24-13587

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash D	ocument #	Agency 24-135	Crash Number 87		g Officer/Deput B. TRAGER	у
Crash Date 12/12/2024	Crash Time 05:51 AM		Date Ar 12/12/2		Time Arrive 06:09 AM	d	
Date Notified 12/12/2024	Time Notified 05:52 AM		Total Ui	nits	Total Injure	d Total Kil	lled
On Emergency	Hit and Run	Lane Closu		Work Zone	Traile	r or Towed	Reporting Threshold
Government Property	Active Sci	hool Zone	School NO	Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (STAI	NDARD CRASH)		Amen	ded	Secondary Crash
Description Diagram						Reconstructi	_
				/		Photos By	
Not to Scale			/			Additional Inf	formation
8fate Rd. 154 SE Rustic View Rd.	of	7 th	S				
I, a sworn law enforce	ment officer, agre	e that I have no	ot added	any CJIS data in th	is report.		
ON DECEMBER 12, 2024 AT AP						STRUCK FPO	M REHIND BY LINIT 2 ILIST
AFTER CRESTING A HILL. NO THE LIGHTS WERE NOT OPER/ WERE NO OPERATING WHILE I	INJURIES WERE REP ATING ON UNIT 1 WH	ORTED AND BOTH	H VEHICL	ES WERE REMOVED BY	THE OPERATOR	RS. THE OPER	ATOR OF UNIT 2 STATED

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Crash Date 12/12/2024

	Loc	ation									
- {		STH154 EB				Latitude			Longit	ude	_
		MIS				43.39774	19614		-90.17	-90.179035147	
		HIGHWAY 154 SPUR	NOTON			X Coordin	ate		Y Coo	rdinate	_
		HE TOWN OF WASHI	NGTON			242552.171875 4809895.5					
		AUR COUNT				Structure ⁻	Туре		I		
(Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event Lo	cation			_
	OTH	IER NON-MOTORIST				ON ROADWAY					
ľ	Man	ner of Collision				Light Cond	dition				_
	03 -	FRONT TO REAR				DARK/UNLIT					
ı	Road	d Surface Condition(s)				Roadway	Factor(s)				_
	DRY	•									
Ì	Envi	ronment Factor(s)									
	NON	NE				NONE					
ŀ	Wea	ther Condition(s)									
	CLC	DUDY									
ŀ	Anim	nal Type				Relation T	o Trafficway				
							CWAY - ON				
ſ		h Classification - Location					ssification				
		BLIC PROPERTY					CIAL JURI	SDICTION			
	Triba	al Land		Access Control Special Study NO CONTROL				Special Study			
ŀ	With	in Interchange Area	Junction Location	Junction Location Intersection							_
	NO		NON-JUNCTION		NOT AN	INTERSECTION					
i	Jni	t Summary									
ì		Status		Vehicle Ope	erating As C	lassification	l	Unit Type			
	IN T	RANSIT		O CLASS		EQUIPMENT					
_	Vehi	cle Type						Operating As Endorsements			_
5	HOF	RSE AND BUGGY									
ľ	Tota	Occs	Train/Bus # Recorded	Total # Cita	tions Issued	ued Total Traile		0		lazMat Types	
	3			0							
İ		ance?	Direction Of Travel	Pre	CrashTire		Speed Lim				
	NO		EASTBOUND		Mark		55	2			
, [Harmful Event: Collision		Special Fur	nction SIAL FUNC	TION		NOT APPL			
		TOR VEH IN TRANSPO	UKI			.1014				rative/Missing	_
		ic way D-WAY, NOT DIVIDED	1	Traffic Cont					л шоре	rauve/iviissiriy	
ļ		ace Type	,	Road Curva				NO Road Grade HILLCREST		_	
		CKTOP (BITUMINOU:	S)	STRAIGH							
ŀ		k Bus or HazMat	,	1				1			
\perp	NO										_
		Vehicle		1			01				
		License Plate Number		Plate Type)		St	Country of Iss	uance		
	Vehicle Identification Number			Make		Year		Model			
Verliete identification (variable)					ano						
	Color Body Sty				ody Style			Bus Use			
■ Initial Contact Point Vehicle D				icle Damage					_		
		06 - REAR		V GI II GIG Da	Vehicle Damage					7 8 9 10 11	
	H	Extent Of Damage		15 - ALL	AREAS				6 2 12		
'	VEHICL	DISABLING DAMAG		5 4 3					5 4 3 2 1		

