

6TL0FW8HK4

25-08779

# 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		Primary Crash Document #		Agency Crash Number <b>25-08779</b>		Investigating Officer/Deputy <b>DEPUTY A. WILCOX</b>	
Crash Date <b>08/21/2025</b>		Crash Time <b>06:36 AM</b>		Date Arrived <b>08/21/2025</b>		Time Arrived <b>07:13 AM</b>	
Date Notified <b>08/21/2025</b>		Time Notified <b>06:37 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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 type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

## Description

Diagram 	Reconstruction By
	Photos By <b>A. WILCOX</b>
	Additional Information <b>PHOTOS</b>

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

ON 08/21/2025, I WAS DISPATCHED TO USH 14 AND COUNTY LINE ROAD IN THE TOWN OF SPRING GREEN FOR A TWO-VEHICLE TRAFFIC CRASH. UNIT 1 OPERATOR JUST GOT DONE WITH WORK AND WAS TRAVELING W/B ON USH 14. WHILE DRIVING, UNIT 1 OPERATOR FELL ASLEEP AND CROSSED THE CENTER LINE STRIKING UNIT 2 WHO WAS TRAVELING E/B ON USH 14. BOTH UNITS HAD DISABLING DAMAGE AND WERE TOWED BY WAGNERS TOWING. NO INJURIES TO EITHER OPERATOR. UNIT 1 OPERATOR ADMITTED HE FELL ASLEEP WHICH CAUSED THE CRASH. UNIT 1 OPERATOR WAS ISSUED AND EXPLAINED A CITATION FOR INATTENTIVE DRIVING. UNIT 1 OPERATOR HAD NO QUESTIONS.

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## Location

ON COUNTY LINE RD 337 FT S OF USH14 WB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.190322307</b>	Longitude <b>-90.192519434</b>
	X Coordinate <b>240578.921875</b>	Y Coordinate <b>4786899.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06 - SIDESWIPE/OPPOSITE DIRECTION</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>CLOUDY, FOG</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>	

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</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>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</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>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>AUA2750</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2C4RDGCG6ER235609</b>		Make <b>DODG</b>	Year <b>2014</b>	Model <b>GRAND CARA</b>
	Color <b>BLU - BLUE</b>		Body Style <b>VN - VAN</b>		Bus Use
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		Vehicle Removed By	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>			
01	Owner Name <b>DUSTEN DENMAN (608) 415-3215</b>		Owner Address <b>314 1/2 N CHURCH ST RICHLAND CENTER, WI 53581 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event	<b>CROSS CENTERLINE</b>		
	Event			
	Event			
01	<b>Policy Holder</b>			
	Insurance Company <b>DAIRYLAND-NATIONAL-INS-CO</b>		INDIVIDUAL <b>DUSTEN DENMAN</b>	
01	<b>Individual</b>			
	DRIVER <b>DUSTEN DENMAN (608) 415-3215</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
	Address <b>314 1/2 N CHURCH ST RICHLAND CENTER, WI 53581 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<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	
01	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
	Airbag <b>DEPLOYED-COMBINATION</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 <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				



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UNIT	VEHICLE	Vehicle Damage		
		07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER		
		Extent Of Damage <b>DISABLING DAMAGE</b>		
		Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>		
UNIT	VEHICLE	Vehicle Removed By		
		What Driver Was Doing <b>GOING STRAIGHT</b>		
		Driver Prior Action Other <b>NOT APPLICABLE</b>		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
02	02	Owner Name <b>DAVID SPENCER</b> (608) 604-6830	Owner Address <b>626 N PARK ST</b> <b>RICHLAND CENTER, WI 53581 , US</b>	
		<b>Sequence Of Events</b>		
02	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
02	03	Event		
		Event		
		Event		
		Event		
UNIT	INDIVIDUAL	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	INDIVIDUAL <b>DAVID SPENCER</b>	
		<b>Individual</b>		
		DRIVER <b>DAVID SPENCER</b> (608) 604-6830	Citations Issued <b>0</b>	Sex <b>MALE</b>
02	002	Date of Birth	Race <b>WHITE</b>	
		Address <b>626 N PARK ST</b> <b>RICHLAND CENTER, WI 53581 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
02	002	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use		
		Eye Protection		
		Helmet Compliance		
02	002	Tint Compliance		
		<b>Injury</b>		
		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
02	002	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death

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UNIT	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
		Distracted By Action <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 <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	TRUCK BUS	<b>Carrier</b>				
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>DRIVER</b>		
		Name <b>DAVID SPENCER</b> <b>USDOT# 994554</b>		Address <b>626 N PARK ST</b> <b>RICHLAND CENTER, WI 53581 , US</b>		
		GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>SINGLE UNIT TRUCK (3 OR MORE AXLES)</b>		Cargo Body Type <b>GRAIN/CHIPS/GRAVEL</b>
		US DOT # <b>994554</b>		Carrier Type <b>INTRASTATE CARRIER</b>		Permitted Load <b>NOT APPLICABLE</b>
		<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present
		Measured Height		Measured Length		Measured Width
						Measured Weight