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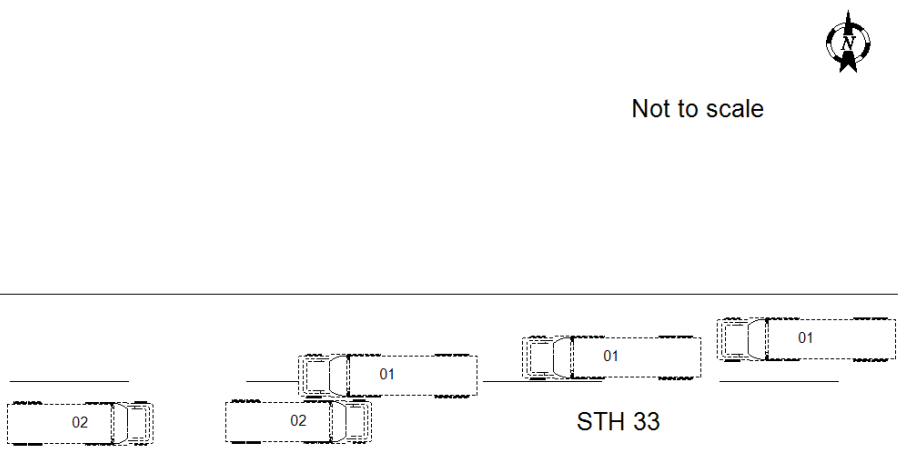
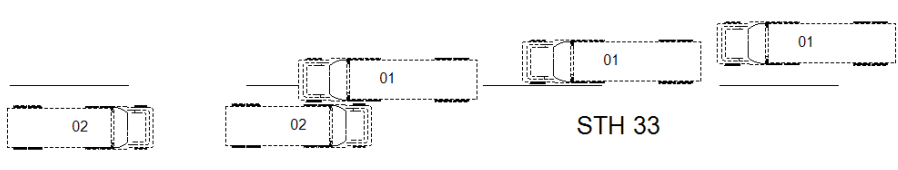
25-09366

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 25-09366		Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 09/04/2025		Crash Time 03:10 PM		Date Arrived 09/04/2025		Time Arrived 03:28 PM	
Date Notified 09/04/2025		Time Notified 03:18 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 type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  Not to scale  STH 33	Reconstruction By
	Photos By
	Additional Information NONE

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

ON 09/04/2025, I WAS DISPATCHED TO STH 33 NEAR STH 23 IN THE TOWN OF EXCELSIOR FOR A TWO-VEHICLE TRAFFIC CRASH. UNIT 1 WAS TRAVELING W/B ON STH 33, WHEN UNIT 1 OPERATOR CROSSED THE CENTER LINE SLIGHTLY CAUSING UNIT 1 AND UNIT 2 MIRRORS TO COLLIDE WITH EACH OTHER. BOTH UNITS 1 AND 2 STATED THE ONLY DAMAGE DONE TO THE UNITS WAS THE MIRRORS. UNIT 1 COMPANY INTERCON CARRIERS LC HAD A DASH CAMERA WHICH THEY PROVIDED ME WITH. IN THE DASH CAMERA IT SHOWED UNIT 1 OPERATOR SLIGHTLY CROSSED THE YELLOW CENTER LINE. UNIT 1 OPERATOR WAS ISSUED AND EXPLAINED A CITATION FOR LEFT OF CENTER.

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Location

ON STH23 EB 0.52 MI E OF ABLEMAN RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude 43.533293075	Longitude -89.906578804
	X Coordinate 265143.4375	Y Coordinate 4824144
	Structure Type NO STRUCTURE	

