WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overrice 6TL0F3SSHW	de	1			Crash Number 218	0 0	Investigating Officer/Deputy DEPUTY A. KING			
×	Crash Date 03/10/2025		Crash Time 11:50 AM		Date Arrived 03/10/2025		Time Arrived 11:59 AM				
3SS	Date Notified 03/10/2025		Time Notified 11:51 AM		Total U 02	nits	Total Injured 01				
) - -	On Emergency Hit		t and Run 🔽 Lane Closu		ure Work Zone		Trailer or Towed		Reporting Threshold		
ET	Government Property		Active Sc	hool Zone	School Bus Related NO		Tags				
	Reportable Crash Type DT4000 (NDARD CRASH)		 Amended		Secondary Crash		
	Description										

Diagram Not to scale Photos By Additional Information NONE 23 CGoogle

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.

TRACTOR CLASSIFICATION CORRECTION

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Location												
ON STH23 WB						Latitude				Longitud	de	
834 FT S						43.316359258				-90.049640403		
OF LELAND RD IN THE TOWN OF FRANK	LIN					X Coordinate						
IN SAUK COUNTY						Structure NO STR					<u>- </u>	
Crash Scene												
First Harmful Event						First Harm			ation			
MOTOR VEH IN TRANSP	ORT	•				ON ROA		<u> </u>				
Manner of Collision						Light Con						
03 - FRONT TO REAR Road Surface Condition(s)						DAYLIG Roadway		۵)				
DRY						Roadway	racion	5)				
Environment Factor(s)												
NONE						NONE						
Weather Condition(s)												
CLEAR												
Animal Type						Relation To Trafficway TRAFFICWAY - ON ROAD						
Crash Classification - Location						Crash Cla						
PUBLIC PROPERTY						NO SPECIAL JURISDICTION						
Tribal Land						Access Control Special Study NO CONTROL						
Within Interchange Area	Jun	ction Location			Intersection	on Type						
NO	NC	N-JUNCTION			NOT AN	INTERSE	CTION	1				
Closure Type				Reaso	ons for Closu	ure						
CLOSURE-ONE DIRECTION	ON											
Date Initial Lane/Rd Closed 03/10/2025		Time Initial Lane/Rd Closed 11:50 AM		LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS								
Date All Lanes Open		Time All Lanes Open	Date Scene Clear			-ba		Time	Scene Clea	red		
03/10/2025		01:04 PM	03/10/2025			cu			4 PM	ircu		
Unit Summary -												
Unit Status			Veh	icle Ope	erating As C	lassification			Unit Type			
IN TRANSIT			D C	D CLASS			TRUCK					
Vehicle Type UTILITY TRUCK/PICKUP	TRU	JCK							Operating A	s Endorse	ments	
Total Occs	Т	rain/Bus # Recorded	Tota	al # Cita	tions Issued		Total	Trailer	S	Total Haz	Mat Types	
1			1				0			0		
Insurance?		Pirection Of Travel		Pre	CrashTire	ı	Speed	d Limit		Total Lan	es	
YES		VESTBOUND	~		Mark		55			2		
Most Harmful Event: Collision				cial Fun	iction IAL FUNC	TION			Emergency Motor Vehicle Use NOT APPLICABLE			
MOTOR VEH IN TRANSP	fic Cont		11011									
·									Traffic Control Inoperative/Missing			
•					O CONTROL oad Curvature			NO Road Grade				
BLACKTOP (BITUMINOU	S)			TRAIGHT				LEVEL				
Truck Bus or HazMat	-							1				
NO												
Vehicle												

