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25-05446

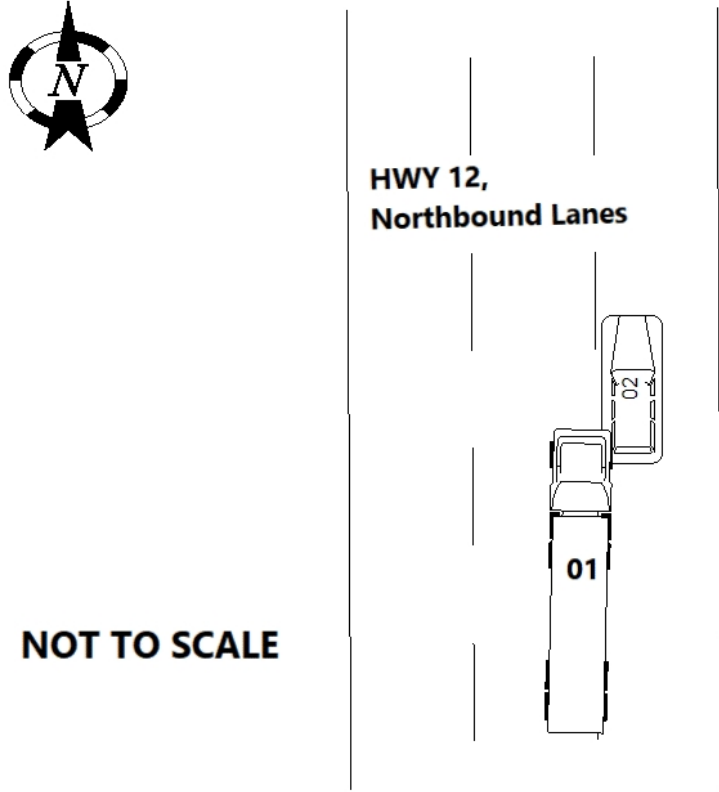
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override 6TL0FXHJN6		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 checked="" 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.

WARRANTY - Name Summary

CORRECTIONS TO VEHICLE INFORMATION.

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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						
		Vehicle						
		License Plate Number P1232272	Plate Type APO	St IL	Country of Issuance UNITED STATES			
01	01	Vehicle Identification Number 1JJV532D8RL427423	Make WANC	Year 2022	Model VANS			
		Color WHI - WHITE	Body Style T - DIRT		Bus Use			
		Initial Contact Point 01 - RIGHT FRONT CORNER						

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UNIT	VEHICLE	Vehicle Damage			
		Extent Of Damage NO DAMAGE	00 - NO DAMAGE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
		What Driver Was Doing CHANGING LANES	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
UNIT	VEHICLE	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	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
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
		Address 309 POPLAR ST EDGEWOOD, IL 62426 , US		Date of Birth	Race WHITE
				Driver License Number	
UNIT	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	

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01	UNIT	001	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	
			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	
01	UNIT	001	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					
			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			
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		

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **06/02/2025**
Crash Time **06:10 PM**

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Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER VAN				Operating As Endorsements		
		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						
		Vehicle						
		UNIT	02	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								
Owner Name CYNTHIA TACK (608) 678-0025				Owner Address W2358 RAEDEL LN WISCONSIN DELLS, WI 53965 , US				
UNIT	02	Sequence Of Events						
		Event 01 MOTOR VEH IN TRANSPORT						
		Event						
		Event						
		Event						
UNIT	02	Policy Holder						
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		INDIVIDUAL CYNTHIA TACK				

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UNIT 02	INDIVIDUAL 002	Individual			
		DRIVER CYNTHIA TACK (608) 678-0025		Citations Issued 0	Sex FEMALE
				Date of Birth	Race AMERICAN INDIAN OR ALASKAN NATIVE
		Address W2358 RAEDEL LN WISCONSIN DELLS, WI 53965 , US		Driver License Number	
		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		
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					
Non Motorist		Striking Unit #	Location		
Prior Action					
UNIT 02	INDIVIDUAL 002	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			