WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	nent Number Override Primary Crash Document # Agency Crash Number 25-06645		DEPUTY S. MESSNER					
Crash Date 06/30/2025	Crash Time 06:27 AM	Date Arrived 06/30/2025	Time Arrived 06:47 AM					
Date Notified	Time Notified	Total Units	Total Injured	<u> </u>				
06/30/2025	06:27 AM	02	00	Total Killed				
On Emergency Him	t and Run Lane Clos		▼ Trailer or	Towed	Reporting Threshold			
Government Property	Active School Zone	School Bus Related NO	Tags					
▼ Reportable	Crash Type DT4000 (STANDARD CRASI	Н)	Amended	İ	Secondary Crash			
Description Diagram				econstruction				
		Not to scale		hotos By PEP. S. MES	SNER			
				dditional Inforr HOTOS	nation			
US 14/60	Unit 2 crosses cent and strikes Uit 1	er line						
	Unit 2 Unit 1							
	ant officer parce that I have a	ot added any C IIS data in th	is report					
	ent officer, agree that I have n							
TRAILER BEARING IL# T486801, W WHITE 2021 DODGE 2500 RAM PIO WESTBOUND OF US 14. THE DRIV	Y 6:27 AM, UNIT 1, A WHITE 2023 V(IAS WESTBOUND ON US 14, NEAR PER 118 TRUCK, BEARING IL# 3130712 /ER OF UNIT 2 CHECKED HIS MAPS INIT 2. NO INJURIES OCCURRED. B	DONALD ROAD, TOWNSHIP OF SF 2B, PULLING A WHITE 2022 FORMU 3 APP ON HIS CELLPHONE, CROS	PRING GREEN, SAUI JLA UTILITY TRAILE SED THE CENTER L	K COUNTY, WI R, BEARING IL	SCONSIN. UNIT 2, A #385096TC, WAS			

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This report does not include any CJIS data.

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Location

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•	ON USH14 EB 53 FT E OF DONALD RD					Latitude 43.190143118 X Coordinate			-90.146	6404185	
	IN THE TOWN OF SPRING GREEN IN SAUK COUNTY						244325.703125 4786737.5				
			Structure NO STR	Type UCTURE							
(Cra	sh Scene									
•	-	Harmful Event					nful Event L	ocation			
	_	TOR VEH IN TRANSP ner of Collision	ORT			ON ROA					
		SIDESWIPE/OPPOSI	TE DIRECTION			Light Con					
		d Surface Condition(s)				Roadway					
	DRY	Y									
	Fnvi	ronment Factor(s)				-					
	NOI	, ,				NONE					
		ather Condition(s)									
		DUDY				<u> </u>					
	Anim	nal Type					o Trafficwa	•			
	Cros	sh Classification - Location					CWAY - C	· Jurisdiction			
		BLIC PROPERTY	l.					RISDICTION			
	Triba	al Land				Access C	ontrol			Special Study	
						NO CON	ITROL				
•		in Interchange Area	Junction Location		Intersection						
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION				
		t Summary =		I.v				T =			
		Status TRANSIT		Vehicle Ope	erating As C	lassification	1	Unit Type TRUCK			
		icle Type		A CLASS				Operating A	s Endorser	ments	
5		JCK TRACTOR (SEMI	ATTACHED)								
•	Tota	I Occs	Train/Bus # Recorded	Total # Cita	tions Issued		Total Tra	ilers	Total Haz	:Mat Types	
	1		D: (: 0(T	0			1		0		
	YES	rance?	Direction Of Travel EASTBOUND		CrashTire Mark	•	Speed Li 55	mit	Total Lane	es	
		t Harmful Event: Collision		Special Fun			33	Emergency		icle Use	
-	MO.	TOR VEH IN TRANSP	ORT	NO SPEC	IAL FUNC	TION		NOT APP	LICABLE		
•		fic Way		Traffic Cont				Traffic Cont	rol Inoperat	tive/Missing	
		O-WAY, NOT DIVIDED)		NO CONTROL			NO Road Grade			
		ace Type ACKTOP (BITUMINOU	IS)	Road Curva STRAIGH		LEVEL			;		
•		k Bus or HazMat						1			
	TRU	JCK OR TRUCK COM	BINATION > 10,000LBS G	VWR/GCWR							
	,	Vehicle									
		License Plate Number		Plate Type			St	Country of Is			
		P1198203		LTK			IL Year	UNITED ST	TATES		
5	2	Vehicle Identification Nu 4V4WC9EG5PN3333		Make VOLV			Year 2023	Model SEMITRUC	:ĸ		
		Color		Body Style	1		2020	Bus Use	, , , , , , , , , , , , , , , , , , ,		
		WHI - WHITE		TC - TRA							
	Щ	Initial Contact Point	_	Vehicle Da	ımage			•		7 8 9 10 11	
L N N	2	08 - LEFT SIDE REA	R	00 155	T SIDE RE	EAD.				6 2 12	
–	VEHICL	Extent Of Damage MINOR DAMAGE		UO - LEF	I SIDE KE	-41				5 4 3 2 1	
lienn	nein M	Motor Vehicle Crash	Th	is report does not	include any	CJIS data			Crash Date	9 06/30/2025	

