

6TL0F3SSHW  
25-02218

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0F3SSHW

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| Document Number Override                       |   | Primary Crash Document #                         | Agency Crash Number<br><b>25-02218</b> | Investigating Officer/Deputy<br><b>DEPUTY A. KING</b> |  |
| Crash Date<br><b>03/10/2025</b>                |   | Crash Time<br><b>11:50 AM</b>                    | Date Arrived<br><b>03/10/2025</b>      | Time Arrived<br><b>11:59 AM</b>                       |  |
| Date Notified<br><b>03/10/2025</b>             |   | Time Notified<br><b>11:51 AM</b>                 | Total Units<br><b>02</b>               | Total Injured<br><b>01</b>                            | Total Killed<br><b>00</b>                    |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run        | <input checked="" 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<br><b>NO</b>                  |  | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |   | Crash Type<br><b>DT4000 (STANDARD CRASH)</b>     |  | <input type="checkbox"/> Amended                      | <input type="checkbox"/> Secondary Crash     |

Description

|                     |                                       |
|---------------------|---------------------------------------|
| Diagram             | Reconstruction By                     |
| <p>Not to scale</p> | Photos By                             |
|                     | Additional Information<br><b>NONE</b> |

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

OPERATOR OF TRACTOR STATES HE WAS STRUCK BY U1 AS HE WAS PREPARING TO TURN INTO HIS FIELD DRIVE TO TEND TO HIS CATTLE. OPERATOR OF TRACTOR HAD COMPLAINTS OF CHEST, BACK AND ARM PAIN. OPERATOR OF TRACTOR WAS SEEN AND TRANSPORTED BY PLAIN EMS TO SAUK PRAIRIE HOSPITAL. OPERATOR OF U1 STATED HE WAS FOLLOWING A BOX TRUCK AND WHEN THE BOX TRUCK PASSED THE TRACTOR OPERATOR OF U1 STATED HE WAS UNABLE TO AVOID COLLIDING WITH THE TRACTOR. OPERATOR OF U1 DENIED BEING DISTRACTED BY ANY MEANS. U1 THEN CROSSED THE CENTER LINE AND WENT INTO THE OPPOSITE DITCH. OPERATOR OF U1 CLAIMED MINOR ARM INJURIES AND DENIED WANTING AN AMBULANCE. NACHREINER'S TOWING RESPONDED AND REMOVED BOTH VEHICLES FROM THE SCENE. OPERATOR OF U1 WAS CITED FOR FAILURE TO KEEP VEHICLE UNDER CONTROL.

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Location

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| ON STH23 WB<br>834 FT S<br>OF LELAND RD<br>IN THE TOWN OF FRANKLIN<br>IN SAUK COUNTY | Latitude<br><b>43.316359258</b>       | Longitude<br><b>-90.049640403</b> |
|  | X Coordinate<br><b>252700.875</b>     | Y Coordinate<br><b>4800464</b>    |
|  | Structure Type<br><b>NO STRUCTURE</b> |                                   |

Crash Scene

|   |  |   |               |
|---|--|---|---------------|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      |  | First Harmful Event Location<br><b>ON ROADWAY</b>                     |               |
| Manner of Collision<br><b>03 - FRONT TO REAR</b>          |  | Light Condition<br><b>DAYLIGHT</b>                                    |               |
| Road Surface Condition(s)<br><b>DRY</b>                   |  | Roadway Factor(s)<br><br><b>NONE</b>                                  |               |
| Environment Factor(s)<br><b>NONE</b>                      |  |   |               |
| Weather Condition(s)<br><b>CLEAR</b>                      |  |   |               |
| Animal Type   |  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |               |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> |  | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |               |
| Tribal Land   |  | Access Control<br><b>NO CONTROL</b>                                   | Special Study |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>NON-JUNCTION</b>       | Intersection Type<br><b>NOT AN INTERSECTION</b>                       |               |
| Closure Type<br><b>CLOSURE-ONE DIRECTION</b>              |  | Reasons for Closure<br><b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>    |               |
| Date Initial Lane/Rd Closed<br><b>03/10/2025</b>          | Time Initial Lane/Rd Closed<br><b>11:50 AM</b> | Date Scene Cleared<br><b>03/10/2025</b>                               |               |
| Date All Lanes Open<br><b>03/10/2025</b>                  | Time All Lanes Open<br><b>01:04 PM</b>         |   |               |

