WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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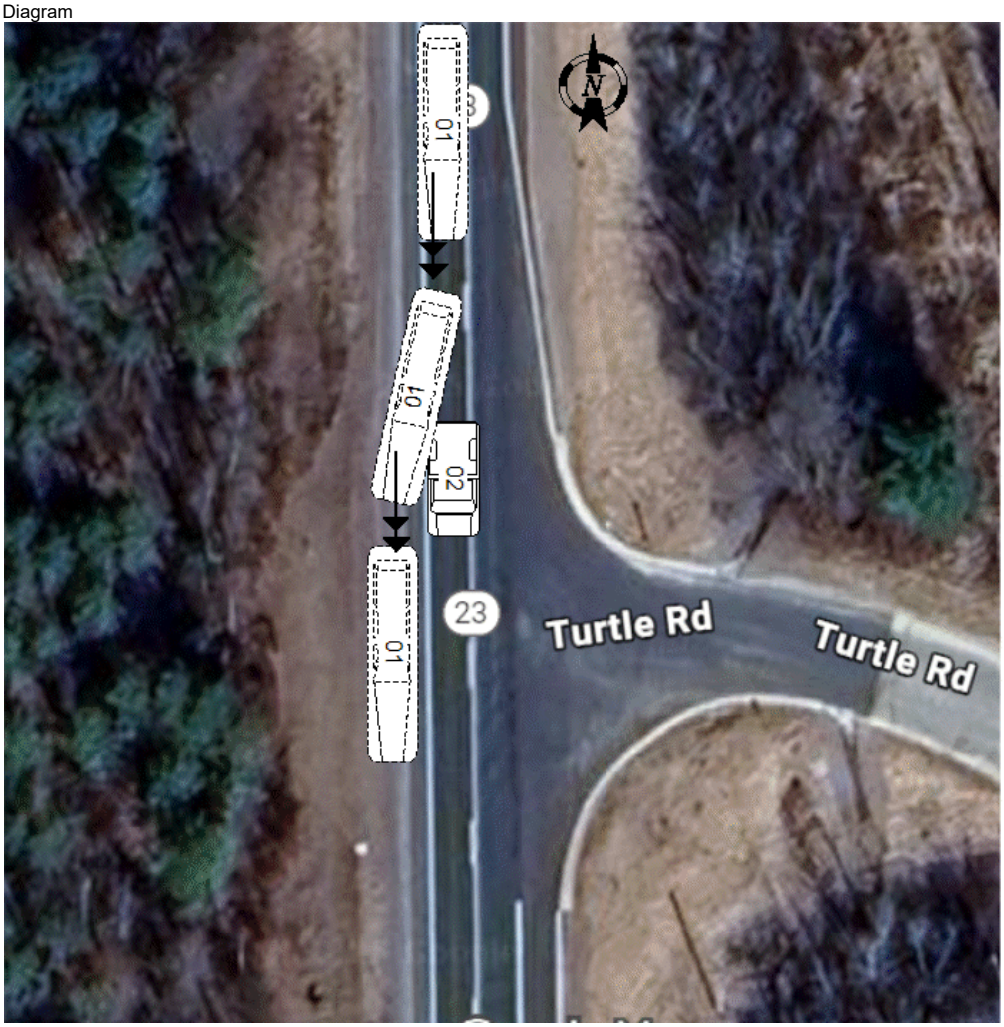
Document Number Override	Primary Crash Document #	Agency Crash Number **25-11188**	Investigating Officer/Deputy **DEPUTY D. KROLIKOWSKI**	
Crash Date **10/27/2025**	Crash Time **07:11 AM**	Date Arrived **10/27/2025**	Time Arrived **07:26 AM**	
Date Notified **10/27/2025**	Time Notified **07:11 AM**	Total 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



Reconstruction By

Photos By
D KROLIKOWSKI

Additional Information
PHOTOS

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

UNIT 2 WAS FACING SOUTH ON HWY 23 AND SLOWING AS IT WAS PREPARING TO TURN TO IT'S LEFT TO PROCEED ONTO TURTLE ROAD BUT HAD TO YIELD FOR ONCOMING TRAFFIC. UNIT 1 WAS FOLLOWING AND COULD NOT STOP IN TIME TO AVOID STRIKING UNIT 2. UNIT 1 SWERVED TO IT'S RIGHT SO IT ONLY CONTACTED THE RIGHT REAR OF UNIT 2. THE DRIVER OF UNIT 1 STATED UNIT 2 APPLIED IT'S BRAKES HEAVILY PRIOR TO THE CRASH. I EXPLAINED TO THE OPERATOR OF UNIT 1 HE WAS FOLLOWING TOO CLOSELY IF THAT WAS THE CASE.

