### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| I  | Document Number Override           | Primary Crash I           | Document #   | Agency <b>24-10</b> ( | Crash Number        | Investigating DEPUTY |        |                       |                       |
|--|------------------------------------|---------------------------|--|-----------------------|---------------------|----------------------|--------|-----------------------|-----------------------|
|  | Crash Date                         | Crash Time                |  | Date A                | rived               | Time Arrive          |        |                       |                       |
| : Ľ  | 09/24/2024                         | 08:00 AM                  |  | 09/24/                | 2024                | 08:35 AM             |        |                       |                       |
| ֓֡֓֜֜֜֜֜֓֜֓֜֓֓֓֓֓֜֜֜֓֓֓֓֓֜֓֓֓֓֜֜֜֓֓֓֜֜֓֓֓֡֓֜֡֓֡֓֜֡֓֜ | Date Notified<br><b>09/24/2024</b> | Time Notified 08:15 AM    |  | Total U<br>02         | nits                | Total Injure         | d      | Total Killed          | d                     |
|  | On Emergency H                     | t and Run                 | Lane Close   | ure                   | Work Zone           | <b>✓</b> Traile      | r or 1 | Towed                 | Reporting Threshold   |
|  | Government Property                | Active Sc                 | hool Zone  | School<br>NO          | Bus Related         | Tags                 |        |                       |                       |
|  | <b>✓</b> Reportable                | Crash Type<br>DT4000 (STA | NDARD CRASH  | l)                    |                     | Amen                 | ded    |                       | Secondary Crash       |
|  | escription                         |                           |  |                       |                     | •                    |        |                       |                       |
|  | Diagram                            |                           |  |                       |                     |                      | Red    | construction          | Ву                    |
|  | *                                  |                           |  |                       |                     |                      | Pho    | otos By               |                       |
|  |                                    |                           | T 100 A 50 A 5   |                       |                     |                      |        |                       |                       |
|  | State Hi                           | ghway 33                  |  | Þ                     |                     |                      |        | ditional Infor<br>DNE | mation                |
|  | <b>G</b> Unit2∰                    | Unit 2 📆                  | Contraction of the second of t |                       | 10                  | 33                   |        |                       |                       |
|  | Towns and the second               |                           | Ü  |                       |                     |                      |        |                       |                       |
|  |                                    |                           |  |                       |                     |                      |        |                       |                       |
|  |                                    | Not                       | Drawn to So  | cale                  |                     |                      |        |                       |                       |
| L  |                                    |                           |  |                       |                     |                      |        |                       |                       |
|  | I, a sworn law enforceme           |                           |  |                       |                     |                      |        |                       |                       |
|  | ON 9/24/24 AT APPROXIMATELY (      | 0800, UNIT 1 WAS          | PULLING ONTO ST  | H 33 NE               | AR SCHUETTE RD FROM | A DRIVEWAY. A        | S UN   | II 1 WAS Pl           | JLLING ONTO THE ROAD, |

ON 9/24/24 AT APPROXIMATELY 0800, UNIT 1 WAS PULLING ONTO STH 33 NEAR SCHUETTE RD FROM A DRIVEWAY. AS UNIT 1 WAS PULLING ONTO THE ROAD, UNIT 2 WAS DRIVING EASTBOUND ON STH 33. AS UNIT 2 CRESTED THE HILL THE OPERATOR STATED THEY SAW UNIT 1 STILL PULLING ONTO THE ROADWAY. DUE TO VERY DENSE FOG, UNIT 2 WAS NOT ABLE TO SEE UNIT 1 UNTIL THEY WERE WITHIN 100 FEET FROM THEM. UNIT 2 APPLIED THEIR BRAKES AND SWERVED TO THE RIGHT IN AN ATTEMPT TO MISS UNIT 1. THE REAR DRIVER SIDE OF UNIT 2 STRUCK THE REAR DRIVER SIDE OF UNIT 1 THAT WAS STILL IN THE LANE OF TRAVEL FOR UNIT 2. BOTH OPERATORS STATED THE VERY DENSE FOG WAS A BIG CONTRIBUTING FACTOR IN THE CRASH. BOTH UNITS REMOVED BY OPERATORS.

