

6TL0DKRB3S  
26-06574

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		Investigating Officer/Deputy <b>DEPUTY M. DUNSE</b>		
Crash Date <b>06/22/2026</b>		Crash Time <b>09:25 PM</b>		Date Arrived <b>06/22/2026</b>		Time Arrived <b>09:41 PM</b>		
Date Notified <b>06/22/2026</b>		Time Notified <b>09:30 PM</b>		Total Units <b>02</b>		Total Injured <b>01</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 type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By	
		Photos By <b>M. DUNSE</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 SB ON STH 23. UNIT 2 WAS TRAVELING THE SAME DIRECTION AND ATTEMPTING TO TURN LEFT ONTO PAULUS RD. UNIT 1 CRASHED INTO THE REAR OF THE TRAILER UNIT 2 WAS PULLING. UNIT 2 DID HAVE A SMV SIGN CLEARLY MOUNTED TO THE REAR OF THE TRAILER. UNIT 2 ALSO REPORTED HAVING 2 RED REFLECTORS ON THE REAR OF THE TRAILER. UNIT 2 DID HAVE STROBE LIGHTING ON THE TRACTOR, WHICH FIRE/EMS REPORTED SEEING OVER THE HAY ON THE TRAILER UPON ARRIVAL. UNIT 1 STATED THEY DID NOT SEE UNIT 2 AND CRASHED INTO THE TRAILER. UNIT 1 SUSTAINED DISABLING DAMAGES AND WAS TOWED. UNIT 2 TRAILER SUSTAINED DAMAGES BUT WAS REMOVED FROM THE ROAD BY UNIT 2.

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## Location

INTERSECTION ON STH23 WB AT PAULUS RD IN THE TOWN OF FRANKLIN IN SAUK COUNTY	Latitude <b>43.270175751</b>	Longitude <b>-90.050471181</b>
	X Coordinate <b>252446.0625</b>	Y Coordinate <b>4795337.5</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/UNLIT</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>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure <b>LAW ENFORCEMENT, FIRE/EMS</b>	
Date Initial Lane/Rd Closed <b>06/22/2026</b>	Time Initial Lane/Rd Closed <b>09:41 PM</b>	Date Scene Cleared <b>06/22/2026</b>	
Date All Lanes Open <b>06/22/2026</b>	Time All Lanes Open <b>10:02 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>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>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>OTHER NON-MOTORIST</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>					
	<b>Vehicle</b>					
	<b>01</b>	License Plate Number <b>AXT7754</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>3GKALXEG3RL320945</b>		Make <b>GMC</b>	Year <b>2024</b>	Model <b>TERRAIN</b>		

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>NACHREINER'S TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>RICHARD PEDERSON</b>	Owner Address <b>E4416 DAWN RD PLAIN, WI 53577 , US</b>	
UNIT 01	<b>Sequence Of Events</b>		
	Event <b>OTHER NON-MOTORIST</b>		
	Event		
	Event		
	Event		
UNIT 01	<b>Policy Holder</b>		
	Insurance Company <b>STATE-FARM-CLASSIC-INS-CO</b>	INDIVIDUAL <b>RICHARD PEDERSON</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	DRIVER <b>RICHARD PEDERSON</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth	Race
	Address <b>E4416 DAWN RD PLAIN, WI 53577 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 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	
	Eye Protection	Tint Compliance	
UNIT 001	<b>Injury</b>		
	Injury Severity <b>SUSPECTED MINOR 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>EMS GROUND</b>	EMS Agency Identifier <b>6001155</b>	EMS Run #

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UNIT INDIVIDUAL 01 001
Hospital SAUK PRAIRIE HOSP
Date of Death
Time of Death
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

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 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel SOUTHBOUND Pre CrashTire Mark Speed Limit 55 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

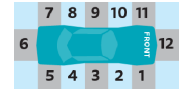
UNIT 02 02
License Plate Number Plate Type St Country of Issuance
Vehicle Identification Number 1L06140MCP175398 Make DEER Year Model
Color GRN - GREEN Body Style Bus Use

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	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>06 - REAR</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>		
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>				
	Owner Name <b>ADAM LIEGEL</b>		Owner Address <b>1560 HONEY CREEK CIR PLAIN, WI 53577 , US</b>		
UNIT 02	<b>Sequence Of Events</b>				
	01	Event <b>LEFT TURN</b>			
	02	Event <b>OTHER NON-MOTORIST</b>			
	03	Event			
	04	Event			
UNIT 02	<b>Policy Holder</b>				
	Insurance Company <b>WISCONSIN RIVER MUTUAL</b>		INDIVIDUAL <b>ADAM LIEGEL</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	DRIVER <b>ADAM LIEGEL</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
	Address <b>1560 HONEY CREEK CIR PLAIN, WI 53577 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT 02	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment		
	Row <b>98 - NOT APPLICABLE</b>	Seat Position	<b>NOT APPLICABLE</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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		

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<b>UNIT</b>	<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				
<b>02</b>	<b>002</b>	Individual Condition			
		<b>APPEARED NORMAL</b>			