6TL0DRXHLQ

25-10886

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Docu	25-10		Investigating C		
Crash Date 10/17/2025	Crash Time 04:49 PM		/2025	Time Arrived 04:54 PM		
Date Notified 10/17/2025	Time Notified 04:49 PM	Total 02	Jnits	Total Injured 00	Total Kill	ed
On Emergency	Hit and Run	Lane Closure	Work Zone	Trailer o	r Towed	Reporting Threshold
Government Property	Active Schoo	School NO	I Bus Related	Tags		
∨ Reportable	Crash Type DT4000 (STANDA	ARD CRASH)		Amende	d	Secondary Crash
Description ——	•					•
Not to Scale				W √ DE F	Photos By Additional Info	
I, a sworn law enforce UNIT 1 AND 2 WERE NORTHE	OUND ON USH 12. UNIT 2	nat I have not adde	LOW DOWN AND STOR	DUE TO TRAFFIC BA		

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

1 of 7

Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	741	USH12 NB FT N SAUK PRAIRIE RD			Latitude 43.28378 X Coordin			-89.759	033764	
	IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY					276148.125 4796026				
							Type UCTURE			
C	ra	sh Scene 💻								
T	First	Harmful Event				First Harm	ıful Event Lo	cation		
	MO	TOR VEH IN TRANSP	ORT			ON ROA	DWAY			
		ner of Collision				Light Cond				
L		FRONT TO REAR				DAYLIG				
		d Surface Condition(s)				Roadway	Factor(s)			
	DRY	<i>(</i>								
ħ	Envii	ronment Factor(s)								
	пои	NE				BACKU	DUE TO	REGULAR	CONGES	TION
+	Wea	ther Condition(s)								
	CLE	* *								
1	Anım	nal Type					o Trafficway			
H	Cras	h Classification - Location	1				ssification -			
		BLIC PROPERTY	•			-		SDICTION		
t	Triba	al Land				Access Co	ontrol			Special Study
						NO CON	TROL			
T	With	in Interchange Area	Junction Location		Intersection Type			**		
	NO		NON-JUNCTION		NOT AN	INTERSE	CTION			
ι	Jnit	t Summary 💻								
	Unit	Status		Vehicle Ope	erating As C	lassification		Unit Type		
L		RANSIT		D CLASS	D CLASS			AUTOMOBILE		
- 1		cle Type						Operating As Endorsements		
L		SSENGER CAR	Train/Bus # Recorded	Total # Citat	Total # Citations Issued			are	Total Hazi	Mat Types
	10tai	1 0003	Train/Dus # Necolucu	2	uona issueu	d Total Trail		,,,	0	mac rypes
		rance?	Direction Of Travel		CrashTire		Speed Lim	it	Total Lane	es
	NO		NORTHBOUND		Mark	:	55		2	
<u> </u>	Most	t Harmful Event: Collision	With	Special Fun		 		Emergency Motor Vehicle Use		
L	-	TOR VEH IN TRANSP	ORT		IAL FUNC	TION		NOT APPI		
		ic Way		Traffic Contr		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Traffic Control Inoperative/Missing NO Road Grade UPHILL		ive/Missing
		D-WAY, NOT DIVIDED)	NO CONT						
		ace Type ACKTOP (BITUMINOU	IS)	Road Curva STRAIGH						
		k Bus or HazMat	,	UNAIGH	•					
	NO									
_	,	Vehicle								
		License Plate Number		Plate Type			St	Country of Is	suance	
		ADA6971		AUT			WI	UNITED ST		
	_	Vehicle Identification Nu	Make			Year	Model			
	01	1NXBR32EX7Z8477	76	TOYT			2007	COROLLA	CE	
		Color			Body Style			Bus Use		
		SIL - SILVER (ALUM	IINUM)	4D - 4DR					-	
	ĽE	Initial Contact Point 12 - FRONT		Vehicle Da	mage					7 8 9 10 11
	\exists	Extent Of Damage		12 - FRO	NT					6 P 2 12
,	VEHICLE	DISABLING DAMAG	iΕ	1.20						5 4 3 2 1
				i						
econ	nein N	Motor Vehicle Crash	Th	is report does not	include any	CJIS data			Crash Date	10/17/2025