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

Crash Date 09/24/2024

Crash Time 08:00 AM

|         | Loc                         | ation   |                                |   |                                 |                                  |   |   |               |              |  |  |
|---------|-----------------------------|---|--------------------------------|---|---------------------------------|----------------------------------|---|---|---------------|--------------|--|--|
|         |                             | STH33 EB  |                                |   | l                               | Latitude                         |   |   | Longitud      | de           |  |  |
|         |                             | 5 FT E  |                                |   |                                 | 43.56608                         | 4731  |   | _             | 339638       |  |  |
|         | -                           | SCHUETTE RD   |                                |   | ,                               | X Coordinate                     |   |   | Y Coord       | inate        |  |  |
|         |                             | HE TOWN OF LA VAL   |                                | 250430  |                                 |                                  | 482832  |   |               |              |  |  |
|         | IN SAUK COUNTY              |   |                                |   |                                 |                                  | Vne   |   | .02002        |              |  |  |
|         |                             |   |                                |   |                                 | Structure Type NO STRUCTURE      |   |   |               |              |  |  |
|         | Cras                        | sh Scene  |                                |   |                                 |                                  |   |   |               |              |  |  |
|         | _                           | Harmful Event   |                                |   | 1                               | First Harm                       | ful Event Lo  | cation  |               |              |  |  |
|         | мот                         | TOR VEH IN TRANSP   | ORT                            |   |                                 | ON ROAI                          | DWAY  |   |               |              |  |  |
|         | Manr                        | ner of Collision  |                                |   | 1                               | Light Cond                       | ition   |   |               |              |  |  |
|         | 01 -                        | ANGLE   |                                |   |                                 | DAWN                             |   |   |               |              |  |  |
|         | Road                        | Surface Condition(s)  |                                |   | ı                               | Roadway F                        | actor(s)  |   |               |              |  |  |
|         | DRY                         | •   |                                |   |                                 |                                  |   |   |               |              |  |  |
|         | Envir                       | onment Factor(s)  |                                |   |                                 |                                  |   |   |               |              |  |  |
|         | WEA                         | ATHER CONDITIONS  |                                |   | 1                               | NONE                             |   |   |               |              |  |  |
|         | Weat                        | ther Condition(s)   |                                |   |                                 |                                  |   |   |               |              |  |  |
|         | FOG                         | ; · ·   |                                |   |                                 |                                  |   |   |               |              |  |  |
|         | Anim                        | al Type   |                                |   | ı                               | Relation To                      | o Trafficway  | ,   |               |              |  |  |
|         |                             |   |                                |   |                                 |                                  | WAY - ON  |   |               |              |  |  |
|         | _                           | Crash Classification - Location PUBLIC PROPERTY   |                                |   |                                 |                                  | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |   |               |              |  |  |
|         | Triba                       | Il Land   |                                | Access Control                                      |                                 |                                  | Special Study   |   | Special Study |              |  |  |
|         |                             |   |                                |   |                                 |                                  | TROL  |   |               |              |  |  |
|         | NO<br>NO                    | in Interchange Area   | Junction Location NON-JUNCTION |   | NOT AN IN                       |                                  | CTION   |   |               |              |  |  |
|         | Unit                        | Summary =   |                                |   |                                 |                                  |   |   |               |              |  |  |
|         |                             | Status  |                                | Vehicle Ope   | erating As Cla                  | ssification                      |   | Unit Type   |               |              |  |  |
|         | IN T                        | RANSIT  |                                | A CLASS   |                                 | TRUCK                            |   |   |               |              |  |  |
| _       | Vehic                       | cle Type  |                                | •   |                                 |                                  |   | Operating As Endorsements                               |               |              |  |  |
| 6       | TRU                         | ICK TRACTOR (SEMI   | ATTACHED)                      |   |                                 |                                  |   |   |               |              |  |  |
