WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Docu		Agency 25-111	Crash Number 88	Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI				
16i	Crash Date 10/27/2025	Crash Time 07:11 AM		Date Ari 10/27/2		Time Arrived 07:26 AM				
1 B Q	Date Notified 10/27/2025	Time Notified 07:11 AM		Total Ur 02	nits	Total Injured 00	•			
.0F′	On Emergency Hi	t and Run	Lane Closui	re Work Zone		▼ Trailer or 1	Towed	Reporting Threshold		
6T L	Government Property	Active School	ol Zono	School I	Bus Related	Tags				
	✓ Reportable	Crash Type DT4000 (STAND)	ARD CRASH)			Amended		Secondary Crash		

✓ 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.

Crash Date 10/27/2025
Crash Time 07:11 AM

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Crash Date 10/27/2025

Crash Time 07:11 AM

Loc	ation										
_	STH23 WB				Latitude			Longitu	ıde		
	T N				43.55741	15046		-89.84	2214244		
	TURTLE RD	ANI A			X Coordinate			Y Coor	Y Coordinate		
	THE TOWN OF DELLO SAUK COUNTY	DNA			270436.0625 4826643						
"	AON OCCIVIT				Structure Type						
					NO STRUCTURE						
Cra	sh Scene										
First	: Harmful Event				First Harm	ful Event	Location				
	TOR VEH IN TRANSP	ORT			ON ROA	DWAY					
	ner of Collision				Light Cond	dition					
	SIDESWIPE/SAME D	IRECTION			DAWN						
Roa	d Surface Condition(s)				Roadway	Factor(s)					
DR	Y										
Envi	ronment Factor(s)										
NOI	NE				NONE						
Wea	ather Condition(s)										
FO	3										
Anin	nal Type				Relation T	o Trafficw	av				
	,,						ON ROAD				
Cras	sh Classification - Location	1			Crash Clas	ssification	- Jurisdiction				
PUE	BLIC PROPERTY				NO SPECIAL JURISDICTION						
Triba	al Land				Access Co				Special Study		
					PARTIAL	_ CONTR	ROL				
	in Interchange Area	Junction Location		Intersection		0 7 1011					
NO		NON-JUNCTION		NOI AN	INTERSE	CHON					
	t Summary \blacksquare						T				
	Status			erating As C	lassification	I	Unit Type TRUCK				
	TRANSIT icle Type		C CLASS	C CLASS			Operating As Endorsements				
	LITY TRUCK/PICKUP	TRUCK		Operatir					g A3 Endorsements		
Tota	Il Occs	Train/Bus # Recorded	Total # Cita	tions Issued	i	Total Tra	Trailers Total		HazMat Types		
1			1			1			0		
	rance?	Direction Of Travel	Pre	CrashTire)	Speed L	imit		Total Lanes		
YES		WESTBOUND	Conside Fran	Mark		55	15	2			
	t Harmful Event: Collision TOR VEH IN TRANSP		Special Fun	CIAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE				
Traf	fic Way		Traffic Cont	trol			Traffic Control Inoperative/Missing				
	O-WAY, NOT DIVIDED		NO CONT	rol			NO				
	асе Туре		Road Curva				Road Grade				
	ACKTOP (BITUMINOU	S)	STRAIGH	IT			LEVEL				
	k Bus or HazMat	BINATION > 10,000LBS G	:VWP/CCWP								
	Vehicle	BINATION > 10,000EB3 G	VVVNGCVVN								
	License Plate Number		Plate Type		I	St	Country of Is	suance			
	P1197207		LTK			IL	UNITED S	TATES			
	 		Make				Model				
_	Vehicle Identification Nu	mber					CASCADIA				
5	Vehicle Identification Null 3AKJHHDR3LSKU78		FRHT			2020		<u> </u>			
10	3AKJHHDR3LSKU78 Color		FRHT Body Style			2020	Bus Use	1			
	3AKJHHDR3LSKU78 Color BLU - BLUE		FRHT Body Style SE - SEM	/II-TRAILE	R	2020		<u> </u>			
ш	3AKJHHDR3LSKU78 Color BLU - BLUE Initial Contact Point	373	FRHT Body Style	/II-TRAILE	R	2020		<u> </u>	7 8 9 10 11		
	3AKJHHDR3LSKU78 Color BLU - BLUE	373	FRHT Body Style SE - SEN Vehicle Da	/II-TRAILE		2020		<u> </u>	7 8 9 10 11 6		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/27/2025