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		Towed Due To Damage		Ve	hicle Removed By					
		NOT TOWED		OI	PERATOR					
		What Driver Was Doing		Ve	hicle Factors					
		GOING STRAIGHT			UL LAMBO					
		Driver Prior Action Other		14	AIL LAMPS					
		Driver Actions		I						
	Щ	NO CONTRIBUTING ACTION	ON							
LIND	VEHICLE									
5	ᇤ									
	>									
		Owner Name			Owner Address					
_	01	LUKE YODER			33056 JAQUISH N					
6	0	(608) 585-2196			HILLPOINT, WI 539	37 , 03				
		O								
		Sequence Of Events Event								
	01	MOTOR VEH IN TRANSPO	RT							
	02	Event								
	03	Event								
		Event								
	04	LVOIR								
	ı	Individual								
		DRIVER LUKE YODER			Citations Issued	Sex				
	1				0	MALE				
_	INDIVIDUAL				Date of Birth	Race				
E I	∑	Address	_		Driver License Number					
	N	33056 JAQUISH NORTH R HILLPOINT, WI 53937, US								
		,								
		On Duty	Crash		Safety Equipment					
	Saf	fety Equipment			carety Equipment					
		Row	Seat Positi	on	NOT APPLICABLE					
		98 - NOT APPLICABLE Helmet Use								
					Helmet Compliance					
		Eye Protection			Tint Compliance					
_	Ξ,	Injury Se	verity		Airbag					
2	90		PARENT INJ	URY	NOT APPLICABLE					
		=	Ejection Path NOT EJECT	ED/NOT APPLI	CABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By NOT AF	d By Source	NOT DISTRACT	(FED)					
		Distracted By Action	PLICABLE (INOT DISTRAC	ובטן					
		NOT DISTRACTED								
		Non Motorist Striking I	Jnit # L	ocation						

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

		Prior Action									
Action Action											
		Action Other						To/From School			
			Suspected A	Alcohol Use	Suspected Drug Use						
	L	Orug & Alcohol	NO		NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test	Гуре		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN		Drug Test Typ	pe .	Drug Test Results					
5	001	Drug Type		-		-					
		Individual Condition	dividual Condition								
		APPEARED NORMAL									
	ı	ndividual									
	_	PASSENGER JAMES YODER			Citations Issued 0	Sex					
_	DUA				Date of Birth	Race					
LNO	INDIVIDUAL	Address 33056 JAQUISH N HILLPOINT, WI 539			Driver License Numbe	Driver License Number					
	Saf	ety Equipment	On Duty Cra	ish	Safety Equipment						
		Row 98 - NOT APPLICA	BLE	Seat Position	NOT APPLICABLE	NOT APPLICABLE					
		Helmet Use	•		Helmet Compliance						
		Eye Protection			Tint Compliance						
2	005	Injury	Injury Sever	RENT INJURY	Airbag NOT APPLICABLE	<u> </u>					
		Ejected	Eje	ction Path			Trapped/Extricated				
		NOT EJECTED Medical Transport	NC	OT EJECTED/NOT A	PPLICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
		NOT TRANSPORT	ED		EIVIS Agency Identiller		EWS Rull#				
		Hospital			Date of Death		Time of Death				
		Distracted By	Distracted B	y Source			l				
		Distracted By Action									
		Non Motorist	Striking Unit	# Location							
		Prior Action		1							