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Crash Time 06:27 AM

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		Towed Due To Damage			Vehicle Remo						
		NOT TOWED			OPERATO						
		What Driver Was Doing GOING STRAIGHT			Vehicle Facto	ors					
		Driver Prior Action Other			NOT APPL	ICABLE					
		Driver Actions NO CONTRIBUTING ACT	TION								
احا	쁫	NO CONTRIBUTING ACT	1014								
Ę	VEHICLE										
	\equiv										
		Owner Name TRANSCO INC			Owner A 3400 E						
2	2	Transco into				LLE, IL 6183	32 , US				
	;	Sequence Of Events									
П	5	Event MOTOR VEH IN TRANSF	ORT								
	05	Event									
	03	Event									
	4	Event									
الحا		Policy Holder									
		Insurance Company					ORGANIZATION/COMPANY				
ĮŽ∥					ONOMINE						
TINO		ACE-AMERICAN-INS-CO	•		TRANSC						
5		Trailer/Towed				OINC					
O1 UN		Trailer/Towed	е Туре	Make UTIL					ry of Issuance ED STATES		
10		Trailer/Towed	e Type O		TRANSC	State		UNIT Addre	ED STATES		
10		Trailer/Towed Trailer Plate # Plat T486801 AP	e Type O	UTIL RGANIZATION/COMP	TRANSC	State		Addre 3400	ED STATES		
10	TRAILER/	Trailer/Towed	e Type O	UTIL RGANIZATION/COMP	TRANSC	State		Addre 3400	ED STATES SS E MAIN		
10	TRAILER/	Trailer/Towed Trailer Plate # Plat T486801 AP Unit Type SEMI TRAILER Vehicle Identification Number	e Type O	UTIL RGANIZATION/COMP	TRANSC	State		Addre 3400	ED STATES SS E MAIN		
10	TRAILER/	Trailer/Towed Trailer Plate # Plat T486801 AP Unit Type SEMI TRAILER Vehicle Identification Number 1UYVS2487DU630111 Individual DRIVER	e Type O OF TF	UTIL RGANIZATION/COMP	ANY Citations Is	State IL	Sex	Addre 3400	ED STATES SS E MAIN		
UNIT 01	TRAILER/	Trailer/Towed Trailer Plate # Plat T486801 AP Unit Type SEMI TRAILER Vehicle Identification Number 1UYVS2487DU630111 Individual	e Type O OF TF	UTIL RGANIZATION/COMP	ANY Citations Is 0	State IL	Sex MALE	Addre 3400	ED STATES SS E MAIN		
UNIT 01	TRAILER/	Trailer/Towed Trailer Plate # T486801	e Type O OF TF	UTIL RGANIZATION/COMP	ANY Citations Is	State IL	Sex	Addre 3400	ED STATES SS E MAIN		
UNIT 01	TRAILER/	Trailer/Towed Trailer Plate # Plat	e Type O OFTF	UTIL RGANIZATION/COMP	ANY Citations Is 0 Date of Bir	State IL	Sex MALE Race	Addre 3400	ED STATES SS E MAIN		
UNIT 01	TRAILER/	Trailer/Towed Trailer Plate # Plat	e Type O OFTF	UTIL RGANIZATION/COMP	ANY Citations Is 0 Date of Bir	State IL	Sex MALE Race	Addre 3400	ED STATES SS E MAIN		
UNIT 01	TRAILER/	Trailer/Towed Trailer Plate # Plat	e Type O OFTF	UTIL RGANIZATION/COMP	ANY Citations Is 0 Date of Bir	State IL	Sex MALE Race	Addre 3400	ED STATES SS E MAIN		
UNIT UNIT 01	INDIVIDUAL TRAILER/	Trailer/Towed Trailer Plate # Plat	e Type O OFTF	UTIL RGANIZATION/COMP	ANY Citations Is 0 Date of Bir	State IL ssued	Sex MALE Race	Addre 3400	ED STATES SS E MAIN		