|         | Total                       | Occs  | Train/Bus # Recorded           | Total # Cita  | tions Issued                    |                                  | Total Traile  | ers   | Total Haz     | Mat Types    |  |  |
|         | 1                           |   |                                | 0   |                                 |                                  | 1   |   | 0             |              |  |  |
|         |                             | ance?   | Direction Of Travel            | Pre   | CrashTire                       |                                  | Speed Lim   |   |               | es           |  |  |
| ╘       | YES                         |   | WESTBOUND                      |   | Mark                            |                                  | 55  | 2   |               |              |  |  |
| LNO     |                             | Harmful Event: Collision  |                                | Special Fur   | iction<br>IAL FUNCT             | ION                              |   | Emergency Motor Vehicle Use NOT APPLICABLE              |               |              |  |  |
| _       |                             | TOR VEH IN TRANSP   | ORT                            |   |                                 | ION                              |   |   |               |              |  |  |
|         |                             | ic Way  |                                | Traffic Cont  |                                 | Traffic Control Inoperative/Miss |   |   |               | tive/Missing |  |  |
|         |                             | D-WAY, NOT DIVIDED  |                                | NO CONT   |                                 | NO<br>Dani Carda                 |   |   |               |              |  |  |
|         | Surface Type Road Curvature |   |                                |   |                                 | Road Grade UPHILL                |   |   |               |              |  |  |
|         | DI A                        | CKTOD (BITHMINIOH   | <b>C</b> )                     | STEVICE   | т                               |                                  |   |   |               |              |  |  |
|         |                             | CKTOP (BITUMINOU  | S)                             | STRAIGH   | Т                               |                                  |   | UPHILL  |               |              |  |  |
|         | Truck                       | k Bus or HazMat   | S)<br>BINATION > 10,000LBS G   | <u> </u>  | Т                               |                                  |   | OPHILL  |               |              |  |  |
|         | Truck<br><b>TRU</b>         | k Bus or HazMat   | <u> </u>                       | <u> </u>  | T                               |                                  |   | OFFILE  |               |              |  |  |
|         | Truck<br><b>TRU</b>         | k Bus or HazMat   | <u> </u>                       | <u> </u>  |                                 |                                  | St  | Country of Iss  | suance        |              |  |  |
|         | Truck<br><b>TRU</b>         | k Bus or HazMat ICK OR TRUCK COM Vehicle License Plate Number 59449Z  | BINATION > 10,000LBS G         | BVWR/GCWR Plate Type                                |                                 |                                  |   |   |               |              |  |  |
|         | Truck                       | k Bus or HazMat ICK OR TRUCK COM Vehicle License Plate Number 59449Z Vehicle Identification Nu  | BINATION > 10,000LBS G         | Plate Type APO - AF                                 | PPORTIONE                       | D                                | <b>WI</b><br>Year   | Country of Iss<br>UNITED ST<br>Model                    |               |              |  |  |
| 01      | Truck                       | k Bus or HazMat ICK OR TRUCK COM Vehicle License Plate Number 59449Z Vehicle Identification Null 1XPXDP9X9RD8897  | BINATION > 10,000LBS G         | Plate Type APO - AF Make PETERB                     | PPORTIONE                       | D                                | <b>WI</b><br>Year   | Country of Iss<br>UNITED ST<br>Model<br>SEMI            |               |              |  |  |
| 01      | Truck                       | k Bus or HazMat ICK OR TRUCK COM Vehicle License Plate Number 59449Z Vehicle Identification Nul 1XPXDP9X9RD88976 Color  | BINATION > 10,000LBS G         | Plate Type APO - AF Make PETERB Body Style          | PPORTIONE                       | ED<br>RS CO                      | WI<br>Year<br>2024  | Country of Iss<br>UNITED ST<br>Model                    |               |              |  |  |
| 01      | Truck TRU                   | k Bus or HazMat ICK OR TRUCK COM Vehicle License Plate Number 59449Z Vehicle Identification Nu 1XPXDP9X9RD8897 Color WHI - WHITE  | BINATION > 10,000LBS G         | Plate Type APO - AF Make PETERB Body Style TT - TRU | PPORTIONE  ILT MOTOR  CK TRACTO | ED<br>RS CO                      | WI<br>Year<br>2024  | Country of Iss<br>UNITED ST<br>Model<br>SEMI            |               |              |  |  |
|         | Truck<br>TRU                | k Bus or HazMat ICK OR TRUCK COM Vehicle License Plate Number 59449Z Vehicle Identification Nu 1XPXDP9X9RD8897 Color WHI - WHITE Initial Contact Point                    | BINATION > 10,000LBS G         | Plate Type APO - AF Make PETERB Body Style          | PPORTIONE  ILT MOTOR  CK TRACTO | ED<br>RS CO                      | WI<br>Year<br>2024  | Country of Iss<br>UNITED ST<br>Model<br>SEMI            |               | 7 8 9 10 11  |  |  |
|         | Truck<br>TRU                | k Bus or HazMat ICK OR TRUCK COM Vehicle License Plate Number 59449Z Vehicle Identification Nu 1XPXDP9X9RD8897 Color WHI - WHITE Initial Contact Point 08 - LEFT SIDE REA | BINATION > 10,000LBS G         | Plate Type APO - AF Make PETERB Body Style TT - TRU | PPORTIONE  ILT MOTOR  CK TRACTO | ED<br>ES CO<br>OR GASO           | WI Year 2024 DLINE  | Country of Iss<br>UNITED ST<br>Model<br>SEMI<br>Bus Use | TATES         | 7 8 9 10 11  |  |  |
| UNIT 01 | ICLE 01                     | k Bus or HazMat ICK OR TRUCK COM Vehicle License Plate Number 59449Z Vehicle Identification Nu 1XPXDP9X9RD8897 Color WHI - WHITE Initial Contact Point                    | BINATION > 10,000LBS G         | Plate Type APO - AF Make PETERB Body Style TT - TRU | PPORTIONE  ILT MOTOR  CK TRACTO | ED<br>ES CO<br>OR GASO           | WI Year 2024 DLINE  | Country of Iss<br>UNITED ST<br>Model<br>SEMI<br>Bus Use | TATES         |              |  |  |

