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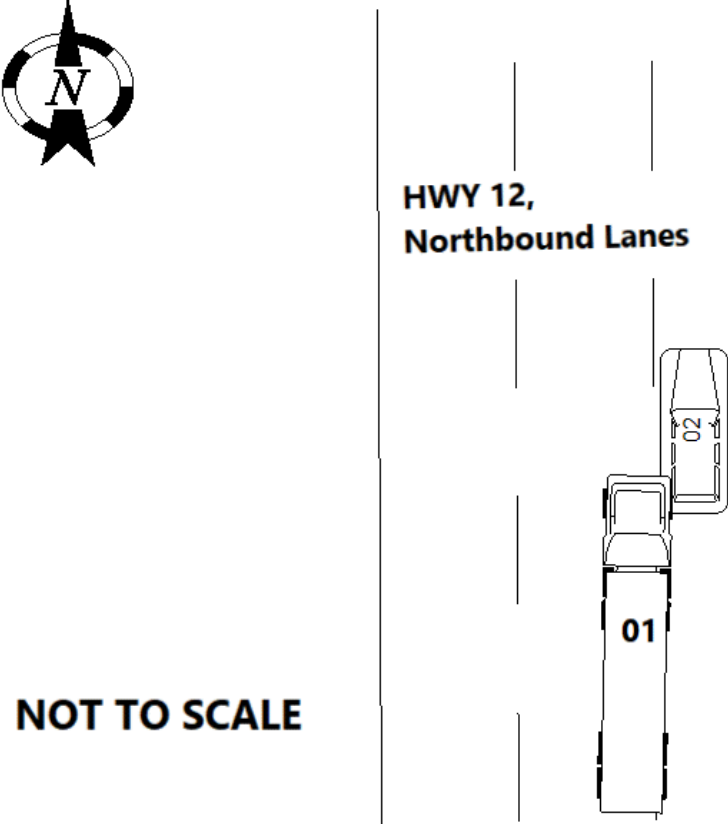
25-05446

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 25-05446		Investigating Officer/Deputy DEPUTY J. DAVIS	
Crash Date 06/02/2025		Crash Time 06:10 PM		Date Arrived 06/02/2025		Time Arrived 06:22 PM	
Date Notified 06/02/2025		Time Notified 06:13 PM		Total Units 02		Total Injured 00	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 checked="" 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 JOHN DAVIS
		Additional Information PHOTOS

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

UNIT 2 WAS NORTHBOUND ON US HIGHWAY 12 WHEN UNIT 1 ATTEMPTED TO MERGE LANES AND STRUCK UNIT 2'S REAR DRIVER SIDE WHEEL WELL AREA. BOTH UNITS STOPPED. DRIVER 1 WAS CITED FOR UNSAFE LANE DEVIATION.

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Location

ON USH12 WB 1317 FT N OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.56490324	Longitude -89.778287459
	X Coordinate 275627.40625	Y Coordinate 4827300
	Structure Type NO STRUCTURE	