Crash Time 07:11 AM

		Towed Due To Damage NOT TOWED		ľ	Vehicle Removed By							
		What Driver Was Doing		\	Vehicle Facto	ors						
		GOING STRAIGHT										
		Driver Prior Action Other			NOT APPLI	ICABLE						
		Driver Actions										
	삠	FOLLOWING TOO CLC	SE									
HND	VEHICLE											
-	户											
		Owner Name MTEMPIRE			Owner A 1137 N	ddress ARLINGTO	N HEIGHTS	S RD A	P			
2	01	(847) 565-8721				A, IL 60143						
		Sequence Of Events										
	01	Event MOTOR VEH IN TRANSPORT										
	02	Event										
	03	Event										
		Event										
	04											
╘	I	Policy Holder										
L		Insurance Company FIRST GUARD INSURA	NCE		ORGANIZ/ MTEMPIF	ATION/COMF RE	PANY					
	-	Trailer/Towed										
2			ate Type	Make		State			y of Issuance			
		STB0210 TRL WANC				MN		UNITED STATES Address				
7		Unit Type	SEMI TRAILER CLOVIS YUVEN FOI						804 HAYWARD AVE N			
느	ER/	Unit Type SEMI TRAILER		CLOVIS YUVEN FOR	IYUY							
LINO	RAILER/	SEMI TRAILER Vehicle Identification Number			IYUY			OAKI	OALE, MN 55128 4499, US			
LIND		SEMI TRAILER Vehicle Identification Number 1JJV532DXJL045849		CLOVIS YUVEN FOR	IYUY			OAKI	JALE, MN 55128 4499, US			
LIND	ı	SEMI TRAILER Vehicle Identification Number 1JJV532DXJL045849 Individual		CLOVIS YUVEN FOR		aguad	Leav	OAKI	JALE, MN 55128 4499, US			
LIND		SEMI TRAILER Vehicle Identification Number 1JJV532DXJL045849		CLOVIS YUVEN FOR	Citations Is	ssued	Sex MALE	OAKI	JALE, MN 55128 4499, US			
LIND		SEMI TRAILER Vehicle Identification Number 1JJV532DXJL045849 Individual DRIVER		CLOVIS YUVEN FOR	Citations Is			OAKI	JALE, MN 55126 4499, US			
		Vehicle Identification Number 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY		CLOVIS YUVEN FOR	Citations Is 1 Date of Bir	th	MALE	OAKI	JALE, MN 55128 4499, US			
TINU		Vehicle Identification Numbin 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address 3804 HAYWARD AVE	er	CLOVIS YUVEN FON (651) 202-1657	Citations Is 1 Date of Bir Driver Lice	th ense Number	MALE Race					
		Vehicle Identification Number 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address	er	CLOVIS YUVEN FON (651) 202-1657	Citations Is 1 Date of Bir Driver Lice	th ense Number	MALE Race		TED STATES			
	INDIVIDUAL	SEMI TRAILER Vehicle Identification Number 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address 3804 HAYWARD AVE OAKDALE, MN 55128	er	CLOVIS YUVEN FON (651) 202-1657	Citations Is 1 Date of Bir Driver Lice	ense Number	MALE Race					
	INDIVIDUAL	SEMI TRAILER Vehicle Identification Numbin 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address 3804 HAYWARD AVE OAKDALE, MN 55128 Fety Equipment	1499, US	CLOVIS YUVEN FON (651) 202-1657	Citations Is 1 Date of Bir Driver Lice STATE: N	ense Number MINNESOTA	MALE Race					
	INDIVIDUAL	Vehicle Identification Number 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address 3804 HAYWARD AVE OAKDALE, MN 55128 Fety Equipment Row	1499, US	at Position	Citations Is 1 Date of Bir Driver Lice STATE: N	ense Number	MALE Race					
	INDIVIDUAL	SEMI TRAILER Vehicle Identification Numbin 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address 3804 HAYWARD AVE OAKDALE, MN 55128 Fety Equipment	1499, US	CLOVIS YUVEN FON (651) 202-1657	Citations Is 1 Date of Bir Driver Lice STATE: N	ense Number MINNESOTA uipment DER & LAP	MALE Race					
	INDIVIDUAL	SEMI TRAILER Vehicle Identification Numbin 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address 3804 HAYWARD AVE OAKDALE, MN 55128 Fety Equipment Row 01 - FRONT ROW Helmet Use	1499, US	at Position	Driver Lice STATE: N Safety Equ Helmet Co	ense Number MINNESOTA uipment DER & LAP	MALE Race					
	INDIVIDUAL	SEMI TRAILER Vehicle Identification Numbin 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address 3804 HAYWARD AVE OAKDALE, MN 55128 Fety Equipment Row 01 - FRONT ROW	1499, US	at Position	Citations Is 1 Date of Bir Driver Lice STATE: N Safety Equ	ense Number MINNESOTA uipment DER & LAP	MALE Race					
	INDIVIDUAL	SEMI TRAILER Vehicle Identification Number 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address 3804 HAYWARD AVE OAKDALE, MN 55128 Row 01 - FRONT ROW Helmet Use Eye Protection	1499, US uty Crash Se 07	at Position	Citations Is 1 Date of Bir Driver Lice STATE: N Safety Equ SHOULD Helmet Co Tint Compl	ense Number MINNESOTA uipment DER & LAP mpliance	MALE Race					
LIND	INDIVIDUAL	SEMI TRAILER Vehicle Identification Number 1JJV532DXJL045849 Individual DRIVER CLOVIS FONYUY Address 3804 HAYWARD AVE OAKDALE, MN 55128 Row 01 - FRONT ROW Helmet Use Eye Protection	Lity Crash See 07	at Position	Citations Is 1 Date of Bir Driver Lice STATE: N Safety Equ Helmet Co	ense Number MINNESOTA uipment DER & LAP mpliance	MALE Race					