Crash Date 12/12/2024
Crash Time 05:51 AM

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

		Action										
_	INDIVIDUAL											
LNO	JDI											
5												
	Z											
		Action Other							To/From School			
			Suspected	Alcohol Us	se	Suspected Drug Use						
	L	Orug & Alcohol	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 Tool Tooling					
7	002	Drug Type		L			•					
	0											
		Individual Condition										
		NOT OBSERVED	OT OBSERVED									
		dividual										
		Individual PASSENGER				Citations Issued	Sex					
	إـ	TIMOTHY YODER				0						
	INDIVIDUAL					Date of Birth	Race					
LNO	M	Address				Driver License Number						
–	ND	33056 JAQUISH NO HILLPOINT, WI 539		•								
			,,,,,									
	0-4	· · · · F · · · · · · · · · · ·	On Duty Cr	ash		Safety Equipment						
	Sat	ety Equipment										
		Row 98 - NOT APPLICA	BLE	Seat Pos	sition	NOT APPLICABLE						
		Helmet Use		<u> </u>		Helmet Compliance						
		Fue Dretestion				Ti to Ii						
		Eye Protection				Tint Compliance						
5	003	Injury	Injury Seve	rity		Airbag						
_	0	Ejected	NO APPA	RENT IN ection Pat	JURY	NOT APPLICABLE		Trapped/Extricated				
		NOT EJECTED			TED/NOT APPL	ICABLE		NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death				
		Поэрна				Date of Death		Time of Death				
		Distracted By	Distracted I	By Source		•						
		Distracted By Action										
		Non Motorist	Striking Un	it#	Location							
		Prior Action										

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Crash Date 12/12/2024

		Action									
		Action									
	_										
	₹										
╘	\geq										
UNIT	Ħ										
)	INDIVIDUAL										
	Z										
	_										
		Action Other								To/From School	
		Susi	pected Alcohol U	se	Suspected Drug Use						
	L	Drug & Alcohol No			NO						
		Alcohol Test Given		Alcohol Test Typ	20			Alcohol Tes	Posults		
		TEST NOT GIVEN		Alcohol Test Typ	Alcohol Test Type				Alcohol Test Results		
				Drug Test Type Drug Test Results							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug i	est Result	S			
01	003	Drug Type									
)	0										
		1 1 10 10									
		Individual Condition									
		NOT OBSERVED									
	llni	· Cummaru									
	Ulli	t Summary Status		ı	Vehicle Operating As Class	ification		Unit Type			
					• =	ilication					
		RANSIT			D CLASS			TRUCK	- F. J		
02		cle Type						Operating A	s Endorsen	nents	
0		CMV (AG COMMERCIAL									
		l Occs	Train/Bus # Re		Total # Citations Issued		Total Trai	lers		Mat Types	
	1				0		0				
		rance?	Direction Of Tra	Fie Crasiffie		Speed Lin				es	
⊥	YES	3	EASTBOUND)	Mark		55	2			
UNIT	Most	t Harmful Event: Collision Wi	ith		Special Function			Emergency Motor Vehicle Use			
٦	OTH	IER NON-MOTORIST			NO SPECIAL FUNCTION		NOT APPLICABLE				
	Traff	ic Way			Traffic Control			Traffic Control Inoperative/Missing			
	TWO	D-WAY, NOT DIVIDED			NO CONTROL			NO Road Grade			
		ace Type			Road Curvature						
		CKTOP (BITUMINOUS))		STRAIGHT			HILLCREST			
		k Bus or HazMat	<u>'</u>	<u> </u>							
		ICK OR TRUCK COMBI	NATION > 10	0001 BS GVWR	GCWR						
			10,1110111 10,								
	,	Vehicle									
		License Plate Number			Plate Type		St	Country of Is			
							IA	UNITED ST	ATES		
02	8	Vehicle Identification Numb	per		Make		Year	Model			
0	02	3ALXA7006JDJS7479			FRHT		2018	FREIGHTL	IN		
		Color			Body Style			Bus Use			
		BLU - BLUE			SE - SEMI-TRAILER						
	Щ	Initial Contact Point			Vehicle Damage			•			
±	占	01 - RIGHT FRONT CO	RNER							7 8 9 10 11	
UNIT	Ť	Extent Of Damage			01 - RIGHT FRONT CO	DRNEF	₹			6 2 12	
_	VEHICL	FUNCTIONAL DAMAG	E							5 4 3 2 1	
		Towed Due To Damage			Vehicle Removed By				I		
		NOT TOWED			OPERATOR						
		What Driver Was Doing			Vehicle Factors						
		GOING STRAIGHT			. 5.11010 1 401010						
		Driver Prior Action Other			NOT APPLICABLE						
		אואפו ביווטו Acrioti Othet									

