

6TL0F68VQ1

26-06037

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 26-06037	Investigating Officer/Deputy SERGEANT T. CLAUER	
Crash Date 06/10/2026		Crash Time 02:10 PM	Date Arrived 06/10/2026	Time Arrived 02:19 PM	
Date Notified 06/10/2026		Time Notified 02:12 PM	Total Units 01	Total Injured 01	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 checked="" type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>Tractor Trailer was rolled on drivers side in ditch</p> <p>U1</p> <p>STH 33</p> <p>U1</p> <p>NOT TO SCALE</p>	Reconstruction By
	Photos By SGT. CLAUER
	Additional Information PHOTOS

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

UNIT ONE WAS TRAVELING EAST ON STH 33. PLEASE NOTE SAUK COUNTY HAD A SEVERE THUNDERSTORM TRAVELING NORTHEAST THROUGH THE COUNTY. UNIT ONE WAS FLIPPED ON ITS SIDE BY STRONG NORTH WINDS. THE DRIVER WAS ABLE TO EXIT THE CAB BY THE HELP OF PASSENGERS THROUGH THE FRONT WINDSHIELD. DRIVER HAD WHAT APPEARED TO BE MINOR INJURIES. I TRANSPORTED THE DRIVER TO THE HOSPITAL SINCE ALL AMBULANCES WERE BUSY WITH EMERGENCY CALLS FROM THE STORM. I BRIEFLY SPOKE TO A BYSTANDER WHO STATED HE WAS FOLLOWING THE SEMI TRAILER AND STATED THE WIND BLEW THE SEMI OVER TO ITS SIDE RIGHT IN FRONT OF HIM. THE WITNESS LEFT PRIOR TO ME BEING ABLE TO IDENTIFY HIM. CRAIGS TOWING REMOVED THE UNIT FROM THE DITCH.

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Location

ON STH33 EB 1245 FT E OF ROCKY POINT RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.474404011	Longitude -89.690617459
	X Coordinate 282382.59375	Y Coordinate 4817015.5
	Structure Type	

Crash Scene

First Harmful Event OVERTURN/ROLLOVER		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) RAIN, SEVERE WINDS			
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	Unit Status IN TRANSIT		Vehicle Operating As Classification A CLASS		Unit Type TRUCK	
	Vehicle Type TRUCK TRACTOR (SEMI ATTACHED)		Operating As Endorsements			
	Total Occs 01	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 02	
	Most Harmful Event: Collision With OVERTURN/ROLLOVER		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	Vehicle					
	01	License Plate Number P1284157		Plate Type TOR	St IL	Country of Issuance UNITED STATES
		Vehicle Identification Number 4V4NC9EH3LN247153		Make VOLV	Year 2020	Model VNL760
	VEHICLE	Color BLU - BLUE		Body Style TC - TRACTOR		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage DISABLING DAMAGE						



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01	01	Owner Name MARTIN DANIELS INC (177) 371-8141 EXT. 0		Owner Address 7215 W PENSACOLA NORRIDGE, IL 60706 , US	
Sequence Of Events					
	01	Event OVERTURN/ROLLOVER			
	02	Event DITCH			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		ORGANIZATION/COMPANY MARTIN DANIELS INC		
UNIT TRAILER/	Trailer/Towed				
	Trailer Plate # 1004559ST	Plate Type TRL	Make GDAN	State IL	Country of Issuance UNITED STATES
	Unit Type SEMI TRAILER	ORGANIZATION/COMPANY MARTIN DANIELS INC (177) 371-8141 EXT. 0		Address 7215 W PENSACOLA NORRIDGE, IL 60706 , US	
	Vehicle Identification Number 1GRAA0626KW128646				
UNIT INDIVIDUAL	Individual				
	DRIVER ANDRE TAYLOR		Citations Issued 0	Sex MALE	
			Date of Birth	Race BLACK/AFRICAN AMERICAN	
Address 2850 N 45TH ST MILWAUKEE, WI 53210 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT 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		
Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated TRAPPED/NOT EXTRICATED	

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UNIT	Medical Transport LAW ENFORCEMENT		EMS Agency Identifier	EMS Run #	
	Hospital ST CLARE HOSP		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		
01	Drug Type				
	Individual Condition APPEARED NORMAL				
	Carrier				
	<input type="checkbox"/> Use Vehicle Owner Same as Carrier		Source VEHICLE-SIDE		
01	Name MARTIN DANIELS INC USDOT# 2594419		Address 7215 W PENSACOLA NORRIDGE, IL 60706 , US		
	GVWR MORE THAN 26,000 LB		Vehicle Configuration TRUCK TRACTOR/SEMI-TRAILER	Cargo Body Type VAN/ENCLOSED BOX	
UNIT	US DOT # 2594419		Carrier Type INTERSTATE CARRIER	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	