UNIT UNIT 01	INDIVIDUAL TRAILER/	Trailer/Towed Trailer Plate # Plat	e Type O OF TR	UTIL RGANIZATION/COMP	ANY Citations Is O Date of Bir Driver Lice	State IL ssued	Sex MALE Race WHITE	Addre 3400	ED STATES SS E MAIN		
UNIT UNIT 01	INDIVIDUAL TRAILER/	Trailer/Towed Trailer Plate # T486801 AP Unit Type SEMI TRAILER Vehicle Identification Number 1UYVS2487DU630111 Individual DRIVER DAVID IVERSO (904) 294-1903 Address 17929 ALEXANDER AVE FARIBAULT, MN 55021 S fety Equipment	e Type O OFTE	UTIL RGANIZATION/COMPRANSCO INC	ANY Citations Is O Date of Bir Driver Lice	State IL ssued	Sex MALE Race WHITE	Addre 3400	ED STATES SS E MAIN		
UNIT UNIT 01	INDIVIDUAL TRAILER/	Trailer/Towed Trailer Plate # Plat	e Type O OFTE	UTIL RGANIZATION/COMPRANSCO INC	ANY Citations Is O Date of Bir Driver Lice Safety Equ	State IL State	Sex MALE Race WHITE	Addre 3400	ED STATES SS E MAIN		
UNIT UNIT 01	INDIVIDUAL TRAILER/	Trailer/Towed Trailer Plate # T486801 AP Unit Type SEMI TRAILER Vehicle Identification Number 1UYVS2487DU630111 Individual DRIVER DAVID IVERSO (904) 294-1903 Address 17929 ALEXANDER AVE FARIBAULT, MN 55021 8 fety Equipment Row 01 - FRONT ROW Helmet Use	e Type O OFTE	UTIL RGANIZATION/COMPRANSCO INC	ANY Citations Is O Date of Bir Driver Lice Safety Equ SHOULD Helmet Co	State IL State	Sex MALE Race WHITE	Addre 3400	ED STATES SS E MAIN		
UNIT UNIT 01	INDIVIDUAL TRAILER/	Trailer/Towed Trailer Plate # T486801 AP Unit Type SEMI TRAILER Vehicle Identification Number 1UYVS2487DU630111 Individual DRIVER DAVID IVERSO (904) 294-1903 Address 17929 ALEXANDER AVE FARIBAULT, MN 55021 8 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	e Type O OFTE	UTIL RGANIZATION/COMPRANSCO INC	ANY Citations Is 0 Date of Bir Driver Lice Safety Equ SHOULD Helmet Co	State IL State	Sex MALE Race WHITE	Addre 3400	ED STATES SS E MAIN		
UNIT UNIT 01	INDIVIDUAL TRAILER/	Trailer/Towed Trailer Plate # T486801 AP Unit Type SEMI TRAILER Vehicle Identification Number 1UYVS2487DU630111 Individual DRIVER DAVID IVERSO (904) 294-1903 Address 17929 ALEXANDER AVE FARIBAULT, MN 55021 8 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	e Type O OFTF N 8905, US y Crash Seat 07 -	UTIL RGANIZATION/COMPRANSCO INC	ANY Citations Is 0 Date of Bir Driver Lice Safety Equ SHOULD Helmet Co Tint Comp	State IL Sta	Sex MALE Race WHITE	Addre 3400	ED STATES SS E MAIN		
UNIT UNIT 01	S INDIVIDUAL TRAILER/	Trailer/Towed Trailer Plate # T486801 AP Unit Type SEMI TRAILER Vehicle Identification Number 1UYVS2487DU630111 Individual DRIVER DAVID IVERSO (904) 294-1903 Address 17929 ALEXANDER AVE FARIBAULT, MN 55021 8 fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	e Type O OFTF N 8905, US y Crash Seat 07 -	UTIL RGANIZATION/COMPRANSCO INC Position LEFT	ANY Citations Is 0 Date of Bir Driver Lice Safety Equ SHOULD Helmet Co Tint Comp	State IL State	Sex MALE Race WHITE	Addre 3400	ED STATES SS E MAIN		