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

|          |                     | Towed Due To Damage   | )         |             | ١                                       | /ehicle Rem              | oved By                 |  |                    |      |
|----------|---------------------|---|-----------|-------------|---|--------------------------|-------------------------|--|--------------------|------|
|          |                     | NOT TOWED   |           |             | (                                       | DPERATO                  | R                       |  |                    |      |
|          |                     | What Driver Was Doing                                       |           |             | \                                       | ehicle Facto             | ors                     |  |                    |      |
|          |                     | ENTERING TRAFFIC  |           |             |   | NOT APPL                 | ICADI E                 |  |                    |      |
|          |                     | Driver Prior Action Othe                                    | r         |             | ["                                      | NOT APPL                 | ICABLE                  |  |                    |      |
| LINO     | VEHICLE             | Driver Actions FAILED TO YIELD R                            | RIGHT-C   | PF-WAY      |   |                          |                         |  |                    |      |
|          |                     | Owner Name HARTJE TRANSPO                                   | RT INC    |             |   | Owner A <b>E4525</b>     | Address<br>A SCHUETT    | E RD   |                    |      |
| 01       | 01                  | (608) 768-3250  |           |             |   | LAVAL                    | LE, WI 5394             | 1 , US   |                    |      |
|          |                     | Sequence Of Eve   | ents      |             |   |                          |                         |  |                    |      |
|          | 01                  | Event MOTOR VEH IN TRA                                      | ANSPO     | RT          |   |                          |                         |  |                    |      |
|          | 02                  | Event   |           |             |   |                          |                         |  |                    |      |
|          | 03                  | Event   |           |             |   |                          |                         |  |                    |      |
|          | 04                  | Event   |           |             |   |                          |                         |  |                    |      |
| <b>-</b> | i                   | Policy Holder   |           |             |   |                          |                         |  |                    |      |
| UNIT     |                     | Insurance Company FEDERATED RESE                            | RVE INS   | SURANG      | CE COMPANY                              |                          | ion/Company<br>TRANSPOR | RT INC   |                    |      |
|          | •                   | Trailer/Towed   |           |             |   |                          |                         |  |                    |      |
| 7        |                     | Trailer Plate # 618804                                      | Plate T   | ype<br>SEMI | Make<br>TRAO                            |                          | State<br>WI             |  | ountry of Issuance |      |
| LINO     | LER/                | Unit Type Organization/Company FULL TRAILER HARTJE TRANSPOR |           |             | T INC                                   |                          | E                       | ddress<br>4525A SCHUETTE  <br>AVALLE, WI 53941 |                    |      |
| 5        | TRAILER/            | Vehicle Identification Nu<br>1TTF4820891086809              |           |             |   |                          |                         |  | AVALLE, WI 33941   | , 03 |
|          | ı                   | Individual  |           |             |   |                          |                         |  |                    |      |
|          |                     | Driver<br>JACOB DIX   |           |             |   | Citations Issued Sex     |                         |  |                    |      |
|          | AL                  | (608) 415-9449  |           |             |   | Date of Riv              | rth                     | MALE<br>Race                                   |                    |      |
| _        | DO.                 |   |           |             |   | Date of Birth Race WHITE |                         |  |                    |      |
| LINO     | INDIMIDU            | Address   |           |             | Driver License Number                   |                          |                         |  |                    |      |
|          | IN                  | S5329 COUNTY ROAD G<br>HILLPOINT, WI 53937 , US             |           |             | STATE: WISCONSIN COUNTRY: UNITED STATES |                          |                         |  |                    |      |
|          | Sat                 | fety Equipment  | n Duty C  | rash        |   | Safety Equipment         |                         |  |                    |      |
|          | Jai                 | fety Equipment  |           |             |   | SHOULDER & LAP BELT      |                         |  |                    |      |
|          | Row   Seat Position |   |           |             |   | SHOULDER & LAP BELT      |                         |  |                    |      |
|          |                     | 01 - FRONT ROW  |           | U/ - L      |   |                          |                         |  |                    |      |
|          |                     | 01 - FRONT ROW<br>Helmet Use                                |           | 07 - L      |   | Helmet Co                | ompliance               |  |                    |      |
|          |                     |   |           | 107-2       |   | Helmet Co                | •                       |  |                    |      |
| 1        | 71                  | Helmet Use  Eye Protection                                  | njury Sev |             |   |                          | •                       |  |                    |      |
| 01       | 001                 | Helmet Use  Eye Protection                                  | IO APP    | erity       | INJURY                                  | Tint Comp                | •                       |  | Trapped/Extricate  |      |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

