WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash De	ocument#	Agency 25-046	Crash Number 60		Investigating Officer/Deputy DEPUTY S. MESSNER Time Arrived 12:29 PM					
Crash Date 05/15/2025	Crash Time 12:27 PM		Date Arr 05/15/2								
Date Notified	Time Notified		Total Un	its	_	Total Injured Total Killed					
05/15/2025	12:29 PM		02		00	00	Reporting				
On Emergency H	t and Run	✓ Lane Close		Work Zone		or Towed	Threshold				
Government Property	Active Sch	nool Zone	NO	sus Related	Tags						
✓ Reportable	Crash Type DT4000 (STAN	NDARD CRASH	1)		Amend	ded	Secondary Crash				
Diagram						T	_				
YIELD	pass Ur same tir trailer st	Unit 2 Unit 2 In lane 2, attennit 2, in lane 1, me and unit 2'strikes unit 1 e of STH 136 a unabout	npts to , at s semi	YIELD		Photos By DEP. S ME Additional Inf PHOTOS	on By SSNER #9134				

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 05/15/2025

Crash Time 12:27 PM

LOC	ation											
	ERSECTION					Latitude			Longitude			
	STH136 WB				43.47500	1177		-89.774	011607			
	STH33 WB					X Coordina	ate		Y Coordinate			
	HE VILLAGE OF WES	ST BARABOO				275639.59375 4817303.5						
IN S	AUK COUNTY											
						Structure Type NO STRUCTURE						
<u> </u>	<u> </u>					NO OTK	3010IKI	-				
_	sh Scene											
First	Harmful Event					First Harm	ıful Event	Location				
MOT	TOR VEH IN TRANSP	ORT			ON ROA	DWAY						
Manr	ner of Collision					Light Condition						
07 -	SIDESWIPE/SAME DI	IRECTION				DAYLIGI	НT					
Road	d Surface Condition(s)					Roadway	Factor(s)					
DRY	•						. ,					
Envir	ronment Factor(s)											
NON	NE .					NONE						
Weat	ther Condition(s)											
	DUDY											
Anim	ial Type					Relation T	o Trafficy	vav.				
								ON ROAD				
Cras	h Classification - Location					Crash Classification - Jurisdiction						
PUB	SLIC PROPERTY					NO SPECIAL JURISDICTION						
Triba	l Land					Access Control Special Study						
						NO CON	TROL					
	in Interchange Area	Junction Location			Intersectio	• •						
YES		INTERSECTION			ROUNDA							
	ure Type			Reaso	ons for Closu	ıre						
	IE CLOSURE											
	Initial Lane/Rd Closed	Time Initial Lane/Rd Clos	ed	отні	ER							
	5/2025	12:27 PM										
	All Lanes Open	Time All Lanes Open			Date Scene Cleared Time Scene Cleared							
05/1	5/2025	01:03 PM		05/15	/2025		(11:03 PM				
Unit	t Summary 💻											
Unit :	Status		Vehi	cle Ope	erating As Cl	assification		Unit Type				
IN T	RANSIT		DC	LASS				TRUCK	TRUCK			
Vehic	cle Type							Operating As	Operating As Endorsements			
UTIL	LITY TRUCK/PICKUP	TRUCK										
Total	Occs	Train/Bus # Recorded	Tota	l # Cita	tions Issued		Total Tr	ailers	Total HazMat Types			
1			1		0			0				
Insur	ance?	Direction Of Travel		Pre	CrashTire		Speed L	imit	Total Lane	otal Lanes		
YES	}	WESTBOUND			Mark		35		2			
Most	Harmful Event: Collision	With	Spec	cial Fun	ction		I.	Emergency I	Motor Vehi	cle Use		
МОТ	OR VEH IN TRANSP	ORT	NO	SPEC	IAL FUNC	TION		NOT APPL	ICABLE			
Traffi	ic Way	-	Traff	ic Cont	rol			Traffic Contr	ol Inoperat	tive/Missing		
ONE	-WAY TRAFFIC			LD SIC				NO		· ·		
	ace Type			d Curva				Road Grade				
	ICRÉTE			RVE L				LEVEL				
	k Bus or HazMat		100.									
NO	N Dus of Flaziviat											
,	Vehicle											
	License Plate Number		Plat	te Type		I	St	Country of Iss	uance			
	UN5126		LTI				WI	UNITED ST				
	Vehicle Identification Nur	mber	Mal				Year	Model	- •			
0	3GCUKSEC4HG1541		СН				2017 SILVERADO					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use							
		RED - RED	Į.	PK - PICKUP									
	Щ	Initial Contact Point		Vehicle Damage			7 8 9 10 11						
UNIT	ᅙ	01 - RIGHT FRONT CORNER	₹	01 - RIGHT FRONT C	1 - RIGHT FRONT CORNER, 02 - RIGHT SIDE								
5	VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		FRONT, 12 - FRONT	,		5 4 3 2 1						
	>	Towed Due To Damage	,	Vehicle Removed By									
		NOT TOWED		OPERATOR									
		What Driver Was Doing	,	Vehicle Factors									
		NEGOTIATING CURVE											
		Driver Prior Action Other		NOT APPLICABLE									
		Driver Actions											
	ш	FAILED TO YIELD RIGHT-OI	F-WAY										
╘	VEHICLE												
UNIT	Ĭ												
	7												
			Ourner Name										
		Owner Name TAYLOR JUSTIN FROSCH		Owner Address E12080 BENT TREE DR									
01	6	(608) 643-4253		BARABOO, WI 53913 , US									
	;	Sequence Of Events											
	5	Event	-										
	0	MOTOR VEH IN TRANSPOR	(I 										
	05	Event											
	03	Event											
		Event											
	0												
⊨	1	Policy Holder											
UNIT		Insurance Company		INDIVIDUAL									
_		BADGER-MUTUAL-INS-CO		TAYLOR FROSCH									
	ı	Individual											
		DRIVER TAYLOR FROSCH		Citations Issued 1	Sex MALE								
	4	(608) 643-4253		Date of Birth	Race								
_	DUAI			Jaio G. D	WHITE								
N O	INDIN	Address		Driver License Number									
ر	2	E12080 BENT TREE DR BARABOO, WI 53913, US		STATE: WISCONSIN COUNTRY: UNITED STATES									
	_	BARABOO, WI 30313 , CO		The state of the s									
		On Duty Cr	ash	Safety Equipment									
	Sat	fety Equipment	40.1	Calciy Equipment									
		Row	Seat Position	SHOULDER & LAP	BELT								
		01 - FRONT ROW	07 - LEFT										
		Helmet Use		Helmet Compliance									
		Eye Protection		Tint Compliance									
				Time Compilarios									
01	001	Injury Seve	-	Airbag									
	0	NO74174	RENT INJURY ection Path	NON DEPLOYED		Trapped/Extricated							
		l '	ot EJECTED/NOT APP	LICABLE		NOT TRAPPED							
		Medical Transport		EMS Agency Identifier		EMS Run #							
		NOT TRANSPORTED											