2

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

		License Plate Number		Plate Type	St	Country of Issuance					
		PN1280	1	LTK	WI	UNITED STATES					
_		Vehicle Identification Number		Make	Year	Model					
5	5	3C6UR5CL3NG439407		RAM	2022	2500					
		Color		Body Style		Bus Use					
		BLU - BLUE		PK - PICKUP							
	٣	Initial Contact Point		Vehicle Damage			7 8 9 10 11				
LNO	<u>≌</u>	01 - RIGHT FRONT CORNER		A4 DIGUT EDONT O	ODNED		6 7 12				
5	VEHICL	Extent Of Damage DISABLING DAMAGE		01 - RIGHT FRONT C	JRNER		5 4 3 2 1				
	>	Towed Due To Damage	,								
		TOWED DUE TO DISABLING		Vehicle Removed By							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other	1	NOT APPLICABLE							
		Driver Actions FAILURE TO CONTROL									
_	쁘	FAILURE TO CONTROL									
LNO	≌										
-	VEHICL										
	>										
		Owner Name		Owner Address							
_	_	ADAM LIEGEL		1560 HONEY CRE							
2	5	(608) 588-5742		PLAIN, WI 53577 , US							
	;	Sequence Of Events									
	9	MOTOR VEH IN TRANSPOR	т								
	05	DITCH									
	03	Event									
	2	Event									
	_	L Policy Holder									
E N		Insurance Company		INDIVIDUAL							
5		AMERICAN-FAMILY-MUTUA	L-INS-CO	JAMES LIEGEL							
		Individual									
		DRIVER		Citations Issued	Sex						
	_	ADAM LIEGEL		1	MALE						
	INDIMIDUAL	(608) 588-5742		Date of Birth							
╘	₫			WHITE							
N	\geq	Address 1560 HONEY CREEK CIR		Driver License Number							
	Ξ	PLAIN, WI 53577, US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	_	On Duty Cra	ash	Safety Equipment							
	Sai	fety Equipment		SHOULDER & LAP BELT Helmet Compliance							
		Row	Seat Position								
		01 - FRONT ROW Helmet Use	07 - LEFT								
		i iciiilet USE									
		Eye Protection		Tint Compliance							
	_	Injury Sever	itv	Airbag							
2	9	Injury NO APPA	RENT INJURY	NON DEPLOYED							

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Crash Date 03/10/2025

Crash Time 11:50 AM

		Ejected		Ejection Pa	:h					Trapped/Extricated				
		NOT EJECTED		NOT EJE	CTED/NOT AP	PLI	PLICABLE			NOT TRAPPED				
	Medical Transport						EMS Agency Identifier			EMS Run #				
		NOT TRANSPORT	ΈD											
	Hospital						Date of Death		Time of Dea	th				
	T loopitui													
Distracted By Source														
		Distracted By	NOT A	APPLICABL	E (NOT DISTR	RAC	TED)							
		Distracted By Action NOT DISTRACTED	ס											
		Non Motorist	Striking	g Unit #	Location									
		Prior Action												
		Action												
	A													
▶	INDIVIDUAL													
L N	9													
5	≥													
	=													
		Action Other										To/From School		
		Action Other										10/From School		
	Į.		Sucno	cted Alcohol I I	50	Suspected Drug Use								
		Suspected Alcohol Use Drug & Alcohol NO					NO							
	_				· · · · · · · · · · · · · · · · · · ·									
		Alcohol Test Given		Alcohol Test Type					Alcohol Tes	Results				
		TEST NOT GIVEN	ST NOT GIVEN											
		Drug Test Given TEST NOT GIVEN			Drug Test Type			Drug T	Test Results					
			LIV											
2	001	Drug Type												
_	0													
	Individual Condition													
		APPEARED NORM	MAL											
	,	Violations												
ĺ	_	UTC Number	Issue		ute Number		Description							
	01	BK261581	001	346	.57(2)		FAILURE TO KEEP V	EHIC	LE UNDER	R CONTRO	L			
•	Unit	Summary •												
		Status				Ve	hicle Operating As Classif	ication		Unit Type				
	IN T	RANSIT					CLASS			EQUIPMENT				
		cle Type				_	O OLAGO			Operating As Endorsements				
07		M TRACTOR/SELF		DELLED						Operating 71	5 Endorson	Citio		
-				rain/Bus # Re	20 rd o d	I = .			Total Trails	ers Total HazMat Types				
		Occs	'	rain/bus # Re	coraea		tal # Citations Issued		Total Traile	218		nat Types		
	1); ;; O(T		0			0	**	0			
		ance?		Direction Of Tra		-	Pre CrashTire		Speed Lim			S		
 	NO			ASTBOUND	,	_	Mark		55		2			
N		Harmful Event: Collision					Special Function			Emergency Motor Vehicle Use NOT APPLICABLE				
		TOR VEH IN TRANS	SPORT				NO SPECIAL FUNCTION							
		ic Way					affic Control			Traffic Control Inoperative/Missing NO Road Grade				
		D-WAY, NOT DIVIDI	ΕU				CONTROL							
		асе Туре					ad Curvature							
	BLACKTOP (BITUMINOUS)					ST	RAIGHT			LEVEL				
	Trucl	k Bus or HazMat												

