

6TL0F68VNS  
24-13193

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0F68VNS

Document Number Override		Primary Crash Document #	Agency Crash Number <b>24-13193</b>	Investigating Officer/Deputy <b>SERGEANT T. CLAUER</b>	
Crash Date <b>11/29/2024</b>		Crash Time <b>11:57 AM</b>	Date Arrived <b>11/29/2024</b>	Time Arrived <b>12:13 PM</b>	
Date Notified <b>11/29/2024</b>		Time Notified <b>11:58 AM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input checked="" 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

<p>Diagram</p> <p style="text-align: center;">NOT TO SCALE</p>	Reconstruction By
	Photos By <b>SGT CLAUER</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 ONE WAS STOPPED AT THE STOP SIGN ON MAN MOUND RD AT STH 33. UNIT TWO ATTEMPTED TO TURN WEST ONTO MAN MOUND RD OFF OF STH 33. UNIT TWO MADE A WIDE TURN STRIKING UNIT ONE IN THE FRONT DRIVERS SIDE WITH THE FRONT PASSENGER SIDE OF UNIT 2. UNIT TWO OPERATOR EXITED HIS VEHICLE FOR A SHORT TIME THEN GOT IN HIS VEHICLE AND DROVE AWAY. UNIT TWO WAS STOPPED A SHORT DISTANCE AWAY. UNIT TWO OPERATOR WAS ARRESTED FOR OWI 4TH. UNIT TWO OPERATOR HAD A SMALL CUT ON HIS HAND. UNIT ONE DRIVER AND PASSENGER WEREN'T INJURED. ELITE TOWING TOWED UNIT ONE AND CRAIGS TOWING TOWED UNIT TWO.

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Location

Table with 3 columns: Location details (INTERSECTION ON MAN MOUND RD AT STH33 WB IN THE TOWN OF GREENFIELD IN SAUK COUNTY), Latitude (43.488924992), Longitude (-89.639258936), X Coordinate (286587.78125), Y Coordinate (4818495.5), Structure Type (NO STRUCTURE)

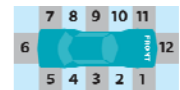
Crash Scene

Table with 3 columns: First Harmful Event (MOTOR VEH IN TRANSPORT), First Harmful Event Location (ON ROADWAY), Manner of Collision (02 - FRONT TO FRONT), Light Condition (DAYLIGHT), Road Surface Condition(s) (DRY), Roadway Factor(s) (NONE), Environment Factor(s) (NONE), Weather Condition(s) (CLOUDY), Animal Type, Relation To Trafficway (TRAFFICWAY - ON ROAD), Crash Classification - Location (PUBLIC PROPERTY), Crash Classification - Jurisdiction (NO SPECIAL JURISDICTION), Tribal Land, Access Control (NO CONTROL), Special Study, Within Interchange Area (NO), Junction Location (NON-JUNCTION), Intersection Type (NOT AN INTERSECTION)

Unit Summary

Table with 3 columns: Unit Status (IN TRANSIT), Vehicle Operating As Classification (D CLASS), Unit Type (AUTOMOBILE), Vehicle Type (PASSENGER CAR), Operating As Endorsements, Total Occs (02), Train/Bus # Recorded, Total # Citations Issued (0), Total Trailers (0), Total HazMat Types (0), Insurance? (YES), Direction Of Travel (EASTBOUND), Pre Crash Tire Mark, Speed Limit (45), Total Lanes (02), 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 (STOP SIGN), Traffic Control Inoperative/Missing (NO), Surface Type (BLACKTOP (BITUMINOUS)), Road Curvature (CURVE RIGHT), Road Grade (LEVEL), Truck Bus or HazMat (NO)

Table with 4 columns: License Plate Number (AXX8530), Plate Type (AUT), St (WI), Country of Issuance (UNITED STATES), Vehicle Identification Number (WMWZF3C50CT267699), Make (MIN), Year (2012), Model (MIC), Color (GRN - GREEN), Body Style (4D - 4DR), Bus Use, Initial Contact Point (11 - LEFT FRONT CORNER), Vehicle Damage (10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT), Extent Of Damage (DISABLING DAMAGE)



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>ELITE TOWING</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>123</b>			
01	Owner Name <b>ELEANOR GORDON (715) 412-0477</b>		Owner Address <b>7687 WOLFE LAKE RD ALMOND, WI 54909 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>USAA-CASUALTY-INS-CO</b>		INDIVIDUAL <b>ELEANOR GORDON</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>ELEANOR GORDON (715) 412-0477</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>7687 WOLFE LAKE RD ALMOND, WI 54909 , 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>	
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			
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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>Individual</b>					
		PASSENGER <b>ABBY BLANKE</b> <b>(920) 737-6560</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth			Race <b>WHITE</b>		
Address <b>8499 CTH Z</b> <b>CUSTER, WI 54423 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
01	002	<b>Safety Equipment</b>		On Duty Crash			
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>					
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit #		Location			

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
	01	002	<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**

UNIT	02	Unit Status <b>HIT AND RUN</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>	Operating As Endorsements			
		Total Occs <b>01</b>	Train/Bus # Recorded	Total # Citations Issued <b>03</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"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>02</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>CURVE RIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>				

**Vehicle**

UNIT	VEHICLE	02	02	License Plate Number <b>JFR0HS</b>	Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
				Vehicle Identification Number <b>1GC4YPE7XMF247005</b>	Make <b>CHEV</b>	Year <b>2021</b>	Model <b>SILVERADO</b>	
				Color <b>BLU - BLUE</b>	Body Style <b>PK - PICKUP</b>	Bus Use		
				Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT</b>			
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	Vehicle Removed By <b>CRAIGS TOWING</b>			
				Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>				
				What Driver Was Doing <b>RIGHT TURN</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors	
			NOT APPLICABLE	
	Driver Actions 102,105,107,115,116			
02	Owner Name JUSTIN FROHMADER (920) 220-0699		Owner Address 8315 E STATE ROAD 59 MILTON, WI 53563 , US	
	<b>Sequence Of Events</b>			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company AMERICAN-FAMILY-INS-CO		INDIVIDUAL JUSTIN FROHMADER	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER JUSTIN FROHMADER (920) 220-0699		Citations Issued 03	Sex MALE
	Address 8315 E STATE ROAD 59 MILTON, WI 53563 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	Injury Severity POSSIBLE INJURY	Airbag NOT APPLICABLE	
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source		
Distracted By Action				
<b>Non Motorist</b>		Striking Unit #	Location	

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL				
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use		Suspected Drug Use	
	Alcohol Test Given	Alcohol Test Type		Alcohol Test Results	
	<b>TEST NOT GIVEN</b>				
	Drug Test Given	Drug Test Type	Drug Test Results		
	<b>TEST NOT GIVEN</b>				
	Drug Type				
02	003	Individual Condition			
		<b>NOT OBSERVED</b>			
<b>Violations</b>					
03	01	UTC Number	Issue To?	Statute Number	Description
		<b>BL501777</b>	<b>003</b>	<b>346.63(1)(a)</b>	<b>OWI (4TH)</b>
		UTC Number	Issue To?	Statute Number	Description
02	01	<b>BL501778</b>	<b>003</b>	<b>346.67(1)</b>	<b>HIT AND RUN</b>
		UTC Number	Issue To?	Statute Number	Description
03	01	<b>BL501779</b>	<b>003</b>	<b>346.935(2)</b>	<b>POSSESS OPEN INTOXICANTS IN MV-DRIVER</b>