

6TL0CCZ7V1  
22-06388

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 <b>6TL0D2XVQ0</b>		Primary Crash Document#	Agency Crash Number <b>22-06388</b>	Investigating Officer/Deputy <b>DEPUTY B. SCHLOUGH</b>	
Crash Date <b>07/05/2022</b>		Crash Time <b>12:37 PM</b>	Date Arrived <b>07/05/2022</b>	Time Arrived <b>12:54 PM</b>	
Date Notified <b>07/05/2022</b>		Time Notified <b>12:40 PM</b>	Total Units <b>03</b>	Total Injured <b>02</b>	Total Killed <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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>CTH C</p> <p>DRAWING NOT TO SCALE</p>	Reconstruction By
	Photos By <b>SERGEANT TATE</b>
	Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS TRAVELING S/B ON CTH C. UNIT 2(AG BOOM SPRAYER) WAS TRAVELING N/B ON CTH C. UNIT 3 WAS LEGALLY PARKED IN THE CHURCH PARKING LOT. OPERATOR OF UNIT 1 FAILED TO YIELD THE RIGHT OF WHILE MAKING A LEFT TURN INTO THE CHURCH PARKING LOT. UNIT 2 IMPACTED UNIT 1 AT AN ANGLE AND THEN CONTINUED IN A NORTHERLY DIRECTION AND IMPACTED UNIT 3 AT AN ANGLE. UNIT 2 THEN OVERTURNED AND CAME TO REST ON ITS SIDE IN THE ROADWAY FACING NORTH. UNIT 1 CAME TO REST IN THE ROADWAY FACING S/B. UNIT 3 CAME TO REST IN THE PARKING LOT OFF THE ROADWAY FACING S/E. OPERATOR OF UNIT 1 STATED,"I DIDNT SEE THE SPRAYER COMING."

INADVERTENLY ENTERED THE INCORRECT VEHICLE INFORMATION ENTERED.

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## Location

ON CTHC NB 884 FT S OF CTHO SB IN THE TOWN OF TROY IN SAUK COUNTY	Latitude	Longitude
	43.275576119	-89.927213734
	X Coordinate	Y Coordinate
	262470.3125	4795579
Structure Type		NO STRUCTURE

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</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>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>07/05/2022</b>	Time Initial Lane/Rd Closed <b>12:56 PM</b>	Date Scene Cleared <b>07/05/2022</b>	
Date All Lanes Open <b>07/05/2022</b>	Time All Lanes Open <b>05:00 PM</b>		

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>			Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

## Vehicle

License Plate Number <b>SPREC</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
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BARABOO, WI 53913  
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01 UNIT VEHICLE	Vehicle Identification Number <b>3GKALVEV0KL335671</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2019</b>	Model <b>TERRAIN</b>
	Color <b>RED - RED</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>	Bus Use	
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>GEORGES AUTO BODY</b>		
01 UNIT VEHICLE	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01 UNIT VEHICLE	Owner Name <b>SHARON A SPRECHER (608) 643-9778</b>	Owner Address <b>S10111 COUNTY ROAD C SAUK CITY, WI 53583 , US</b>		
	<b>Sequence Of Events</b>			
01 UNIT VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
01 UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>SHARON SPRECHER</b>		
01 UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>SHARON A SPRECHER (608) 643-9778</b>	Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
		Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>	
	Address <b>S10111 COUNTY ROAD C SAUK CITY, WI 53583 , US</b>	Driver License Number <b>[REDACTED]</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 UNIT INDIVIDUAL	<b>Safety Equipment</b>			
	On Duty Crash		Safety Equipment	
	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	
01 UNIT INDIVIDUAL	<b>Injury</b> POSSIBLE INJURY		Airbag <b>DEPLOYED-COMBINATION</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	

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Medical Transport: NOT TRANSPORTED
EMS Agency Identifier
EMS Run#
Hospital
Date of Death
Time of Death
Distracted By: NOT APPLICABLE (NOT DISTRACTED)
Distracted By Action: NOT DISTRACTED
Non Motorist
Striking Unit#
Location
Prior Action
Action
Action Other
To/From School
Drug & Alcohol: Suspected Alcohol Use NO, Suspected Drug Use NO
Alcohol Test Given: TEST NOT GIVEN
Alcohol Test Type
Alcohol Test Results
Drug Test Given: TEST NOT GIVEN
Drug Test Type
Drug Test Results
Drug Type
Individual Condition: APPEARED NORMAL
Violations: UTC Number BG024611, Issue To? 001, Statute Number 346.18(2), Description FAIL/YIELD WHILE MAKING LEFT TURN