|          |            | MA PLET                             |                              |                      |                           | 1                     |                                       |           |            |  |            |                |
|----------|------------|-------------------------------------|------------------------------|----------------------|---------------------------|-----------------------|---------------------------------------|-----------|------------|--|------------|----------------|
|          |            | Medical Transport                   |                              |                      |                           | EMS A                 | gency Identifier                      |           |            | EMS Run #                                    |            |                |
|          |            | NOT TRANSPORTE                      | ED                           |                      |                           |                       |                                       |           |            |  |            |                |
|          |            | Hospital                            |                              |                      |                           | Date o                | f Death                               |           |            | Time of Dea                                  | th         |                |
|          |            | Distracted By                       | Distracted<br><b>NOT API</b> | By Source<br>PLICABL | E (NOT DISTRA             | CTED)                 |                                       |           |            |  |            |                |
|          |            | Distracted By Action NOT DISTRACTED |                              |                      |                           |                       |                                       |           |            |  |            |                |
|          |            | Non Motorist                        | Striking Ur                  | nit#                 | Location                  |                       |                                       |           |            |  |            |                |
|          |            | Prior Action                        |                              |                      |                           |                       |                                       |           |            |  |            |                |
| TINO     | INDIVIDUAL | Action                              |                              |                      |                           |                       |                                       |           |            |  |            |                |
|          |            | Action Other                        |                              |                      |                           |                       |                                       |           |            |  |            | To/From School |
|          |            |                                     |                              |                      |                           |                       |                                       |           |            |  |            |                |
|          | L          | Orug & Alcohol                      | Suspected<br><b>NO</b>       | d Alcohol U          | se                        | NO<br>NO              | cted Drug Use                         |           |            |  |            |                |
|          |            | Alcohol Test Given TEST NOT GIVEN   |                              |                      | Alcohol Test Type         |                       |                                       |           |            | Alcohol Test                                 | Results    |                |
|          |            | Drug Test Given TEST NOT GIVEN      |                              |                      |                           | Drug Test Type        |                                       |           | Results    |  |            |                |
| 2        | 001        | Drug Type  Individual Condition     |                              |                      |                           |                       |                                       |           |            |  |            |                |
|          |            | APPEARED NORM                       | AL                           |                      |                           |                       |                                       |           |            |  |            |                |
|          |            | Carrier                             |                              |                      |                           |                       |                                       |           |            |  |            |                |
|          |            |                                     | ehicle Ov                    | wner San             | ne as Carrier             |                       | Source<br>VEHICLE-SID                 | Ε         |            |  |            |                |
| 6        | 01         | Name<br>HARTJE TRAN<br>USDOT# 75137 |                              | T INC                |                           |                       | Address<br>E4525A SCHI<br>LAVALLE, WI |           |            |  |            |                |
| _        | BUS        | GVWR MORE THAN 26,000               |                              |                      | onfiguration  TRACTOR/SEM | I-TRAILI              | ER                                    |           | _          | go Body Type<br>ATBED                        |            |                |
| LNO      | ш          | US DOT#                             |                              | Carrier Ty           |                           |                       |                                       |           |            | itted Load                                   |            |                |
| <b>-</b> | TRUCK      | 751376                              |                              | INTERST              | TATE CARRIER              |                       |                                       |           |            |  |            |                |
|          | TRI        | OS/OW Load                          | VI Permit i                  |                      | ☐ Pe                      | nitted Ve<br>ermitted |                                       |           |            | nicle Required Permit Escort Vehicle Present |            |                |
|          |            | Measured Height                     |                              | Measu                | red Length                |                       | Measured Width                        | 1         |            | Measured W                                   | eight      |                |
|          | Unit       | Summary =                           |                              |                      |                           |                       |                                       |           |            |  |            |                |
|          | Unit       | Status                              |                              |                      |                           |                       | perating As Class                     | ification |            | Unit Type                                    |            |                |
|          |            | RANSIT                              |                              |                      |                           | A CLASS               | <u> </u>                              |           |            | TRUCK  |            |                |
| 05       |            | cle Type<br>AIGHT TRUCK (INS        | ERT TRI                      | JCK)                 |                           |                       |                                       |           |            | Operating As                                 | Endorsem   | ents           |
|          |            | Occs                                |                              | n/Bus # Red          | corded                    | Total # Cit           | ations Issued                         | To        | tal Traile | ers  | Total HazN | lat Types      |
|          | 1          |                                     |                              |                      | lo                        | )                     |                                       | 0         |            |  | 0          |                |