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO**, WI 53913 (608) 356-4895

		Hospital					Date of Death		Time of Death						
	!	Distracted By	Distra NOT	acted By Sou APPLICA	irce BLE (NOT DISTF	RAG	CTED)								
		Distracted By Action NOT DISTRACTED)												
	•	Non Motorist	Strikii	ng Unit#	Location										
		Prior Action													
LINO	INDIVIDUAL	Action													
		Action Other										To/From School			
	L	Suspected Alcohol Use					Suspected Drug Use NO								
		Alcohol Test Given TEST NOT GIVEN	-			ype				Alcohol Test Results					
		Drug Test Given Drug Test Tyl TEST NOT GIVEN				е		Drug ⁻	Test Results						
7	001	Drug Type													
		Individual Condition													
		APPEARED NORM	/IAL												
	į	Violations													
	01	UTC Number BG944357	Issue 001		Statute Number 3 46.18(8)(a)		Description FAIL TO YIELD RIGH	HT-OF	-WAY IN F	OUNDABO	UT				
	Unit	t Summary													
	Unit Status IN TRANSIT						ehicle Operating As Classi CLASS	fication	ı	Unit Type TRUCK					
02		cle Type ICK TRACTOR (SEI	ΜΙ ΔΤ	TACHED)			Operating As Endorsements								
		l Occs		Train/Bus # Recorded To			otal # Citations Issued		Total Trail	ers	Total HazN	Mat Types			
	Insur	rance?		Direction Of		0	Pre CrashTire		Speed Lim	it	Total Lane	s			
LNO		Harmful Event: Collision	on Wit		טאט			N	35	Emergency NOT APP		cle Use			
	Traff	FOR VEH IN TRANS ic Way E-WAY TRAFFIC	SPUR	<u> </u>		Tr	raffic Control			Traffic Control Inoperative/Missing NO					
		ace Type				_	oad Curvature			Road Grade)				
	CON	NCRETE					URVE LEFT			LEVEL					
		k Bus or HazMat ICK OR TRUCK CO	MBIN	NATION > 1	10,000LBS GVW	R/C	GCWR								
		Vehicle													
		License Plate Number	r				Plate Type		St	Country of Is					
	AN4785					H	ITK	3.				UNITED STATES			