Unit Summary

|      |   |   |  |                            |  |   |
|------|---|---|--|----------------------------|--|---|
| UNIT | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> |  | Unit Type<br><b>TRUCK</b>  |  |   |
|      | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b>                   | Operating As Endorsements                             |  |                            |  |   |
|      | Total Occs<br><b>1</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>1</b>                   | Total Trailers<br><b>0</b> | Total HazMat Types<br><b>0</b>                       |   |
|      | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>WESTBOUND</b>               | <input checked="" type="checkbox"/> Pre CrashTire Mark | Speed Limit<br><b>55</b>   | Total Lanes<br><b>2</b>                              |   |
|      | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b>         |                            | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |   |
|      | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>                          |   | Traffic Control<br><b>NO CONTROL</b>                   |                            | Traffic Control Inoperative/Missing<br><b>NO</b>     |   |
|      | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        |   | Road Curvature<br><b>STRAIGHT</b>                      |                            | Road Grade<br><b>LEVEL</b>                           |   |
|      | Truck Bus or HazMat<br><b>NO</b>                                    |   |  |                            |  |   |
|      | 01  | <b>Vehicle</b>  |  |                            |  |   |
|      |   | License Plate Number<br><b>PN1280</b>                 |  | Plate Type<br><b>LTK</b>   | St<br><b>WI</b>                                      | Country of Issuance<br><b>UNITED STATES</b> |
|      | Vehicle Identification Number<br><b>3C6UR5CL3NG439407</b>           |   | Make<br><b>RAM</b>                                     | Year<br><b>2022</b>        | Model<br><b>2500</b>                                 |   |

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|   |   |   |                                |  |
|---|---|---|--------------------------------|--|
| UNIT<br>VEHICLE                             | Color<br><b>BLU - BLUE</b>                                      | Body Style<br><b>PK - PICKUP</b>  | Bus Use                        |  |
|   | Initial Contact Point<br><b>01 - RIGHT FRONT CORNER</b>         | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER</b>                        |                                |  |
|   | Extent Of Damage<br><b>DISABLING DAMAGE</b>                     |   |                                |  |
|   | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>     | Vehicle Removed By  |                                |  |
|   | What Driver Was Doing<br><b>GOING STRAIGHT</b>                  | Vehicle Factors   |                                |  |
|   | Driver Prior Action Other                                       | <b>NOT APPLICABLE</b>   |                                |  |
| UNIT<br>VEHICLE                             | Driver Actions<br><b>FAILURE TO CONTROL</b>                     |   |                                |  |
|   | Owner Name<br><b>ADAM LIEGEL<br/>(608) 588-5742</b>             | Owner Address<br><b>1560 HONEY CREEK CIR<br/>PLAIN, WI 53577 , US</b>   |                                |  |
| UNIT<br>01                                  | <b>Sequence Of Events</b>                                       |   |                                |  |
|   | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                  |                                |  |
|   | 02  | Event<br><b>DITCH</b>   |                                |  |
|   | 03  | Event   |                                |  |
|   | 04  | Event   |                                |  |
| UNIT  | <b>Policy Holder</b>  |   |                                |  |
|   | Insurance Company<br><b>AMERICAN-FAMILY-MUTUAL-INS-CO</b>       | INDIVIDUAL<br><b>JAMES LIEGEL</b>                                       |                                |  |
| UNIT<br>INDIVIDUAL                          | <b>Individual</b>   |   |                                |  |
|   | DRIVER<br><b>ADAM LIEGEL<br/>(608) 588-5742</b>                 | Citations Issued<br><b>1</b>  | Sex<br><b>MALE</b>             |  |
|   |   | Date of Birth   | Race<br><b>WHITE</b>           |  |
|   | Address<br><b>1560 HONEY CREEK CIR<br/>PLAIN, WI 53577 , US</b> | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                                |  |
| UNIT<br>01                                  | <b>Safety Equipment</b>   |   |                                |  |
|   | On Duty Crash   | Safety Equipment  |                                |  |
|   | Row<br><b>01 - FRONT ROW</b>                                    | Seat Position<br><b>07 - LEFT</b>                                       | <b>SHOULDER &amp; LAP BELT</b> |  |
|   | Helmet Use  |   | Helmet Compliance              |  |
|   | Eye Protection  |   | Tint Compliance                |  |
|   | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag<br><b>NON DEPLOYED</b>  |  |
| Ejected<br><b>NOT EJECTED</b>               | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>              | Trapped/Extricated<br><b>NOT TRAPPED</b>                                |                                |  |
| Medical Transport<br><b>NOT TRANSPORTED</b> |   | EMS Agency Identifier   | EMS Run #                      |  |

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Form with fields for Hospital, Date of Death, Time of Death, Distracted By, Action, Striking Unit #, Location, Prior Action, Drug & Alcohol, Suspected Alcohol Use, Suspected Drug Use, Alcohol Test Given, Drug Test Given, Drug Type, Individual Condition, and Violations.

Unit Summary

Unit Summary table with fields for Unit Status, Vehicle Type, Total Occs, Insurance?, Most Harmful Event, Traffic Way, Surface Type, and Truck Bus or HazMat.

Vehicle section with fields for License Plate Number, Plate Type, St, and Country of Issuance.