### **6TL0BJ1GPT**

24-10695

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

|      | Insurance?   |  | Direction Of Travel    | Pre CrashTire                                | Speed L      | imit                    | Total Lanes                                |              |  |  |  |
|------|--|--|------------------------|--|--------------|-------------------------|--|--------------|--|--|--|
| ╘    | YES EASTBOUND  |  |                        | Mark 55                                      |              |                         | 2  |              |  |  |  |
| UNIT | Most Harmful Event: Collision With  MOTOR VEH IN TRANSPORT |  |                        | Special Function NO SPECIAL FUNCTION         |              |                         | Emergency Motor Vehicle Use NOT APPLICABLE |              |  |  |  |
|      |  | fic Way  | Traffic Control        |  |              | rol Inoperative/Missing |  |              |  |  |  |
|      |  | O-WAY, NOT DIVIDED ace Type                      |                        | NO CONTROL                                   |              |                         | NO<br>Road Grade                           |              |  |  |  |
|      |  | ACKTOP (BITUMINOUS)                              | <b>\</b>               | Road Curvature STRAIGHT                      |              |                         | DOWNHIL                                    |              |  |  |  |
|      |  | k Bus or HazMat                                  | <u> </u>               | 011040111                                    |              |                         | 301111112                                  | <del>-</del> |  |  |  |
|      | TRU  | JCK OR TRUCK COMBI                               | NATION > 10,000LBS GVW | R/GCWR                                       |              |                         |  |              |  |  |  |
|      | ,  | Vehicle  |                        |  |              |                         |  |              |  |  |  |
|      |  | License Plate Number                             |                        | Plate Type                                   |              | St                      | Country of Iss                             |              |  |  |  |
|      |  | RB29039  | HTK - HEAVY TRUC       | K  | WI           | UNITED ST               | TATES                                      |              |  |  |  |
| 02   | 05   | Vehicle Identification Numb<br>5DG8AU5G470000587 | Make TEREX ADVANCE M   | IIXFR  | Year<br>2007 | Model<br>MIXER          |  |              |  |  |  |
|      |  | Color  |                        | Body Style                                   |              | 2007                    | Bus Use                                    |              |  |  |  |
|      |  | RED - RED  |                        | CB - CAB CHASSIS                             |              |                         |  |              |  |  |  |
|      | щ  | Initial Contact Point                            |                        | Vehicle Damage                               |              |                         |  | 7 8 9 10 11  |  |  |  |
| UNIT | 걸  | 08 - LEFT SIDE REAR                              |                        |  |              |                         |  | 5 12         |  |  |  |
| S    | VEHICLE  | Extent Of Damage FUNCTIONAL DAMAG                | E                      | 07 - LEFT REAR CO                            | RNER,        | 08 - LEF                | T SIDE REAR                                | 5 4 3 2 1    |  |  |  |
|      |  | Towed Due To Damage                              |                        | Vehicle Removed By                           |              |                         |  |              |  |  |  |
|      |  | NOT TOWED  |                        | OPERATOR                                     |              |                         |  |              |  |  |  |
|      |  | What Driver Was Doing GOING STRAIGHT             | Vehicle Factors        |  |              |                         |  |              |  |  |  |
|      |  | Driver Prior Action Other                        |                        | NOT APPLICABLE                               |              |                         |  |              |  |  |  |
|      |  |  |                        |  |              |                         |  |              |  |  |  |
|      |  | Driver Actions                                   |                        | L  |              |                         |  |              |  |  |  |
|      | Щ  | NO CONTRIBUTING A                                | CTION                  |  |              |                         |  |              |  |  |  |
| UNIT | ⊇  |  |                        |  |              |                         |  |              |  |  |  |
| 5    | VEHICLE  |  |                        |  |              |                         |  |              |  |  |  |
|      | >  |  |                        |  |              |                         |  |              |  |  |  |
|      |  | Owner Name                                       |                        | Owner Address                                |              |                         |  |              |  |  |  |
| 7    | 05   | CROELL INC                                       |                        | 1725 GILLETTE PL<br>LA CROSSE, WI 54603 , US |              |                         |  |              |  |  |  |
| 02   | 0  | (608) 768-3250                                   |                        | LA CROSSE, WI                                | 1 34603 , 03 |                         |  |              |  |  |  |
|      |  |  |                        |  |              |                         |  |              |  |  |  |
|      |  | Sequence Of Even<br>Event                        | ts                     |  |              |                         |  |              |  |  |  |
|      | 2  | MOTOR VEH IN TRAN                                | SPORT                  |  |              |                         |  |              |  |  |  |
|      | 07   | Event  |                        |  |              |                         |  |              |  |  |  |
|      | 03   | Event  |                        |  |              |                         |  |              |  |  |  |
|      | 40   | Event  |                        |  |              |                         |  |              |  |  |  |
|      |  |  |                        |  |              |                         |  |              |  |  |  |
| ╘    |  | Policy Holder                                    |                        |  |              |                         |  |              |  |  |  |
| UNIT |  | Insurance Company OLD-REPUBLIC-INS-C             | o                      | Organization/Compan                          | ny           |                         |  |              |  |  |  |
|      |  | Individual                                       |                        |  |              |                         |  |              |  |  |  |
|      |  | Driver   |                        | Citations Issued                             | Sex          |                         |  |              |  |  |  |
|      | ۲  | MATTHEW SMITH<br>(920) 210-2312                  |                        | 0  | MAL          |                         |  |              |  |  |  |
|      | IDUAL  | (020) 210-2012                                   |                        | Date of Birth                                | Race<br>WHI  |                         |  |              |  |  |  |
| ╘    | $\Box$   |  |                        |  | 4411         |                         |  |              |  |  |  |

