

6TL0DDT5PW  
24-13587

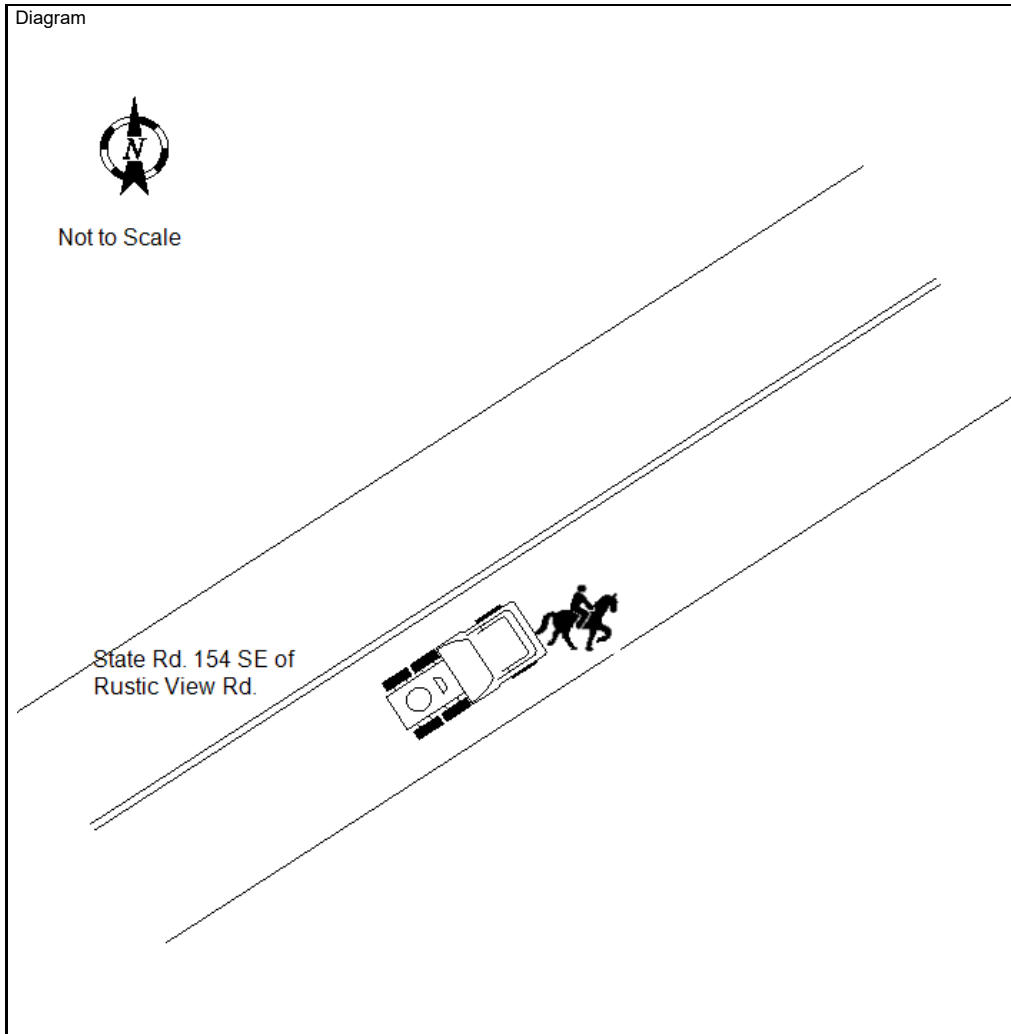
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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 <b>24-13587</b>		Investigating Officer/Deputy <b>DEPUTY B. TRAGER</b>		
Crash Date <b>12/12/2024</b>		Crash Time <b>05:51 AM</b>		Date Arrived <b>12/12/2024</b>		Time Arrived <b>06:09 AM</b>		
Date Notified <b>12/12/2024</b>		Time Notified <b>05:52 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>	
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold		
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

## Description

Diagram  	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON DECEMBER 12, 2024 AT APPROXIMATELY 5:51AM UNIT 1 WAS TRAVELING WEST ON STATE RD. 154 WHEN IT WAS STRUCK FROM BEHIND BY UNIT 2 JUST AFTER CRESTING A HILL. NO INJURIES WERE REPORTED AND BOTH VEHICLES WERE REMOVED BY THE OPERATORS. THE OPERATOR OF UNIT 2 STATED THE LIGHTS WERE NOT OPERATING ON UNIT 1 WHICH LEAD TO HIM NOT SEEING THE VEHICLE IN TIME TO STOP AND AVOID THE COLLISION. THE LIGHTS WERE NO OPERATING WHILE I WAS ON SCENE EITHER.