Wisconsin Motor Vehicle Crash Form DT4000

report does not include any CJIS 2 of 7

Crash Time 04:49 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Towed Due To Damage TOWED DUE TO DISABLE	NG DAMA		ehicle Removed By				
		What Driver Was Doing			ehicle Factors				
		GOING STRAIGHT Driver Prior Action Other			IOT APPLICABLE				
		Driver Prior Action Other							
		Driver Actions OTHER CONTRIBUTING	ACTION	,					
╘	픙	OTTLER CONTRIBUTING A	NO ITION						
Į.	VEHICLE								
	>								
		Owner Name			Owner Address				
2	7	ANDREW MAURER (715) 938-1199			W3850 PETERS R MARINETTE, WI 5				
	;	Sequence Of Events							
	2	MOTOR VEH IN TRANSPO	ORT						
	05	Event							
	03	Event							
	40	Event							
		 Individual							
	. '	DRIVER ANDREW WAURER			Citations Issued Sex				
	_				2 MALE				
₋	NDIVIDUAL	(715) 938-1199			Date of Birth Race WHITE				
ş	⋛	Address W3850 PETERS RD			Driver License Number				
	Z	MARINETTE, WI 54143 , I	JS						
	Sat	fety Equipment	Crash		Safety Equipment				
		Row	Seat Po		SHOULDER & LAP BELT				
		01 - FRONT ROW Helmet Use	07 - LI	EFT	Helmet Compliance				
		Eye Protection			Tint Compliance				
2	9	Injury Se	verity		Airbag				
٦	0	Injury NO AP	Ejection Pa	INJURY	NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED	-	CTED/NOT APPL	ICABLE		NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED Hospital		Date of Death		Time of Death			
		Distracted By UNKNO	d By Source DWN	ne e					
		OTHER ACTION (LOOKIN			;)				
		Non Motorist	Unit #	Location					

Wisconsin Motor Vehicle Crash Form DT4000

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

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Prior Action										
ļ		Action										
		Action										
	_											
	INDIVIDUAL											
I≡	ם											
L	≥											
	P D											
	=											
İ		Action Other										To/From School
İ	,	D 0. Alaahal	Suspecte	ed Alcohol I	Jse		Suspected Drug Use					•
	L	Drug & Alcohol	NO				NO					
İ		Alcohol Test Given			Alcohol Test Typ	ре				Alcohol Tes	t Results	
		TEST NOT GIVEN										
İ		Drug Test Given			Drug Test Type			Drug 7	Test Results			
		TEST NOT GIVEN										
2	001	Drug Type										
-	0											
ł		Individual Condition										
		marviduai Condition										
		APPEARED NORM	//AL									
		Violations	I	0 0			D 1.0					
UTC Number Issue To? Statute Number Description INATTENTIV						INATTENTIVE DRIVI	DRIVING					
						Description						
	UTC Number Issue To? Statute Number 344.62(1)					OPERATE MOTOR VEHICLE W/O INSURANCE						
	0	I BJ6/9453	001	34	4.62(1)		· · - · · · · · · · · · · · · · · · · ·	VEHIC	LE W/O IN	SURANCE		
			001	34	4.62(1)		0	VEHIC	LE W/O IN	SURANCE		
 	Uni	t Summary •	001	34	4.62(1)	Ve						
	Unit	t Summary Status	001	34	4.62(1)		hicle Operating As Classi			Unit Type	RII F	
	Unit Unit IN T	t Summary Status	001	34	4.62(1)					Unit Type AUTOMOI		nents
02	Unit Unit IN T	t Summary Status RANSIT cle Type		34	4.62(1)		hicle Operating As Classi			Unit Type		nents
	Unit Unit IN T Vehic	t Summary Status RANSIT cle Type ORT) UTILITY VEHI	ICLE	in/Bus # Re		D	hicle Operating As Classi			Unit Type AUTOMOI Operating A	s Endorsen	
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	Unit Unit Vehic (SPC Total 2 Insur YES Most	t Summary Status RANSIT cle Type ORT) UTILITY VEHI I Occs rance?	Trai Dire NO Don With	in/Bus # Re	ecorded	Tot 0	hicle Operating As Classi CLASS tal # Citations Issued Pre CrashTire Mark	ification	Total Traile 0 Speed Lim	Unit Type AUTOMOI Operating A	Total Hazh Total Lane Motor Vehic	Mat Types
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Wisconsin Motor Vehicle Crash Form DT4000