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

| S        | Address W10130 KRATCHE RD ELROY, WI 53929 , US |   |                     |   | Driver License Number                   |                   |                      |                |  |  |  |
|----------|--|---|---------------------|---|---|-------------------|----------------------|----------------|--|--|--|
| ا ر      | 9  | W10130 KRATCHE RD                             |                     | STATE: WISCONSIN COUNTRY: UNITED STATES |   |                   |                      |                |  |  |  |
|          | <b>≧</b>   ELROY, WI 53929 , US                |   |                     |   | STATE: WISCONSIN COUNTRY: UNITED STATES |                   |                      |                |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |
|          | _ '  | On Duty Cr                                    | ash                 | Safety                                  | Safety Equipment                        |                   |                      |                |  |  |  |
|          | Sat  | fety Equipment                                |                     |   |   |                   |                      |                |  |  |  |
|          |  | Row   | Seat Position       | SHOL                                    | JLDER & LAP I                           | BELT              |                      |                |  |  |  |
|          |  | 01 - FRONT ROW                                | 07 - LEFT           |   |   |                   |                      |                |  |  |  |
|          |  | Helmet Use                                    | 1                   | Helme                                   | t Compliance                            |                   |                      |                |  |  |  |
|          |  |   |                     | •                                       |   |                   |                      |                |  |  |  |
|          |  | Eye Protection                                |                     | Tint Co                                 | ompliance                               |                   |                      |                |  |  |  |
|          |  | ,   |                     |   |   |                   |                      |                |  |  |  |
|          | 7  | Injury Seve                                   | Airbag              |   |   |                   |                      |                |  |  |  |
| 02       | 002  |   | RENT INJURY         | _                                       | DEPLOYED                                |                   |                      |                |  |  |  |
|          |  |   | ection Path         | 1                                       | 22. 20.25                               |                   | Trapped/Extricated   |                |  |  |  |
|          |  | '   | OT EJECTED/NOT APPL | ICARI                                   | <b>=</b>                                |                   | NOT TRAPPED          |                |  |  |  |
|          |  | Medical Transport                             | OT ESECTED/NOT AFFE |   |   |                   | EMS Run #            |                |  |  |  |
|          |  | NOT TRANSPORTED                               |                     | EIVIS                                   | gency Identifier                        |                   | EIVIS RUII #         |                |  |  |  |
|          |  |   |                     | Б.                                      | (5 "                                    |                   | T' (D "              |                |  |  |  |
|          |  | Hospital                                      |                     | Date o                                  | f Death                                 |                   | Time of Death        |                |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |
|          |  | Distracted By NOT ARR                         | By Source           | OTED)                                   |   |                   |                      |                |  |  |  |
|          |  | Distracted By NOT APPLICABLE (NOT DISTRACTED) |                     |   |   |                   |                      |                |  |  |  |
|          |  | Distracted By Action                          |                     |   |   |                   |                      |                |  |  |  |
|          |  | NOT DISTRACTED                                |                     |   |   |                   |                      |                |  |  |  |
|          |  | Non Motorist Striking Un                      | it# Location        |   |   |                   |                      |                |  |  |  |
|          |  | Non wotonst                                   |                     |   |   |                   |                      |                |  |  |  |
|          |  | Prior Action                                  |                     |   |   |                   |                      |                |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |
