

6TL0FZQKRP

25-11952

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #	Agency Crash Number <b>25-11952</b>	Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>		
Crash Date <b>11/17/2025</b>	Crash Time <b>11:20 AM</b>	Date Arrived <b>11/17/2025</b>	Time Arrived <b>11:28 AM</b>		
Date Notified <b>11/17/2025</b>	Time Notified <b>11:20 AM</b>	Total Units <b>01</b>	Total Injured <b>00</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 checked="" 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

<p>Diagram</p> <p>Unit 1, towing a field implement, caught fire on La Rue Road while in transit and came to rest on roadway.</p> 	<p>Reconstruction By</p> <p>Photos By <b>DEP. S. MESSNER #9134</b></p> <p>Additional Information <b>PHOTOS</b></p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 11/17/2025, AT APPROXIMATELY 11:20 AM, UNIT 1, A 1986 JOHN DEERE 8650, WAS SOUTHBOUND ON LA RUE, GOING UP A ROAD WHILE PULLING A MCFARLANE Z02249 20 REEL DISC IMPLEMENT, TRAVERSING A HILL, CAUGHT FIRE. THE DRIVER WAS ABLE TO EVACUATE THE VEHICLE. THE OWNER REMOVED THE VEHICLE TO A FIELD, AFTER THE FIRE WAS EXTINGUISHED, AND REMOVED THE FIELD IMPLEMENT FROM THE ROADWAY WITH ANOTHER TRACTOR.

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**Location**

ON LA RUE RD 0.51 MI N OF FRANK RD IN THE TOWN OF IRONTON IN SAUK COUNTY	Latitude <b>43.508781026</b>	Longitude <b>-90.127007819</b>
	X Coordinate <b>247229.09375</b>	Y Coordinate <b>4822068</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>FIRE/EXPLOSION</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)	
Environment Factor(s) <b>NONE</b>		<b>NONE</b>	
Weather Condition(s) <b>CLOUDY</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>FULL CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>11/17/2025</b>	Time Initial Lane/Rd Closed <b>11:20 AM</b>		
Date All Lanes Open <b>11/17/2025</b>	Time All Lanes Open <b>02:12 PM</b>	Date Scene Cleared <b>11/17/2025</b>	Time Scene Cleared <b>02:12 PM</b>

**Unit Summary**

01  UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>
	Vehicle Type <b>AGCMV (AG COMMERCIAL MOTOR VEHICLE)</b>		Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>FIRE/EXPLOSION</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>UPHILL</b>
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

License Plate Number	Plate Type	St	Country of Issuance
Vehicle Identification Number <b>RW8650H003194</b>	Make <b>DEER</b>	Year <b>1986</b>	Model <b>8650</b>

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UNIT VEHICLE	Color <b>GRN - GREEN</b>	Body Style <b>TC - TRACTOR</b>	Bus Use
	Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage <b>15 - ALL AREAS</b>	
	Extent Of Damage <b>DISABLING DAMAGE</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>UNKNOWN</b>	
Driver Actions <b>NO CONTRIBUTING ACTION</b>			
UNIT VEHICLE	Owner Name <b>BARRY ENGEL (608) 963-1006</b>	Owner Address <b>S4340 COUNTY ROAD S REEDSBURG, WI 53959 , US</b>	
01	<b>Sequence Of Events</b>		
01	Event <b>FIRE/EXPLOSION</b>		
02	Event		
03	Event		
04	Event		
01	<b>Trailer/Towed</b>		
TRAILER/	Trailer Plate #	Plate Type	Make <b>MCFA</b>
01	Unit Type <b>EQUIPMENT</b>	Address <b>S4340 COUNTY ROAD S REEDSBURG, WI 53959 , US</b>	
01	Vehicle Identification Number <b>RD4020RB6</b>		
UNIT INDIVIDUAL	<b>Individual</b>		
01	DRIVER <b>JASE ENGEL (608) 495-0111</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
01		Date of Birth	Race <b>WHITE</b>
01	Address <b>E5386 COUNTY ROAD V REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>	On Duty Crash	
01	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>NOT APPLICABLE</b>
01	Helmet Use		Helmet Compliance
01	Eye Protection		Tint Compliance
001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>

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UNIT INDIVIDUAL  01 001	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	
	<i>Distracted By</i> <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Distracted By Source		
	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> <b>NO</b>		Suspected Alcohol Use <b>TEST NOT GIVEN</b>	Suspected Drug Use <b>NO</b>	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>					