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	,	Vehicle									
		License Plate Number		Plate Type	St	Country of Issuance					
		Vehicle Identification Number		Make	Year	Model					
02	05	D5NN7006H		FORD	1979	4600					
		Color		Body Style							
		BLU - BLUE Initial Contact Point		TC - TRACTOR Vehicle Damage							
T	쁫	05 - RIGHT REAR CORNE	R	verlicie Damage			7 8 9 10 11				
UNIT	VEHICL	Extent Of Damage		05 - RIGHT REAR CO	RNER		6 Reg 12				
	7	DISABLING DAMAGE		5 4 3 2 1							
		Towed Due To Damage TOWED DUE TO DISABL	INC DAMAGE	Vehicle Removed By	venicle removed by						
		What Driver Was Doing	ING DAWAGE	Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE							
	ш	Driver Actions NO CONTRIBUTING ACT	ION								
╘	CL										
UNIT	VEHICLE										
	>										
		Owner Name		Owner Address							
02	02	DENNIS ALT (608) 963-9708		910 WESTBROOF PLAIN, WI 53577							
0	0	(608) 903-9708									
	9	L Sequence Of Events									
		Event									
	2	MOTOR VEH IN TRANSP	ORT								
	07	Event									
	03	Event									
	4	Event									
	1	Individual									
		DRIVER		Citations Issued	Sex						
	4	DENNIS ALT (608) 963-9708		O Data of Dinth	0 MALE Date of Birth Race						
_	INDIMIDUA			WHITE							
UNT	₹	Address		Driver License Number							
	Ħ	910 WESTBROOK DR PLAIN, WI 53577, US		STATE: WISCONSIN COUNTRY: UNITED STATES							
	Sat	On Duty fety Equipment	r Crash	Safety Equipment							
		Row	Seat Position	NOT APPLICABLE							
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
02	005	Injury S Injury	everity ECTED MINOR INJURY	Airbag NOT APPLICABLE							
		Ejected	Ejection Path	Trapped/Extricated							
		TOTALLY EJECTED	OTHER PATH (E.G., BAC	K OF PICKUP TRUCK, TRAILER) NOT TRAPPED							

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Crash Date 03/10/2025

Crash Time 11:50 AM

		Medical Transport EMS GROUND			EMS Agency Identifier 6001155		EMS Run #	lun #		
		Hospital SAUK PRAIRIE HO	OSP		Date of Death		Time of Death			
		Distracted By	NOT APPLICABL	E (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACTED)							
	,	Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
_	UAL									
UNIT	INDIVIDUAL									
	IN									
		Action Other						To/From School		
	L	Orug & Alcohol	Suspected Alcohol U NO	Jse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	e		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
02	002	Drug Type								
		Individual Condition								
		APPEARED NORM	MAL							
١,	Witi	ness ———			_					
	Indiv	idual			Address			Date of Birth		
01	/300	ENT FERGUSON 9) 948-4887			3915 32ND AVE MOLINE, IL 61265,US					
WITN	(303	i) 340-400 <i>1</i>			MOLINE, IL 01203 , U	•				
ĭĭ										