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4 of 7

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	VEHICLE	Extent Of Damage DISABLING DAMAGE		Vehicle Damage 06 - REAR	06 - REAR					
		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE	Vehicle Removed By EVERETTS TOWING	.					
		What Driver Was Doing SLOW/STOPPING Driver Prior Action Other		Vehicle Factors NOT APPLICABLE						
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION							
02	02	Owner Name MIAO YANG (331) 200-9910		Owner Address 1313 STACY LAN MACOMB, IL 614						
	;	Sequence Of Events		·						
	2	MOTOR VEH IN TRANSP	ORT							
	05	Event MOTOR VEH IN TRANSP	ORT							
	03	Event								
	4	Event								
╻	- 1	Policy Holder								
EN S		Insurance Company		INDIVIDUAL						
-		STATE-FARM-CLASSIC-	NS-CO	MIAO YANG						
	١	Individual DRIVER		Citations Issued	Leov					
		MIAO YANG		0	FEMALE	Sex FEMALE				
L	Ž	(331) 200-9910		Date of Birth	Race ASIAN OR NATI	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISL				
TINO	INDIVIDUAL	Address 1313 STACY LANE MACOMB, IL 61455 , US		Driver License Numbe	er					
	Saf	On Duty	/ Crash	Safety Equipment	Safety Equipment					
	Jai	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
		Helmet Use	07 - LEFT	Helmet Compliance	Helmet Compliance					
		Eye Protection		Tint Compliance	Tint Compliance					
05	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED						
			Ejection Path	Trapped/Extricated						
		NOT EJECTED	NOT EJECTED/NOT	APPLICABLE	I	EMS Agency Identifier EMS Run #				
		NOT EJECTED Medical Transport	-			EMS Run #				
		NOT EJECTED	-		r					

Wisconsin Motor Vehicle Crash Form DT4000

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								(000) 000 4000		
		Distracted By NOT AP	d By Source PPLICABLE (NOT DIS	STRACTE	D)					
		Distracted By Action NOT DISTRACTED								
		Non Motorist Striking U	Init # Location							
		Prior Action	I							
		Action								
	Ι¥Γ									
F	INDIVIDUAL									
		Action Other						To/From School		
	ı	Drug & Alcohol NO	d Alcohol Use	Sus NO	pected Drug Use					
		Alcohol Test Given TEST NOT GIVEN	Alcohol Tes	st Type			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	Drug Test T	Гуре		Drug Test Results				
05	005	Drug Type	.							
		Individual Condition								
		APPEARED NORMAL								
	- 1	Individual								
	ب	PASSENGER WEI YANG		0 0	tions Issued	Sex FEMALE				
Ŀ	INDIVIDUAL			Date	e of Birth	ASIAN OR NAT	IVE HAWAIIAN OR C	THER PACIFIC ISLA		
L N	Ş	Address 980 S CASTLEWOOD LN		Driv	Driver License Number					
	=	BARTLETT, IL 60103 , US								
	Sat	On Duty (Crash	Safe	Safety Equipment					
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SH	SHOULDER & LAP BELT					
		Helmet Use	UJ - KIOITI	Helr	met Compliance					
		Eye Protection		Tint	Tint Compliance					
05	03	Injury Sev	verity PARENT INJURY		Airbag NON DEPLOYED					
	Ŭ	Ejected	Ejection Path	I			Trapped/Extricated			
		NOT EJECTED Medical Transport	NOT EJECTED/NOT		S Agency Identifier		NOT TRAPPED EMS Run #			
		NOT TRANSPORTED		EIVI	5 Agency Identiller		EWS Rull #			
		Hospital		Date	e of Death		Time of Death			
		Distracted By Distracted	d By Source							
I										

Wisconsin Motor Vehicle Crash Form DT4000

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6 of 7

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Distracted By Action						
		Non Motorist	triking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNN	INDIVIDUAL							
	N							
		Action Other						To/From School
	L	Drug & Alcohol	uspected Alcohol U	se	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		
05	003	Drug Type						
		Individual Condition						
		APPEARED NORMA	L					

Wisconsin Motor Vehicle Crash Form DT4000

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7 of 7