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|                           |                 |   |   |  |  |  |
|---------------------------|-----------------|---|---|--|--|--|
| 02                        | UNIT<br>VEHICLE | Vehicle Identification Number<br><b>D5NN7006H</b>           | Make<br><b>FORD</b>   | Year<br><b>1979</b>  | Model<br><b>4600</b>                     |  |
|                           |                 | Color<br><b>BLU - BLUE</b>                                  | Body Style<br><b>TC - TRACTOR</b>                                       | Bus Use  |  |  |
|                           |                 | Initial Contact Point<br><b>05 - RIGHT REAR CORNER</b>      | Vehicle Damage<br><b>05 - RIGHT REAR CORNER</b>                         |  |  |  |
|                           |                 | Extent Of Damage<br><b>DISABLING DAMAGE</b>                 |   |  |  |  |
|                           |                 | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b> | Vehicle Removed By  |  |  |  |
|                           |                 | What Driver Was Doing<br><b>GOING STRAIGHT</b>              | Vehicle Factors   |  |  |  |
|                           |                 | Driver Prior Action Other                                   | <b>NOT APPLICABLE</b>   |  |  |  |
| 02                        | UNIT<br>VEHICLE | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>             |   |  |  |  |
|                           |                 | Owner Name<br><b>DENNIS ALT<br/>(608) 963-9708</b>          | Owner Address<br><b>910 WESTBROOK DR<br/>PLAIN, WI 53577 , US</b>       |  |  |  |
| <b>Sequence Of Events</b> |                 |   |   |  |  |  |
| 02                        | UNIT            | 01  | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                  |  |  |  |
|                           |                 | 02  | Event   |  |  |  |
|                           |                 | 03  | Event   |  |  |  |
|                           |                 | 04  | Event   |  |  |  |
| 02                        | UNIT            | <b>Policy Holder</b>  |   |  |  |  |
|                           |                 | Insurance Company<br><b>AMERICAN-FAMILY-MUTUAL-INS-CO</b>   | INDIVIDUAL<br><b>DENNIS ALT</b>   |  |  |  |
|                           |                 | <b>Individual</b>   |   |  |  |  |
| 02                        | UNIT            | DRIVER<br><b>DENNIS ALT<br/>(608) 963-9708</b>              | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b>   |  |  |
|                           |                 |   | Date of Birth   | Race<br><b>WHITE</b>   |  |  |
|                           |                 | Address<br><b>910 WESTBROOK DR<br/>PLAIN, WI 53577 , US</b> | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |  |  |  |
| 02                        | UNIT            | <b>Safety Equipment</b>                                     |   | On Duty Crash  |  |  |
|                           |                 |   |   | Safety Equipment   |  |  |
|                           |                 | Row<br><b>01 - FRONT ROW</b>                                | Seat Position<br><b>07 - LEFT</b>                                       | <b>NOT APPLICABLE</b>  |  |  |
|                           |                 | Helmet Use  |   | Helmet Compliance  |  |  |
|                           |                 | Eye Protection  |   | Tint Compliance  |  |  |
| 02                        | UNIT            | <b>Injury</b>   | Injury Severity<br><b>SUSPECTED MINOR INJURY</b>                        | Airbag<br><b>NOT APPLICABLE</b>  |  |  |
|                           |                 |   | Ejected<br><b>TOTALLY EJECTED</b>                                       | Ejection Path<br><b>OTHER PATH (E.G., BACK OF PICKUP TRUCK, TRAILER)</b> | Trapped/Extricated<br><b>NOT TRAPPED</b> |  |

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|  |  |   |                                 |
|--|--|---|---------------------------------|
| <b>UNIT</b>                                    | Medical Transport<br><b>EMS GROUND</b>                       | EMS Agency Identifier<br><b>6001155</b>                         | EMS Run #                       |
|  | Hospital<br><b>SAUK PRAIRIE HOSP</b>                         | Date of Death   | Time of Death                   |
|  | <b>Distracted By</b>   | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b>  |                                 |
|  | Distracted By Action<br><b>NOT DISTRACTED</b>                |   |                                 |
|  | <b>Non Motorist</b>  | Striking Unit #   | Location                        |
|  | Prior Action   |   |                                 |
|  | Action   |   |                                 |
|  | Action Other   |   | To/From School                  |
|  | <b>Drug &amp; Alcohol</b>                                    | Suspected Alcohol Use<br><b>NO</b>                              | Suspected Drug Use<br><b>NO</b> |
|  | Alcohol Test Given<br><b>TEST NOT GIVEN</b>                  | Alcohol Test Type   | Alcohol Test Results            |
| Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type   | Drug Test Results   |                                 |
| Drug Type                                      |  |   |                                 |
| Individual Condition<br><b>APPEARED NORMAL</b> |  |   |                                 |
| <b>Witness</b>                                 |  |   |                                 |
| <b>WITN 01</b>                                 | Individual<br><b>TRENT FERGUSON</b><br><b>(309) 948-4887</b> | Address<br><b>3915 32ND AVE</b><br><b>MOLINE, IL 61265 , US</b> | Date of Birth                   |
|  | <b>ESS</b>   |   |                                 |