

6TL0DRXHLQ
25-10886

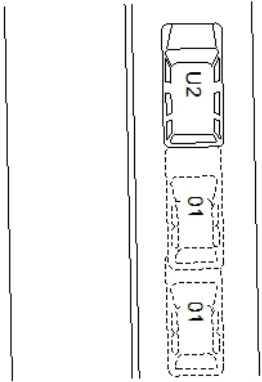
WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number 25-10886		Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 10/17/2025		Crash Time 04:49 PM		Date Arrived 10/17/2025		Time Arrived 04:54 PM	
Date Notified 10/17/2025		Time Notified 04:49 PM		Total Units 02		Total Injured 00	Total Killed 00
☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed		☐ Reporting Threshold	
☐ Government Property	☐ Active School Zone		School Bus Related NO		Tags		
☒ Reportable		Crash Type DT4000 (STANDARD CRASH)			☐ Amended	☐ Secondary Crash	

Description

Diagram Not to Scale  USH 12	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.

UNIT 1 AND 2 WERE NORTHBOUND ON USH 12. UNIT 2 WAS STARTING TO SLOW DOWN AND STOP DUE TO TRAFFIC BACKING UP AT THE STOP LIGHTS NORTH OF THEIR LOCATION. UNIT 1 ADMITTED HE LOOKED DOWN AND WHEN HE LOOKED BACK UP UNIT 2 WAS SLOWING/STOPPING AND RAN INTO UNIT 2.

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Location

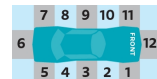
ON USH12 NB 741 FT N OF SAUK PRAIRIE RD IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.28378461	Longitude -89.759033764
	X Coordinate 276148.125	Y Coordinate 4796026
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) BACKUP DUE TO REGULAR CONGESTION	
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 D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR				Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0		
	Insurance? NO	Direction Of Travel NORTHBOUND	☐ 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 UPHILL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE 01	Vehicle					
		License Plate Number ADA6971		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1NXBR32EX7Z847776		Make TOYT	Year 2007	Model COROLLA CE			
Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use			
Initial Contact Point 12 - FRONT		Vehicle Damage					
Extent Of Damage DISABLING DAMAGE		12 - FRONT					



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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING			
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE			
		Driver Prior Action Other					
		Driver Actions OTHER CONTRIBUTING ACTION					
01	01	Owner Name ANDREW MAURER (715) 938-1199		Owner Address W3850 PETERS RD MARINETTE, WI 54143 , US			
		Sequence Of Events					
01	01	Event MOTOR VEH IN TRANSPORT					
		Event					
		Event					
		Event					
01	INDIVIDUAL	Individual					
		DRIVER ANDREW MAURER (715) 938-1199		Citations Issued 2	Sex MALE		
		Address W3850 PETERS RD MARINETTE, WI 54143 , US		Date of Birth	Race WHITE		
		Driver License Number					
01	001	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			
01	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	
01	001	Distracted By		Distracted By Source UNKNOWN			
		Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)					
		Non Motorist		Striking Unit #		Location	

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UNIT	INDIVIDUAL	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					
01	001	Individual Condition APPEARED NORMAL					
		Violations					
		UTC Number BJ679452		Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING	
		UTC Number BJ679453		Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	
		Unit Summary					
		Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE		Operating As Endorsements			
		Total Occs 2		Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES		Direction Of Travel NORTHBOUND	☐ 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 UPHILL			
Truck Bus or HazMat NO							
UNIT	02	Vehicle					
		License Plate Number AZ77164		Plate Type AUT	St IL	Country of Issuance UNITED STATES	
		Vehicle Identification Number KNMAT2MV0JP612494		Make NISS	Year 2018	Model ROGUE	
		Color BLK - BLACK		Body Style 4D - 4DR		Bus Use	
		Initial Contact Point 06 - REAR					

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UNIT VEHICLE	Extent Of Damage DISABLING DAMAGE		Vehicle Damage 06 - REAR		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING		
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name MIAO YANG (331) 200-9910		Owner Address 1313 STACY LANE MACOMB, IL 61455 , US		
UNIT 02	Sequence Of Events				
	Event 01 MOTOR VEH IN TRANSPORT				
	Event 02 MOTOR VEH IN TRANSPORT				
	Event				
	Event				
UNIT 04	Policy Holder				
	Insurance Company STATE-FARM-CLASSIC-INS-CO		INDIVIDUAL MIAO YANG		
UNIT INDIVIDUAL	Individual				
	DRIVER MIAO YANG (331) 200-9910		Citations Issued 0	Sex FEMALE	
	Address 1313 STACY LANE MACOMB, IL 61455 , US		Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA	
	Driver License Number				
UNIT 02	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

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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 			
Individual Condition APPEARED NORMAL			
UNIT	INDIVIDUAL	Individual	
		PASSENGER WEI YANG	Citations Issued 0
		Sex FEMALE	Date of Birth
		Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA	Address 980 S CASTLEWOOD LN BARTLETT, IL 60103 , US
		Driver License Number 	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT
		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 		

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date 10/17/2025
Crash Time 04:49 PM

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	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		