

6TL0BC3B93  
24-12723

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>24-12723</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>11/15/2024</b>		Crash Time <b>12:23 PM</b>	Date Arrived <b>11/15/2024</b>	Time Arrived <b>12:42 PM</b>	
Date Notified <b>11/15/2024</b>		Time Notified <b>12:25 PM</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
<p>Not to scale</p>		Photos By
<p>CTH W</p> <p>Truck with camper</p>		Additional Information <b>NONE</b>

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

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNIT 1 WAS STOPPED ALONG THE ROADWAY BEHIND A CAMPER BECAUSE THEY MISSED THEIR TURN. THE OPERATOR OF UNIT 1 ATTEMPTED TO MAKE A U-TURN AND TURNED IN FRONT OF UNIT 2 THAT WAS TRAVELING WESTBOUND. THE OPERATOR OF UNIT 1 STATED SHE DID NOT SEE UNIT 2 AND BELIEVES IT WAS BECAUSE THE CAMPER OBSCURED HER VIEW. NO REPORTED INJURIES.

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## Location

ON CTHW EB 156 FT E OF CTHX EB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude <b>43.481540001</b>	Longitude <b>-89.633923227</b>
	X Coordinate <b>286993.28125</b>	Y Coordinate <b>4817661.5</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>01 - ANGLE</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>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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</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>(SPORT) UTILITY VEHICLE</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>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	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>UPHILL</b>		
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>				
	<b>01</b>	License Plate Number <b>377NZR</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GKS2JKJ5FR164304</b>	Make <b>GMC</b>	Year <b>2015</b>	Model <b>YUKON XL</b>
	<b>VEHICLE</b>	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage		
Extent Of Damage <b>MINOR DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 12 - FRONT</b>			



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>U TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>105,124</b>			
01	Owner Name <b>NATALIE RUSSELL (262) 490-9149</b>		Owner Address <b>1023 LAKE COUNTRY CT OCONOMOWOC, WI 53066 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>CROSS CENTERLINE</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		INDIVIDUAL <b>NATALIE RUSSELL</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>NATALIE RUSSELL (262) 490-9149</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>1023 LAKE COUNTRY CT OCONOMOWOC, WI 53066 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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>NOT APPLICABLE (NOT DISTRACTED)</b>		Distracted By Action <b>NOT DISTRACTED</b>		

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<b>UNIT</b>	<b>INDIVIDUAL</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 Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</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>WESTBOUND</b>		<input type="checkbox"/> Pre Crash Tire 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>DOWNHILL</b>			
		Truck Bus or HazMat <b>NO</b>							

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>					
		License Plate Number <b>AAZ2085</b>		Plate Type <b>AUT</b>		St <b>WI</b>	
		Country of Issuance <b>UNITED STATES</b>		Vehicle Identification Number <b>5J6RW2H99HL067365</b>		Make <b>HOND</b>	
		Year <b>2017</b>		Model <b>CR-V</b>		Color <b>GRY - GRAY</b>	
		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	
		Extent Of Damage <b>DISABLING DAMAGE</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>BLYSTONES TOWING</b>					

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>123</b>				
	Owner Name <b>KIMBERLY SHANKS (608) 402-0016</b>		Owner Address <b>W11127 COUNTY ROAD W PORTAGE, WI 53901 , US</b>		
UNIT 02	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
UNIT 04	Event				
	<b>Policy Holder</b>				
	Insurance Company <b>USAA-CASUALTY-INS-CO</b>		INDIVIDUAL <b>KIMBERLY SHANKS</b>		
	<b>Individual</b>				
UNIT INDIVIDUAL	DRIVER <b>KIMBERLY SHANKS (608) 402-0016</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
	Date of Birth		Race <b>WHITE</b>		
	Address <b>W11127 COUNTY ROAD W PORTAGE, WI 53901 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>				
UNIT 02	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		
	<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>
	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>NOT APPLICABLE (NOT DISTRACTED)</b>				
	Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>	Striking Unit #		Location		

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<b>UNIT</b>	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>			
	<b>02</b>	<b>002</b>		