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		Driver Actions	4 OTIO	. 1								
.	Щ	NO CONTRIBUTING	ACTION	V								
LNO	VEHICL											
5	王											
_	VE											
		Owner Name			Owner Address							
	~ !	WAGNER TRANSPO	RT LLC		3011 177TH STR							
07	02				DYERSVILLE, IA	52040 , US						
		Sequence Of Eve	nte									
		Event	III									
	01	OTHER NON-MOTOR	RIST									
		Event										
	02	Lvenii.										
		Cyant										
	03	Event										
	04	Event										
╘	ı	Policy Holder										
LNO		Insurance Company			ORGANIZATION/COM							
ا ر		ACUITY,-A-MUTUAL-	INSUR	ANCE-CO	WAGNER TRANSP	ORT LLC						
		Individual										
		DRIVER			Citations Issued	Sex						
		KEVIN ROLFES (563) 543-7272			0	MALE						
	A				Date of Birth	Race						
_	\mathbf{Z}					WHITE						
L N N	INDIVIDUAL	Address			Driver License Numbe	<u> </u> r						
\supset	⊡	2114 260TH AVE EARLVILLE, IA 52041 , US										
	Z				STATE: IOWA COU	NTRY: UNITED S	TATES					
		Or	Duty Cr	ash	Safety Equipment							
	Sat	ety Equipment			, , , ,							
		Row		Seat Position	SHOULDER & LAP	BELT						
		01 - FRONT ROW		07 - LEFT								
		Helmet Use		1**	Helmet Compliance	ince						
					'							
		Eye Protection			Tint Compliance							
					'							
~	4	Inj	ury Seve	rity	Airbag							
05	004	Injury NO	O APPA	RENT INJURY	NON DEPLOYED							
		Ejected	ΙEj	ection Path			Trapped/Extricated					
		NOT EJECTED	N	OT EJECTED/NOT APP	LICABLE		NOT TRAPPED					
		Medical Transport			EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED)		ů ,							
		Hospital			Date of Death		Time of Death					
		·										
		Dis	stracted I	By Source								
		Distracted By No	OT APP	LICABLE (NOT DISTRA	(CTED)							
		Distracted By Action										
		NOT DISTRACTED										
		Str	riking Un	it # Location								
		Non Motorist										
		Prior Action		L								

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TINO	INDIVIDUAL	Action								
		Action Other								To/From School
	I L	Orug & Alcohol NO	d Alcohol U	lse	Suspe NO	cted Drug Use				
		Alcohol Test Given		Alcohol Test Type					Alcohol Test Results	
		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN	Drug Test Type Drug Test R			Results	3			
02	004	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	(Carrier								
		✓ Use Vehicle O	wner San	ne as Carrier		Source DRIVER				
~ 1		Name				Address				
02	01	WAGNER TRANSPOR	RT LLC			3011 177TH STREET DYERSVILLE, IA 52040 , US				
	10	GVWR	Vahiala Ci	onfiguration					D 1 T	
_	BUS	MORE THAN 26,000 LB		TRACTOR/SEMI-	TRAIL	ER		OTH	o Body Type IER	
LIND		US DOT #	Carrier Ty	ре				Pern	nitted Load	
	TRUCK	OS/OW Load WI Permit	Number			ehicle On Route	Escort		cle Required E	Escort Vehicle Present
		Measured Height	Measu	red Length		Measured Width	l		Measured Weight	