|          |  | Action  |                     |   |   |                   |                      |                |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |
|          | AL.  |   |                     |   |   |                   |                      |                |  |  |  |
| <b>-</b> | Ŭ.   |   |                     |   |   |                   |                      |                |  |  |  |
| UNIT     | 10   |   |                     |   |   |                   |                      |                |  |  |  |
| <b>)</b> | $\leq$   |   |                     |   |   |                   |                      |                |  |  |  |
|          | INDIVIDUAL                                     |   |                     |   |   |                   |                      |                |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |
|          |  | Action Other                                  |                     |   |   |                   |                      | To/From School |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |
|          |  | Suspected                                     | Alcohol Use         | Suspe                                   | cted Drug Use                           |                   |                      |                |  |  |  |
|          | L  | Drug & Alcohol NO                             |                     | NO                                      |   |                   |                      |                |  |  |  |
|          |  | Alcohol Test Given                            | Alcohol Test Type   | :                                       |   |                   | Alcohol Test Results |                |  |  |  |
|          |  | TEST NOT GIVEN                                |                     |   |   |                   |                      |                |  |  |  |
|          |  | Drug Test Given                               | Drug Test Type      |   |   | Drug Test Results |                      |                |  |  |  |
|          |  | TEŠT NOT GIVEN                                |                     |   |   |                   |                      |                |  |  |  |
| 02       | 2  | Drug Type                                     |                     |   |   |                   |                      |                |  |  |  |
| 0        | 002  |   |                     |   |   |                   |                      |                |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |
|          |  | Individual Condition                          |                     |   |   |                   |                      |                |  |  |  |
|          |  | APPEARED NORMAL                               |                     |   |   |                   |                      |                |  |  |  |
|          |  | 74 . 274(25 . (6)(11)/12                      |                     |   |   |                   |                      |                |  |  |  |
|          |  | Carrier                                       |                     |   |   |                   |                      |                |  |  |  |
|          |  | - WITTO                                       |                     |   | Source                                  |                   |                      |                |  |  |  |
|          |  |   | ner Same as Carrier |   | VEHICLE-SID                             | E                 |                      |                |  |  |  |
| ۱        |  | Name  |                     |   | Address                                 | _                 |                      |                |  |  |  |
| 02       | 02   | CROELL INC                                    |                     |   | 1725 GILLET                             | TE PL             |                      |                |  |  |  |
|          |  | USDOT# 203490                                 |                     |   | LA CROSSE,                              | WI 54603 , US     |                      |                |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |
|          |  |   |                     |   |   |                   |                      |                |  |  |  |

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/24/2024

Crash Time 08:00 AM

| _   | BUS             | GVWR<br>MORE THAN 26,000 LB | Vehicle Configura           | ition<br>FRUCK (3 OR MO | RE AXLES)      |                               | Cargo Body Type CONCRETE MIXER |    |  |
|-----|-----------------|-----------------------------|-----------------------------|-------------------------|----------------|-------------------------------|--------------------------------|----|--|
| LNO | CK              | US DOT #<br>203490          | CARRIER                     | ·                       |                | Permitted Load                |                                |    |  |
|     | TRU             | OS/OW Load WI Permit        | Permitted Vehicle On Escort |                         |                | Vehicle Required<br>By Permit | Escort Vehicle Present         |    |  |
|     | Measured Height |                             | Measured Len                | gth                     | Measured Width |                               | Measured Weig                  | nt |  |