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This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 7 \end{tabular}$

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

Crash Time 06:27 AM

		Medical Transport			EMS A	gency Identifier			EMS Run #		
		NOT TRANSPORTED									
		Hospital			Date o	f Death			Time of Deat	h	
		Distracted By NOT	cted By Source APPLICABL	E (NOT DISTRA	ACTED)						
		Distracted By Action NOT DISTRACTED									
		Non Motorist Strikir	ng Unit #	Location							
		Prior Action									
		Action									
	JAL										
LNN	INDIVIDUAL										
]	N										
	_										
		Action Other									To/From School
		Suspe	ected Alcohol U	Ise		cted Drug Use					
	•	Drug & Alcohol NO		I Alaskal Task Tos	NO			1	Alcohol Test	Danista	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	е				Alconol Test	Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type			Drug Test	t Results			
2	001	Drug Type		1							
-		Individual Condition									
		APPEARED NORMAL									
		Carrier									
			o Owner San	ne as Carrier		Source					
		Name Use Vehicle	e Owner San	ile as Carrier		VEHICLE-SID Address	DE				
2	2	TRANSCO INC				3400 E MAIN					
		USDOT# 1062707				DANVILLE, II	L 61832 ,	US			
	2	GVWR	Vehicle C	onfiguration				Cargo	Body Type		
È	BUS	10,000 LBS OR LESS		TRACTOR/SEM	II-TRAIL	ER			/ENCLOSED	BOX	
5	×	US DOT # 1062707	Carrier Ty	pe TATE CARRIER	2			l l	itted Load APPLICABI	LE	
1	TRUCK		rmit Number	Peri	mitted Ve	ehicle On	Esco	rt Vehic	le Required		scort Vehicle Present
	F	Measured Height	Measu	red Length	ermitted	Route Measured Width	h	By Pe	ermit Measured We		Scort venicle i resent
				J. 3						3	
•		t Summary									
		Status FRANSIT			Vehicle Op D CLAS	perating As Class	sification		Unit Type TRUCK		
		icle Type			DOLAG	•			Operating As	Endorsen	nents
05		LITY TRUCK/PICKUP TR									
	Tota 1	al Occs	Train/Bus # Re		Total # Cit 1	ations Issued	1 1	otal Traile		Total Hazl	Mat Types
	onsin I DT40	Motor Vehicle Crash		This repo		ot include any CJI	IS data.			Crash Date	06/30/2025 06:27 AM