UNIT INDIVIDUAL 01 001

Unit Summary

Unit Status: IN TRANSIT
Vehicle Operating As Classification: A CLASS
Unit Type: TRUCK
Vehicle Type: AGCMV (AG COMMERCIAL MOTOR VEHICLE)
Operating As Endorsements: F - FARM SERVICE CDL
Total Occs: 1
Train/Bus # Recorded
Total # Citations Issued: 0
Total Trailers: 0
Total HazMat Types: 0
Insurance?: YES
Direction Of Travel: NORTHBOUND
Pre Crash Tire Mark
Speed Limit: 35
Total Lanes: 2
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT
Special Function: NO SPECIAL FUNCTION
Emergency Motor Vehicle Use: NOT APPLICABLE
Traffic Way: TWO-WAY, NOT DIVIDED
Traffic Control: NO CONTROL
Traffic Control Inoperative/Missing: NO
Surface Type: BLACKTOP (BITUMINOUS)
Road Curvature: STRAIGHT
Road Grade: LEVEL
Truck Bus or HazMat: NO

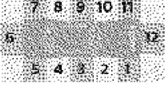
Vehicle

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02 UNIT	03 VEHICLE	License Plate Number	Plate Type	St	Country of Issuance
		Vehicle Identification Number <b>1N04830XTB0018365</b>	Make <b>JOHN DEERE</b>	Year <b>2020</b>	Model <b>BOOM SPRAY</b>
02 UNIT	03 VEHICLE	Color <b>GRN - GREEN</b>	Body Style <b>OT - OTHER</b>	Bus Use	
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>05 - RIGHT REAR CORNER</b>		
02 UNIT	03 VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Vehicle Removed By <b>MCFARLANES</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
02 UNIT	03 VEHICLE	Driver Prior Action Other	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>BRANDON PAUL SPRECHER (608) 477-9768</b>	Owner Address <b>735 GRAND AVE #5 PRAIRIE DU SAC, WI 53578 , US</b>		

### Sequence Of Events

01	Event <b>MOTOR VEH IN TRANSPORT</b>
02	Event <b>PARKED MOTOR VEHICLE</b>
03	Event
04	Event

### Policy Holder

Insurance Company <b>AVID RISK</b>	Individual <b>BRANDON SPRECHER</b>
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### Individual

02 UNIT	002 INDIVIDUAL	Driver <b>BRANDON PAUL SPRECHER (608) 477-9768</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>[REDACTED]</b>	Race <b>WHITE</b>
		Address <b>735 GRAND AVE #5 PRAIRIE DU SAC, WI 53578 , US</b>	Driver License Number <b>[REDACTED]</b> STATE: WISCONSIN COUNTRY: UNITED STATES	

### Safety Equipment

On Duty Crash	Safety Equipment <b>OTHER</b>		
Row <b>98 - NOT APPLICABLE</b>	Seat Position		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
02 UNIT	002 INDIVIDUAL	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>

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<b>UNIT</b> <b>INDIVIDUAL</b>             <b>02</b> <b>002</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		
	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>APPEARED NORMAL</b>		

### Unit Summary

<b>UNIT</b> <b>03</b>	Unit Status <b>LEGALLY PARKED</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</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>NOT ON ROADWAY</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>0</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>PARKING LOT OR PRIVATE PROPERTY</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>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

### Vehicle

License Plate Number <b>AAW8315</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
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03 UNIT VEHICLE 02	Vehicle Identification Number <b>2D4RN5DG8BR611659</b>		Make <b>DODGE</b>	Year <b>2011</b>	Model <b>GRAND CARA</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>VN - VAN</b>		Bus Use
	Initial Contact Point <b>05 - RIGHT REAR CORNER</b>		Vehicle Damage		
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>05 - RIGHT REAR CORNER</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>		
What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors			
Driver Prior Action Other		<b>NOT APPLICABLE</b>			
03 UNIT VEHICLE 02	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Owner Name <b>GERALD K ROTH (608) 643-3755</b>		Owner Address <b>1421 BROADWAY ST PRAIRIE DU SAC, WI 53578 , US</b>		
<b>Sequence Of Events</b>					
03 UNIT 01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
03 UNIT 02	<b>Policy Holder</b>				
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>GERALD ROTH</b>		
03 UNIT INDIVIDUAL 03	Occupant Of Motor Vehicle Not In Transport <b>GERALD K ROTH (608) 643-3755</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>1421 BROADWAY ST PRAIRIE DU SAC, WI 53578 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
03 UNIT 003	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>08 - RIGHT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>		Airbag <b>UNKNOWN</b>	
Ejected <b>UNKNOWN</b>		Ejection Path <b>UNKNOWN</b>		Trapped/Extricated <b>UNKNOWN</b>	

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<b>UNIT</b>	<b>INDIVIDUAL</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					
		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>APPEARED NORMAL</b>					