN BIERD	Citations Issued 0	Sex MALE
			Date of Birth	Race
		Address 1284 PRAIRIE VILLAGE RD DEERFIELD, WI 53531 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		
UNIT	INDIVIDUAL	On Duty Crash	Protective Gear BOOTS, LONG PANTS	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	
		Helmet Use NO	Helmet Compliance UNKNOWN	
		Eye Protection YES: WORN AND WINDSHIELD	Tint Compliance UNKNOWN	
		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 AIR	EMS Agency Identifier 6001285	EMS Run #
		Hospital THEDACARE MED CTR-NEENAH	Date of Death	Time of Death

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UNIT INDIVIDUAL 01 001	Distracted By		Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN			
	Non Motorist	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			
	To/From School			
	Drug & Alcohol	Suspected Alcohol Use YES		Suspected Drug Use NO
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD	Alcohol Test Results PENDING
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
Drug Type				
Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL, CONFUSED OR DISORIENTED (NON LUCID)				