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		rance?	Direction Of T		Pre 0	CrashTire	Speed Li	mit	Total Lanes		
╘	YES	3	WESTBOU			Mark	55		2		
UNIT		t Harmful Event: Collision Wi TOR VEH IN TRANSPO			Special Fundamental NO SPEC	ction AL FUNCTION			Reference Motor Vehicle Use NOT APPLICABLE		
		Traffic Way			Traffic Control T				rol Inoperative/Missing		
		O-WAY, NOT DIVIDED			NO CONT			NO			
		ace Type			Road Curva			Road Grade	9		
		ACKTOP (BITUMINOUS) tk Bus or HazMat)		STRAIGH			LEVEL			
	NO	A DUS OF FIAZIVIAL									
	,	Vehicle									
		License Plate Number			Plate Type		St	Country of Is			
		3130712B			LTK		IL	UNITED ST	TATES		
02	05	Vehicle Identification Numb 3C6UR5CJ2MG584855			Make RAM		Year 2021	Model 2500			
		Color WHI - WHITE			Body Style PK - PICK	(UP		Bus Use			
	щ	Initial Contact Point			Vehicle Da	mage		<u> </u>			
╘	5	11 - LEFT FRONT COF	RNER						7 8 9 10 11		
UNIT	VEHICLE	Extent Of Damage FUNCTIONAL DAMAG	iE		10 - LEF	SIDE FRONT, 11 -	LEFT F	RONT CORN	ER 5 4 3 2 1		
	>	Towed Due To Damage	· <u> </u>		Vehicle Rei	moved By					
		NOT TOWED			OPERAT	OR .					
		What Driver Was Doing			Vehicle Fac	ctors					
		GOING STRAIGHT			NOT ADD	LICABLE					
		Driver Prior Action Other			NOT APP	LICABLE					
LINO	VEHICLE			, -				, -	SS OR ERRATIC MANNER		
02	05	Owner Name TSR CONCRETE COA	TINGS LLC		Owner Address P O BOX 645 LENA, IL 61048 0645, US						
		Sequence Of Even	ts								
	5	Event CROSS CENTERLINE									
	05	Event MOTOR VEH IN TRAN	SPORT								
	03	Event									
	4	Event									
_		Policy Holder									
UNIT		Insurance Company			ORGAN	ZATION/COMPANY					
n		AMERISURE-MUTUAL	-INS-CO		TSR C	ONCRETE COATING	GS LLC				
		Trailer/Towed	. .								
02			Plate Type TRL	Make FORM		State IL		ntry of Issuance			
UNIT	rrailer/	Unit Type UTILITY TRAILER Vehicle Identification Number 53BFTEA21NB013920 TRL FORM ORGANIZATION/COM TSR CONCRETE CO			COATINGS LLC P			Address P O BOX 645 LENA, IL 61048 0645, US			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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		Individual						
	ب	DRIVER COREY WILLIFORD		Citations Issued 1	Sex MALE			
Ŀ	DO			Date of Birth Race BLACK/AFRICAN AMERICAN				
LIND	INDIVIDUAL	Address 1098 RICHTON PL RICHTON PARK, IL 60471	ı,us	Driver License Number				
	Sat	On Duty fety Equipment	/ Crash	Safety Equipment				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT			
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
02	005	Injury S NO AP	eventy PARENT INJURY	NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		Time of Death		
		Distracted By Distract	ed By Source -HELD MOBILE PHONE	l				
		Distracted By Action MANUALLY OPERATING	(TEXTING,DIALING,PLAYI	NG GAME ETC)				
		Non Motorist Striking	Unit # Location					
		Prior Action						
		Action						
Ļ	INDIVIDUAL							
NS N								
	Z							
		Action Other					To/From School	
	ı	Suspect Drug & Alcohol NO	ted Alcohol Use	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	E .		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results			
05	002	Drug Type	l e					
	Ū	Individual Condition						
		APPEARED NORMAL						
	,	 Violations						

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7	UTC Number BG944384	Issue To? 002	Statute Number 346.05(1)	Description OPERATING LEFT OF CENTER
_	20011001	***		

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