

6TL0F3SSJX

25-02218

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override 6TL0F3SSHW		Primary Crash Document #		Agency Crash Number 25-02218		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	
Date Notified 03/10/2025		Time Notified 11:51 AM		Total Units 02		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram Not to scale 	Reconstruction By Photos By Additional Information NONE
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☒ 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.

INDEPENDENT RATING SUMMARY

TRACTOR CLASSIFICATION CORRECTION

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01	UNIT	01	VEHICLE	License Plate Number PN1280	Plate Type LTK	St WI	Country of Issuance UNITED STATES
				Vehicle Identification Number 3C6UR5CL3NG439407	Make RAM	Year 2022	Model 2500
				Color BLU - BLUE	Body Style PK - PICKUP	Bus Use	
				Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER		
				Extent Of Damage DISABLING DAMAGE			
01	UNIT	01	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By		
				What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
				Driver Prior Action Other	NOT APPLICABLE		
				Driver Actions FAILURE TO CONTROL			
				Owner Name ADAM LIEGEL (608) 588-5742	Owner Address 1560 HONEY CREEK CIR PLAIN, WI 53577 , US		
01	UNIT	01	INDIVIDUAL	Sequence Of Events			
				Event MOTOR VEH IN TRANSPORT			
				Event DITCH			
				Event			
				Event			
01	UNIT	01	INDIVIDUAL	Policy Holder			
				Insurance Company AMERICAN-FAMILY-MUTUAL-INS-CO	INDIVIDUAL JAMES LIEGEL		
				Individual			
				DRIVER ADAM LIEGEL (608) 588-5742	Citations Issued 1	Sex MALE	
					Date of Birth	Race WHITE	
01	UNIT	001	Injury	Address 1560 HONEY CREEK CIR PLAIN, WI 53577 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
				Safety Equipment			
				Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
				Helmet Use	Helmet Compliance		
				Eye Protection	Tint Compliance		
01	UNIT	001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED		

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UNIT INDIVIDUAL 01 001	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source 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 BK261581	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL

Unit Summary

UNIT 02	Unit Status IN TRANSIT	Vehicle Operating As Classification O CLASS	Unit Type EQUIPMENT
	Vehicle Type FARM TRACTOR/SELF PROPELLED	Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0
	Insurance? NO	Direction Of Travel EASTBOUND	Total Trailers 0
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Total HazMat Types 0
	Special Function NO SPECIAL FUNCTION		Speed Limit 55
	Traffic Way TWO-WAY, NOT DIVIDED		Total Lanes 2
	Traffic Control NO CONTROL		Emergency Motor Vehicle Use NOT APPLICABLE
	Surface Type BLACKTOP (BITUMINOUS)		Traffic Control Inoperative/Missing NO
	Road Curvature STRAIGHT		Road Grade LEVEL
Truck Bus or HazMat NO			

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

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UNIT INDIVIDUAL 02 002	Medical Transport EMS GROUND		EMS Agency Identifier 6001155		EMS Run #	
	Hospital SAUK PRAIRIE HOSP		Date of Death		Time of Death	
	<i>Distracted By</i>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	<i>Non Motorist</i>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	<i>Drug & Alcohol</i>		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					
	Witness					
WITN ESS 01	Individual TRENT FERGUSON (309) 948-4887		Address 3915 32ND AVE MOLINE, IL 61265 , US			Date of Birth