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Location

ON STH154 EB 0.37 MI S OF HIGHWAY 154 SPUR IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude <b>43.397749614</b>	Longitude <b>-90.179035147</b>
	X Coordinate <b>242552.171875</b>	Y Coordinate <b>4809895.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>OTHER NON-MOTORIST</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>O CLASS</b>	Unit Type <b>EQUIPMENT</b>		
	Vehicle Type <b>HORSE AND BUGGY</b>	Operating As Endorsements			
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>HILLCREST</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number	Make	Year	Model
	Color	Body Style		Bus Use
	Initial Contact Point <b>06 - REAR</b>	Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>TAIL LAMPS</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>LUKE YODER (608) 585-2196</b>		Owner Address <b>33056 JAQUISH NORTH RD. HILLPOINT, WI 53937 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>LUKE YODER</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>33056 JAQUISH NORTH RD. HILLPOINT, WI 53937 , US</b>		Date of Birth Race	
	On Duty Crash		Driver License Number	
01	<b>Safety Equipment</b>		Safety Equipment	
	Row <b>98 - NOT APPLICABLE</b>	Seat Position	<b>NOT APPLICABLE</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NOT APPLICABLE</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other		To/From School			
	01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
			Drug Type				
			Individual Condition <b>APPEARED NORMAL</b>				
			<b>Individual</b>				
			PASSENGER <b>JAMES YODER</b>		Citations Issued <b>0</b>	Sex	
			Date of Birth	Race			
Address <b>33056 JAQUISH NORTH RD. HILLPOINT, WI 53937 , US</b>			Driver License Number				
UNIT			INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
	Row <b>98 - NOT APPLICABLE</b>			Seat Position	<b>NOT APPLICABLE</b>		
	Helmet Use			Helmet Compliance			
	Eye Protection			Tint Compliance			
	01	002		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
				Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
				Hospital		Date of Death	Time of Death
				<b>Distracted By</b>		Distracted By Source	
				Distracted By Action			
<b>Non Motorist</b>			Striking Unit #	Location			
Prior Action							

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition <b>NOT OBSERVED</b>			
		<b>Individual</b>			
		PASSENGER <b>TIMOTHY YODER</b>	Citations Issued <b>0</b>	Sex	
			Date of Birth	Race	
Address <b>33056 JAQUISH NORTH RD. HILLPOINT, WI 53937 , US</b>	Driver License Number				
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
		Row <b>98 - NOT APPLICABLE</b>	Seat Position	<b>NOT APPLICABLE</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
		<b>Distracted By</b>	Distracted By Source		
		Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

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UNIT	INDIVIDUAL	Action		
		Action Other		
		To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
		Drug Type		
		Individual Condition		
		<b>NOT OBSERVED</b>		

Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
		Vehicle Type <b>AGCMV (AG COMMERCIAL MOTOR VEHICLE)</b>	Operating As Endorsements			
		Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>OTHER NON-MOTORIST</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>HILLCREST</b>	
		Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number	Plate Type	St <b>IA</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3ALXA7006JDJS7479</b>	Make <b>FRHT</b>	Year <b>2018</b>	Model <b>FREIGHTLIN</b>
		Color <b>BLU - BLUE</b>	Body Style <b>SE - SEMI-TRAILER</b>	Bus Use	
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
		Driver Prior Action Other			

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UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		Owner Name <b>WAGNER TRANSPORT LLC</b>	Owner Address <b>3011 177TH STREET DYERSVILLE, IA 52040 , US</b>		
02	02	<b>Sequence Of Events</b>			
UNIT	01	Event <b>OTHER NON-MOTORIST</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>ACUIITY,-A-MUTUAL-INSURANCE-CO</b>	ORGANIZATION/COMPANY <b>WAGNER TRANSPORT LLC</b>			
UNIT	<b>Individual</b>				
	DRIVER <b>KEVIN ROLFES (563) 543-7272</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
	Address <b>2114 260TH AVE EARLVILLE, IA 52041 , US</b>	Date of Birth	Race <b>WHITE</b>		
UNIT	INDIVIDUAL	Driver License Number <b>STATE: IOWA COUNTRY: UNITED STATES</b>			
		Safety Equipment			
	<b>Safety Equipment</b>	On Duty Crash			
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	02	004	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier	EMS Run #	
Hospital			Date of Death	Time of Death	
<b>Distracted By</b>			Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>					
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

UNIT	INDIVIDUAL	Action						
		Action Other					To/From School	
	02	004	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
			Drug Type					
			Individual Condition <b>APPEARED NORMAL</b>					
			<b>Carrier</b>					
	02	01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source <b>DRIVER</b>		
			Name <b>WAGNER TRANSPORT LLC</b>			Address <b>3011 177TH STREET DYERSVILLE, IA 52040 , US</b>		
GVWR <b>MORE THAN 26,000 LB</b>			Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>		Cargo Body Type <b>OTHER</b>			
US DOT #			Carrier Type		Permitted Load			
UNIT	TRUCK	BUS	<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	