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Location

ON STH23 WB 56 FT N OF TURTLE RD IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.557415046	Longitude -89.842214244
	X Coordinate 270436.0625	Y Coordinate 4826643
	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 DAWN	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) FOG		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study

Within Interchange Area	Junction Location	Intersection Type
NO	NON-JUNCTION	NOT AN INTERSECTION

Unit Summary

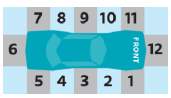
UNIT 01

Unit Status IN TRANSIT		Vehicle Operating As Classification C CLASS		Unit Type TRUCK
Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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	☑ 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 P1197207	Plate Type LTK	St IL	Country of Issuance UNITED STATES
Vehicle Identification Number 3AKJHHDR3LSKU7873	Make FRHT	Year 2020	Model CASCADIA
Color BLU - BLUE	Body Style SE - SEMI-TRAILER		Bus Use
Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 11 - LEFT FRONT CORNER		
Extent Of Damage MINOR DAMAGE			



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UNIT 01 — VEHICLE 01

Towed Due To Damage: **NOT TOWED**	Vehicle Removed By:
What Driver Was Doing: **GOING STRAIGHT**	Vehicle Factors: **NOT APPLICABLE**
Driver Prior Action Other:	
Driver Actions: **FOLLOWING TOO CLOSE**	
Owner Name: **MTEMPIRE (847) 565-8721**	Owner Address: **1137 N ARLINGTON HEIGHTS RD AP ITASCA, IL 60143 , US**

Sequence Of Events

01 Event: **MOTOR VEH IN TRANSPORT**	
02 Event:	
03 Event:	
04 Event:	

Policy Holder

UNIT 01

Insurance Company: **FIRST GUARD INSURANCE**	ORGANIZATION/COMPANY: **MTEMPIRE**

Trailer/Towed

UNIT 01 — TRAILER/

Trailer Plate #: **STB0210**	Plate Type: **TRL**	Make: **WANC**	State: **MN**	Country of Issuance: **UNITED STATES**
Unit Type: **SEMI TRAILER**	INDIVIDUAL: **CLOVIS YUVEN FONYUY (651) 202-1657**			Address: **3804 HAYWARD AVE N OAKDALE, MN 55128 4499, US**
Vehicle Identification Number: **1JJV532DXJL045849**				

Individual

UNIT — INDIVIDUAL 001

DRIVER: **CLOVIS FONYUY**	Citations Issued: **1**	Sex: **MALE**
	Date of Birth:	Race:
Address: **3804 HAYWARD AVE OAKDALE, MN 55128 4499, US**	Driver License Number: **STATE: MINNESOTA COUNTRY: UNITED STATES**	

Safety Equipment

On Duty Crash:	Safety Equipment: **SHOULDER & LAP BELT**	
Row: **01 - FRONT ROW**	Seat Position: **07 - LEFT**	
Helmet Use:	Helmet Compliance:	
Eye Protection:	Tint Compliance:	

Injury

01

Injury Severity: **NO APPARENT INJURY**	Airbag: **NON DEPLOYED**	
Ejected: **NOT EJECTED**	Ejection Path: **NOT EJECTED/NOT APPLICABLE**	Trapped/Extricated: **NOT TRAPPED**

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UNIT 01 — INDIVIDUAL 001

Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED		
Hospital	**Date of Death**	**Time of Death**

Distracted By

Distracted By Source
UNKNOWN

Distracted By Action
UNKNOWN

Non Motorist

Striking Unit #	Location

Prior Action

Action

Action Other	To/From School

Drug & Alcohol

Suspected Alcohol Use	Suspected Drug Use
NO	NO

Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
TEST NOT GIVEN		

Drug Test Given	Drug Test Type	Drug Test Results
TEST NOT GIVEN		

Drug Type

Individual Condition
APPEARED NORMAL

Violations — 01

UTC Number	Issue To?	Statute Number	Description
BK745604	001	346.14(2)(a)	TRUCK FOLLOWING TOO CLOSELY

Carrier

☑ Use Vehicle Owner Same as Carrier	Source
	DRIVER

UNIT 01 — TRUCK BUS 01

Name	Address
MTEMPIRE USDOT# 2594075	1137 N ARLINGTON HEIGHTS RD AP ITASCA, IL 60143 , US

GVWR	Vehicle Configuration	Cargo Body Type

US DOT #	Carrier Type	Permitted Load
2594075		

☐ OS/OW Load	WI Permit Number	☐ Permitted Vehicle On Permitted Route	☐ Escort Vehicle Required By Permit	☐ Escort Vehicle Present

Measured Height	Measured Length	Measured Width	Measured Weight

Unit Summary

Unit Status	Vehicle Operating As Classification	Unit Type
IN TRANSIT	D CLASS	AUTOMOBILE

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UNIT 02

Vehicle Type			Operating As Endorsements
PASSENGER VAN			

Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
3		0	0	0

Insurance?	Direction Of Travel	Pre CrashTire Mark	Speed Limit	Total Lanes
YES	SOUTHBOUND	☐	55	2

Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use
MOTOR VEH IN TRANSPORT	NO SPECIAL FUNCTION	NOT APPLICABLE

Traffic Way	Traffic Control	Traffic Control Inoperative/Missing
TWO-WAY, NOT DIVIDED	NO CONTROL	NO