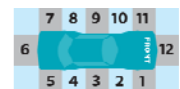
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE 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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number R785868		Plate Type APO	St TX	Country of Issuance UNITED STATES
	Vehicle Identification Number 3AKJGLFG4JSJX3118		Make FRHT	Year 2018	Model OTHER
	Color WHI - WHITE		Body Style OT - OTHER		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage 10 - LEFT SIDE FRONT		
	Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE				
01	Owner Name INTERCON CARRIERS LC (965) 718-6324		Owner Address 19810 MINES RD LAREDO, TX 78045 , US		
	Sequence Of Events				
01	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
04	Event				
UNIT POLICY	Policy Holder				
	Insurance Company TEXAS-UNITED-INS-CO		ORGANIZATION/COMPANY INTERCON CARRIERS LC		
UNIT TRAILER/	Trailer/Towed				
	Trailer Plate # 5481116	Plate Type	Make VANR	State ME	Country of Issuance UNITED STATES
UNIT TRAILER/	Unit Type FULL TRAILER	ORGANIZATION/COMPANY INTERCON COARRIES LC (956) 718-6324		Address 19810 MINES RD LAREDO, TX 78045 , US	
	Vehicle Identification Number 5V8VC5329MM109401				
UNIT INDIVIDUAL	Individual				
	DRIVER ANDRES CESPEDES (956) 327-8030		Citations Issued 1	Sex MALE	
			Date of Birth	Race	
	Address 149 NORTHPOINT DR LAREDO, TX 78041 , US		Driver License Number STATE: TEXAS COUNTRY: UNITED STATES		
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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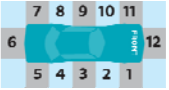
UNIT INDIVIDUAL 01 001 01 01 UNIT TRUCK BUS	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	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 BM656560		Issue To? 001		Statute Number 346.05(1)		
Description OPERATING LEFT OF CENTER						
Carrier						
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source VEHICLE-SIDE				
Name INTERCON CARRIERS LC		Address 19810 MINES RD				
USDOT# 621366		LAREDO, TX 78045 , US				
GVWR 10,000 LBS OR LESS		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type OTHER		
US DOT # 621366		Carrier Type OTHER OPERATION/NOT SPECIFIED		Permitted Load NOT APPLICABLE		
<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 A CLASS		Unit Type TRUCK		

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UNIT	02	Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)				Operating As Endorsements							
		Total Occs 1		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 1		Total HazMat Types 0			
		Insurance? YES		Direction Of Travel EASTBOUND		<input type="checkbox"/> Pre CrashTire Mark		Speed Limit 55		Total Lanes 2			
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				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 STRAIGHT				Road Grade LEVEL			
		Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR											
UNIT	02	Vehicle											
		License Plate Number 3341416				Plate Type APO		St IN		Country of Issuance UNITED STATES			
		Vehicle Identification Number 3HSDZAPR6RN021903				Make INTL		Year 2024		Model OTH			
		Color WHI - WHITE				Body Style OT - OTHER				Bus Use			
		Initial Contact Point 10 - LEFT SIDE FRONT				Vehicle Damage 10 - LEFT SIDE FRONT							
		Extent Of Damage MINOR DAMAGE											
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG				Vehicle Removed By							
		What Driver Was Doing GOING STRAIGHT				Vehicle Factors							
		Driver Prior Action Other				NOT APPLICABLE							
		Driver Actions NO CONTRIBUTING ACTION											
UNIT	02	Owner Name SCHNEIDER NATIONAL CARRIERS INC				Owner Address 7101 W 17TH ST GARY, IN 46406 0000, US							
UNIT	01	Sequence Of Events											
		Event MOTOR VEH IN TRANSPORT											
		Event											
		Event											
		Event											
UNIT	04	Policy Holder											
		Insurance Company INDIANA-INS-CO				ORGANIZATION/COMPANY SCHNEIDER NATIONAL CARRIES INC							
		Trailer/Towed											

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UNIT 02	TRAILER/	Trailer Plate # PF37723	Plate Type TRL	Make OTH	State IN	Country of Issuance UNITED STATES
		Unit Type FULL TRAILER	ORGANIZATION/COMPANY SCHNEIDER NATIONAL CARRIES INC			Address 7101 W 17TH ST GARY, IN 46406 , US
UNIT 02	INDIVIDUAL	Vehicle Identification Number 1DW1A5320SBB92746				
		Individual				
UNIT 02	INDIVIDUAL	DRIVER TAYLOR KELLEY (608) 394-1720		Citations Issued 0	Sex MALE	
		Date of Birth		Race WHITE		
UNIT 02	INDIVIDUAL	Address 824 ISLAND ST LA CROSSE, WI 54603 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment		Safety Equipment		
UNIT 02	INDIVIDUAL	On Duty Crash	SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT			
UNIT 02	INDIVIDUAL	Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
UNIT 02	INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
UNIT 02	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
		Hospital		Date of Death		Time of Death
UNIT 02	INDIVIDUAL	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action NOT DISTRACTED				
UNIT 02	INDIVIDUAL	Non Motorist	Striking Unit #	Location		
		Prior Action				
UNIT 02	INDIVIDUAL	Action				
		Action Other				
UNIT 02	INDIVIDUAL	Drug & Alcohol	Suspected Alcohol Use NO		Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Results	
UNIT 02	INDIVIDUAL	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	

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UNIT 02 TRUCK BUS	Drug Type				
	Individual Condition APPEARED NORMAL				
	Carrier				
	<input type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER		
	Name SCHNEIDER NATIONAL CARRIES INC		Address 7101 W 17TH AVE GARY, IN 46406 0000, US		
	GVWR NOT APPLICABLE		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER		Cargo Body Type OTHER
	US DOT #		Carrier Type OTHER OPERATION/NOT SPECIFIED		Permitted Load NOT APPLICABLE
	<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