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Crash Date 05/15/2025 Crash Time 12:27 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

02		Vehicle Identification Number 1XKYDP9X8SJ194648		Make KW		Year 2025	Model SEMI-TRUCK				
		Color WHI - WHITE	Body Style	ody Style Bus Use							
	ш	Initial Contact Point		/ehicle Damage							
⊨		09 - LEFT SIDE MIDDLE			7 8 9 10 11 00 - NO DAMAGE						
UNIT	VEHICL	Extent Of Damage NO DAMAGE		00 - NO DA							
		Towed Due To Damage		Vehicle Rem	oved By			l			
		NOT TOWED	OPERATOR								
		What Driver Was Doing		Vehicle Factor	Vehicle Factors						
		NEGOTIATING CURVE									
		Driver Prior Action Other		NOT APPL	NOT APPLICABLE						
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION	I								
02	02	Owner Name BOISE WHITE PAPER LLC		Owner Address 101 S CAPITOL BLVD STE 800 BOISE, ID 83702 , US							
	,	Sequence Of Events									
	2	Event MOTOR VEH IN TRANSPOR	т								
	05	Event									
	03	Event									
	9	Event									
_		Policy Holder									
UNIT		Insurance Company		ORGANIZATION/COMPANY							
ر		ACE-AMERICAN-INS-CO		BOISE WHITE PAPER LLC							
	•	Trailer/Towed									
05		Trailer Plate # Plate Ty TT1085 TRL	pe Make UNK		State ID		Country of Issuance JNITED STATES				
_	ER/	Unit Type SEMI TRAILER	ORGANIZATION/COMI	PANY							
UNIT	TRAILER/	Vehicle Identification Number 1JJV532D1BL386090			BOISE, ID 83702 , US						
		Individual									
		DRIVER		Citations Is	ssued	Sex					
	_	DAVID BRANDON		0		MALE					
_	NDIMDUAL	(414) 517-4253		Date of Bir	Date of Birth R						
UNIT	፷	Address		Driver Lice	ense Number						
_	N	7220 W OKLAHOMA AVE # 4 WEST ALLIS, WI 53219 , US		STATE: \	STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sar	On Duty Cra fety Equipment	ash	Safety Equ	uipment						
	Jai		0 (0 %)	60000	ED 0 I AD 1	DEI T					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULL	SHOULDER & LAP BELT						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Eye Protection				Helmet Compliance								
						Tint Compliance								
02	002					Airbag								
_	0	Ejected		jection Pat		NON	DEPLOYED			Trapped/Extrica	ited			
		NOT EJECTED NOT EJECTED/NOT APP				.ICABL	E			NOT TRAPPE				
		Medical Transport					Agency Identifier			EMS Run #				
		NOT TRANSPORTED												
		Hospital				Date o	f Death			Time of Death				
	•	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)												
	NOT DISTRACTED													
		Non Motorist	Striking Ur	nit#	Location									
		Prior Action												
		Action												
	AL													
LNO	IDO													
5	INDIVIDUAL													
	Z													
		Action Other To/From School												
											10/110/11 Oction			
	L	Drug & Alcohol NO					cted Drug Use							
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	•				Alcohol Test Re	sults			
		Drug Test Given TEST NOT GIVEN	est Given Drug NOT GIVEN			ug Test Type Drug Test R			Results					
02	002	Drug Type												
)													
		Individual Condition APPEARED NORMAL												
		Carrier					Course							
			ehicle Ov	vner Sam	e as Carrier	Source VEHICLE-SIDE								
02	01	Name BOISE WHITE	PAPER	LLC			Address 101 S CAPIT		ΓE 80	0				
		USDOT# 17170	077				BOISE, ID 83	702 , US						
	S	GVWR	T	Vehicle Co	nfiguration			I	Carg	o Body Type				
╘	BUS	10,001-26,000 LBS			RACTOR/SEMI-	TRAIL	ER			/ENCLOSED B	ОХ			
L N D	X	US DOT # 1717077		Carrier Typ INTERST	ATE CARRIER					itted Load APPLICABLE				
	TRUCK		WI Permit N	Number			ehicle On Route			cle Required ermit		Escort Vehicle Present		
		Measured Height		Measur	ed Length		Measured Widt			Measured Weigh	nt			