Surface Type	Road Curvature	Road Grade
BLACKTOP (BITUMINOUS)	STRAIGHT	LEVEL

Truck Bus or HazMat: NO

UNIT 02 VEHICLE 02

Vehicle

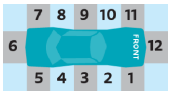
License Plate Number	Plate Type	St	Country of Issuance
ATS3862	AUT	WI	UNITED STATES

Vehicle Identification Number	Make	Year	Model
5TDYK3DC6FS668037	TOYT	2015	SIENNA XLE

Color	Body Style	Bus Use
GRY - GRAY	VN - VAN	

Initial Contact Point	Vehicle Damage
05 - RIGHT REAR CORNER	05 - RIGHT REAR CORNER

Extent Of Damage: FUNCTIONAL DAMAGE



Towed Due To Damage	Vehicle Removed By
NOT TOWED	

What Driver Was Doing	Vehicle Factors
SLOW/STOPPING	NOT APPLICABLE
Driver Prior Action Other	

Driver Actions: NO CONTRIBUTING ACTION

UNIT 02 VEHICLE 02

Owner Name	Owner Address
JULIA OLSON (608) 234-8770	S2063 PARK LANE CIR REEDSBURG, WI 53959 , US

Sequence Of Events

01	MOTOR VEH IN TRANSPORT
02	
03	
04	

UNIT

Policy Holder

Insurance Company	INDIVIDUAL
PROGRESSIVE-CASUALTY-INS-CO	JULIA OLSON

Individual

Citations Issued	Sex
0	FEMALE

Date of Birth

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UNIT 02 — INDIVIDUAL 002

DRIVER
JULIA OLSON
(608) 234-8770

Race: **WHITE**

Address: **S2063 PARK LANE CIR**
REEDSBURG, WI 53959 , US

Driver License Number: **STATE: WISCONSIN COUNTRY: UNITED STATES**

Safety Equipment

On Duty Crash:

Safety Equipment: **SHOULDER & LAP BELT**

Row: **01 - FRONT ROW**

Seat Position: **07 - LEFT**

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**

Individual

Citations Issued: **0**

Sex: **MALE**

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UNIT 02 003 — INDIVIDUAL

PASSENGER
SAMUEL OLSON
(608) 234-8770

Date of Birth	Race
	WHITE

Address: **S2063 PARK LANE CIR, REEDSBURG, WI 53959 , US**

Driver License Number:

Safety Equipment

On Duty Crash:

Safety Equipment: **BOOSTER SEAT**

Row	Seat Position
03 - THIRD ROW	**09 - RIGHT**

Helmet Use:

Helmet Compliance:

Eye Protection:

Tint Compliance:

Injury

Injury Severity: **NO APPARENT INJURY**

Airbag: **NON DEPLOYED**

Ejected	Ejection Path	Trapped/Extricated
NOT EJECTED	**NOT EJECTED/NOT APPLICABLE**	**NOT TRAPPED**

Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED		

Hospital	Date of Death	Time of Death

Distracted By

Distracted By Source:

Distracted By Action:

Non Motorist

Striking Unit #:

Location:

Prior Action:

UNIT 02 003 — INDIVIDUAL

Action:

Action Other	To/From School

Drug & Alcohol

Suspected Alcohol Use: **NO**

Suspected Drug Use: **NO**

Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
TEST NOT GIVEN		

Drug Test Given	Drug Test Type	Drug Test Results
TEST NOT GIVEN		

Drug Type:

Individual Condition: **APPEARED NORMAL**

Individual

Citations Issued	Sex
0	**MALE**

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UNIT 02 — INDIVIDUAL 004

PASSENGER
ALEXANDER OLSON
(608) 234-8770

Date of Birth	Race
	WHITE

Address
S2063 PARK LANE CIR
REEDSBURG, WI 53959 , US

Driver License Number

Safety Equipment

On Duty Crash

Safety Equipment
SHOULDER & LAP BELT

Row	Seat Position
03 - THIRD ROW	**07 - LEFT**

Helmet Use

Helmet Compliance

Eye Protection

Tint Compliance

Injury

Injury Severity
NO APPARENT INJURY

Airbag
NON DEPLOYED

Ejected	Ejection Path	Trapped/Extricated
NOT EJECTED	**NOT EJECTED/NOT APPLICABLE**	**NOT TRAPPED**

Medical Transport	EMS Agency Identifier	EMS Run #
NOT TRANSPORTED		

Hospital	Date of Death	Time of Death

Distracted By

Distracted By Source

Distracted By Action

Non Motorist

Striking Unit # | Location

Prior Action

UNIT 02 — INDIVIDUAL 004

Action

Action Other	To/From School

Drug & Alcohol

Suspected Alcohol Use
NO

Suspected Drug Use
NO

Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
TEST NOT GIVEN		

Drug Test Given	Drug Test Type	Drug Test Results
TEST NOT GIVEN		

Drug Type

Individual Condition
APPEARED NORMAL