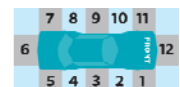
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION		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 FULL CONTROL	Special Study
Within Interchange Area YES	Junction Location ENTRANCE RAMP	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification A CLASS		Unit Type TRUCK	
	Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 1	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 6	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number P1232272		Plate Type APO	St IL	Country of Issuance UNITED STATES
	Vehicle Identification Number 4V4NC9EH9NN296554		Make VOLV	Year 2022	Model TRACTOR
	Color WHI - WHITE		Body Style T - DIRT		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage		
	Extent Of Damage NO DAMAGE		00 - NO DAMAGE		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing CHANGING LANES		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name SS CHAD EXPRESS LLC (217) 844-3379		Owner Address 2502 S RANEY ST EFFINGHAM, IL 62401 , US
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event CROSS CENTERLINE		
	03	Event		
	04	Event		
UNIT 01	Policy Holder			
	Insurance Company NORTHWESTERN-PACIFIC-INDEMNITY-CO		ORGANIZATION/COMPANY SS CHAD EXPRESS LLC	
UNIT 01	Trailer/Towed			
	Trailer Plate # 961882ST	Plate Type TRL	Make WANC	State IL
	Country of Issuance UNITED STATES			
UNIT TRAILER/	Unit Type TRUCK	ORGANIZATION/COMPANY SS CHAD EXPRESS LLC (217) 844-3379		Address 2502 S RANEY ST EFFINGHAM, IL 62401 , US
	Vehicle Identification Number W2560185674601			
UNIT INDIVIDUAL	Individual			
	DRIVER ROBERT BLAIR (217) 343-5976		Citations Issued 1	Sex MALE
	Date of Birth		Race WHITE	
	Address 309 POPLAR ST EDGEWOOD, IL 62426 , US		Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
UNIT 01	Safety Equipment		On Duty Crash	
	Safety Equipment			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	
001	Airbag NON DEPLOYED			
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED

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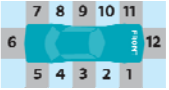
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UNIT INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
01 001	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					
	Violations					
	UTC Number BM661117		Issue To? 001		Statute Number 346.13(1)	
	Description UNSAFE LANE DEVIATION					
	Carrier					
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER			
	Name SS CHAD EXPRESS LLC USDOT# 1135119		Address 2502 S RANEY ST EFFINGHAM, IL 62401 , US			
UNIT TRUCK BUS	GVWR 10,000 LBS OR LESS		Vehicle Configuration VEHICLE 10,000 LBS OR LESS PLACARDED FOR HAZ		Cargo Body Type NO CARGO BODY - (BOBTAIL, LIGHT MOTOR	
	US DOT # 1135119		Carrier Type INTERSTATE CARRIER		Permitted Load LONG TRUCK	
	<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present	
	Measured Height		Measured Length		Measured Width	
					Measured Weight	
Unit Summary						
Unit Status IN TRANSIT			Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	

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UNIT	02	Vehicle Type PASSENGER VAN				Operating As Endorsements	
	UNIT	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 6	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way DIVIDED HWY MEDIAN W/BARRIER		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	02	Vehicle					
		License Plate Number AMK8653		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 2FMPK4J94HBB45545		Make FORD	Year 2017	Model EDGE	
		Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
		Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage 08 - LEFT SIDE REAR			
		Extent Of Damage MINOR DAMAGE					
		Towed Due To Damage NOT TOWED		Vehicle Removed By			
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors				
	Driver Prior Action Other		NOT APPLICABLE				
	Driver Actions NO CONTRIBUTING ACTION						
02	02	Owner Name CYNTHIA TACK (608) 678-0025		Owner Address W2358 RAEDEL LN WISCONSIN DELLS, WI 53965 , US			
		Sequence Of Events					
UNIT	01	Event MOTOR VEH IN TRANSPORT					
	02	Event					
	03	Event					
	04	Event					
UNIT	Policy Holder						
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO			INDIVIDUAL CYNTHIA TACK			
	Individual						
		Citations Issued 0		Sex FEMALE			
		Date of Birth					

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02	002	UNIT INDIVIDUAL	DRIVER CYNTHIA TACK (608) 678-0025		Race AMERICAN INDIAN OR ALASKAN NATIVE			
			Address W2358 RAEDEL LN WISCONSIN DELLS, WI 53965 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
			Safety Equipment		On Duty Crash		Safety Equipment	
			Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT	
			Helmet Use		Helmet Compliance			
			Eye Protection		Tint Compliance			
			Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
			Ejected NOT EJECTED		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	
02	002	UNIT INDIVIDUAL	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
			Distracted By Action NOT DISTRACTED					
			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					
02	002	UNIT INDIVIDUAL	Individual Condition APPEARED NORMAL					