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport					EMS Agency Identifier				EMS Run #			
	NOT TRANSPORTED							.g,						
		Hospital					Data	f Death			Time of Death			
		Ποσριιαί					Date	Death			Tille of Death			
			D:-44	I D C										
		Distracted By	Distracted UNKNO	1 By Sol WN	urce									
		Distracted By Action												
		UNKNOWN												
	•	Non Motorist	Striking U	nit#	Locat	tion								
		Prior Action			<u>l</u>									
		Action												
LINO	INDIVIDUAL													
		Action Other										To/From School		
	Ĺ	Orug & Alcohol	Suspected NO	d Alcoho	ol Use		Suspe NO	Suspected Drug Use NO						
	Alcohol Test Given Alcohol Test Typ										Alcohol Test Results			
		TEST NOT GIVEN												
		Drug Test Given TEST NOT GIVEN			Drug	Test Type)		Drug Test F	Results				
7	001	Drug Type			·									
		Individual Condition												
		APPEARED NORM	IAL											
	1	Violations												
		UTC Number	Issue To	? !	Statute Nu	ımber	Descri	Description						
	01	BK745604	001		346.14(2))(a)		TRUCK FOLLOWING TOO CLOSELY						
	(Carrier												
		Use V	ehicle O	wner S	Same as	Carrier		Source						
		Name Use V						DRIVER Address						
6	01	MTEMPIRE						1137 N ARLIN	IGTON HEI	GHTS	RD AP			
	_	USDOT# 25940	075					ITASCA, IL 60						
	S	GVWR		Vehicle	e Configur	ation				Cargo	Body Type			
⊨	BUS													
LIND		US DOT # 2594075		Carrier	Туре					Perm	itted Load			
							rmitted Ve	ehicle On Route	Escort		cle Required E	scort Vehicle Present		
		Measured Height		Mea	asured Ler	ngth		Measured Width	า		Measured Weight			
	Unit	Summary ■												
		Status =					Vehicle O	perating As Class	ification		Unit Type			
		RANSIT					D CLAS		••		AUTOMOBILE			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

02		Vehicle Type Operating As Endorsements											
0	PAS	SSENGER VAN											
	Tota 3	Il Occs	Train/Bus # Recorded	Tota 0	I # Citations Issued	Total Tra	ilers	Total HazMat Types O					
_	Insurance? Direction Of Travel YES SOUTHBOUND			Pre CrashTire Speed Li Mark 55		mit	mit Total Lanes 2						
UNIT		t Harmful Event: Collision Wi			cial Function SPECIAL FUNCTIO	N		Emergency Motor Vehicle Use NOT APPLICABLE					
		fic Way		Traff	ic Control		Traffic Cont	Traffic Control Inoperative/Missing					
		O-WAY, NOT DIVIDED			CONTROL		NO						
		ace Type ACKTOP (BITUMINOUS)	•		d Curvature RAIGHT		Road Grade						
		k Bus or HazMat		0111	CAIOIII		LLVLL						
	NO												
	,	Vehicle											
		License Plate Number			te Туре	St	Country of Is						
		ATS3862		AU		WI	UNITED ST	ATES					
02	07	Vehicle Identification Numb 5TDYK3DC6FS668037		Mai TO		Year 2015	Model SIENNA XI	.E					
		Color			ly Style		Bus Use						
	ш	GRY - GRAY Initial Contact Point			- VAN nicle Damage			T					
╘		05 - RIGHT REAR COR	RNER		, and the second			7 8 9	9 10 11 3 12				
UNIT	VEHICL	Extent Of Damage FUNCTIONAL DAMAG	E	05	- RIGHT REAR COF	RNER		5 4 3	=				
	>	Towed Due To Damage		Veh	nicle Removed By			<u>l</u>					
		NOT TOWED											
		What Driver Was Doing SLOW/STOPPING		ver	nicle Factors								
		Driver Prior Action Other		NO	T APPLICABLE								
		Driver Actions NO CONTRIBUTING A	CTION	<u> </u>									
⊨	CLE	NO CONTRIBOTING A	CTION										
UNIT	VEHICL												
		Ourse News			O Add								
	٥.	Owner Name JULIA OLSON			Owner Address S2063 PARK LANE CIR								
02	02	(608) 234-8770			REEDSBURG, WI 53959 , US								
		Sequence Of Even	ts										
	5	Event MOTOR VEH IN TRAN											
	05	Event											
	03	Event											
		Event											
	04												
⊨		Policy Holder											
UNIT		Insurance Company PROGRESSIVE-CASU	ALTY-INS-CO		NDIVIDUAL I ULIA OLSON								
		Individual											
'					Citations Issued	Sex							
				[0) Oato of Pirth	FEMALE							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	-	DRIVER JULIA OLSON										
	NDIVIDUAL	(608) 234-8770					Race WHITE					
LINO	VID	Address				Driver License Number	WILLE					
⋾	NDI	S2063 PARK LANE		•			COUNTRY: UNI	TED STATES				
	=	REEDSBURG, WI	53959 , U	3		STATE: WISCONSIN COUNTRY: UNITED STATES						
	Cod	fater Fauria maa na	On Duty Cra	ash		Safety Equipment						
	Sai	fety Equipment		Seat Po	aitian	SHOULDER & LAP BELT						
		01 - FRONT ROW		07 - LE		SHOOLDER & LAP I						
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
	2		Injury Seve	ritv		Airbag						
02	005		NO APPA	RENT I		NON DEPLOYED						
		Ejected NOT EJECTED	_	ection Pa	th CTED/NOT APPL	ICABI E		Trapped/Extricated NOT TRAPPED				
		Medical Transport		J1 E3E	CIED/NOT AFFE	EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	ED					T: (5 #				
		Hospital				Date of Death		Time of Death				
		Distracted By	Distracted E	By Source	E (NOT DISTRAC	CTED)		l				
		Distracted By Action		LIOABL	L (NOT BIOTION	5125)						
		NOT DISTRACTED	Striking Uni	+ #	Location							
		Non Motorist	Striking On	ι#	Location							
		Prior Action										
		Action										
	۱۲											
⊨	INDIVIDUAL											
UNIT	M											
	IN											
		Action Other							To/From School			
			Suspected A	Alcohol L	Jse	Suspected Drug Use						
	L	Orug & Alcohol	NO			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					
02	12	Drug Type										
0	002											
		Individual Condition										
		APPEARED NORM	IAL									
		 ndividual										
l l		arvidudi				Citations Issued	Sex					
						0	MALE					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	_	PASSENGER SAMUEL OLSON	MUEL OLSON							
_	DUAI	(608) 234-8770				Date of Birth		Race WHITE		
LNO	INDIVIDUAL	Address S2063 PARK LANE REEDSBURG, WI		s		Driver License Num	nber			
	Sat	fety Equipment	On Duty Cra	ash		Safety Equipment				
		Row 03 - THIRD ROW		Seat Po		BOOSTER SEAT	Т			
		Helmet Use		Helmet Compliance)					
		Eye Protection				Tint Compliance				
02	003	I	Injury Seven		N IIIRY	Airbag NON DEPLOYEI	n			
		Ejected		ection Pa		NON DEPLOTE			Trapped/Extricated	
		NOT EJECTED	-		CTED/NOT APPL	ICABLE			NOT TRAPPED	
		Medical Transport NOT TRANSPORTED				EMS Agency Identi	fier		EMS Run #	
		Hospital		Date of Death	Date of Death Time of Death					
	,	Distracted By	Distracted E	By Source	9					
		Distracted By Action								
	·	Non Motorist	Striking Uni	t #	Location					
		Prior Action								
LIND	INDIVIDUAL	Action								
		Action Other								To/From School
			Suspected A	Alcohol I	lea	Suspected Drug Us				
	L	Orug & Alcohol	NO	Alconorc		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		
02	003	Drug Type								
		Individual Condition								
		APPEARED NORM	IAL							
		Individual								
						Citations Issued		Sex		
						0		MALE		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/27/2025

Crash Time 07:11 AM

	L	PASSENGER ALEXANDER OLS	ON									
_	DUA	(608) 234-8770				Date of Birth	Race WHITE					
LINO	INDIVIDUAL	Address S2063 PARK LANE REEDSBURG, WI		s		Driver License Number						
	Sat	ety Equipment	On Duty Cr	ash		Safety Equipment						
		Row 03 - THIRD ROW		Seat Po		SHOULDER & LAP BELT						
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
02	004	1	Injury Seve	-		Airbag						
	0	Ejected		ection Pa		NON DEPLOYED		Trapped/Extricated				
		NOT EJECTED			CTED/NOT APPL	ICABLE	NOT TRAPPED					
		Medical Transport	l .			EMS Agency Identifie	r	EMS Run #				
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death				
		Поѕрікаі				Date of Death		Time of Death				
		Distracted By	Distracted I	By Source	•							
		Distracted By Action										
			Striking Un	it #	Location							
	í	Non Motorist Prior Action	Culturing Off		Edution							
		Action										
	INDIVIDUAL											
UNIT	/IDI											
n												
	2											
		Action Other							To/From School			
		Action Other							10/110HT SCHOOL			
	,	Orug & Alcohol	Suspected	Alcohol U	se	Suspected Drug Use			•			
		Alcohol Test Given	140		Alcohol Test Type	_		Alcohol Test Results				
		TEST NOT GIVEN			7			7.100.101.100.110				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Resul	ts				
02	004	Drug Type										
		Individual Condition										
		APPEARED NORM	IAL									