

6TL0F8QXZK

25-10732

WISCONSIN MOTOR VEHICLE  
CRASH REPORTSAUK 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>25-10732</b>		Investigating Officer/Deputy <b>DEPUTY J. GREENWOOD</b>	
Crash Date <b>10/13/2025</b>		Crash Time <b>02:00 PM</b>		Date Arrived <b>10/13/2025</b>		Time Arrived <b>02:36 PM</b>	
Date Notified <b>10/13/2025</b>		Time Notified <b>02:03 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

Photos By  
**DEPUTY GREENWOOD**Additional Information  
**PHOTOS**☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS WB ON STH 33 STOPPED MAKING A LEFT TURN. UNIT 2 WAS WB ON STH 33. OPERATOR OF UNIT 2 WAS LOOKING IN A FIELD AND DID NOT NOTICE UNIT 1 WAS STOPPED. UNIT 2 REAR END UNIT 1. OPERATOR OF UNIT 2 WAS ISSUED A CITATION FOR INATTENTIVE DRIVING.

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## Location

INTERSECTION ON E MAIN ST/ STH33 WB AT SOUTH ST IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.581476579</b>	Longitude <b>-90.124271889</b>
	X Coordinate <b>247753.875</b>	Y Coordinate <b>4830133.5</b>
	Structure Type <b>NO STRUCTURE</b>	

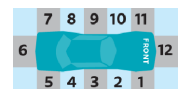
## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</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>INTERSECTION-RELATED</b>	Intersection Type <b>T-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>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>3</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 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>CURVE RIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>631ZWW</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JHLRE4H43BC027947</b>		Make <b>HOND</b>	Year <b>2011</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>06 - REAR</b>		Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</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>SLOW/STOPPING</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>		
01	01	Owner Name <b>NOLLIE SIEBER</b> (608) 415-9242	Owner Address <b>110 SCHOOL ST # A</b> <b>LA VALLE, WI 53941 , US</b>	
		<b>Sequence Of Events</b>		
01	01	Event <b>LEFT TURN</b>		
	02	Event <b>MOTOR VEH IN TRANSPORT</b>		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>		INDIVIDUAL <b>NOLLIE SIEBER</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		DRIVER <b>JOSEPH SIEBER</b> (608) 415-9242	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>110 SCHOOL ST # A</b> <b>LA VALLE, WI 53941 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
01	001	<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
		<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>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	001	<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>JOCELYN SIEBER</b> (608) 415-2080			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
					Date of Birth	Race <b>WHITE</b>	
		Address <b>110 SCHOOL ST # A</b> <b>LA VALLE, WI 53941 , US</b>			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		01	002	<b>Safety Equipment</b>		On Duty Crash	
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							
UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		

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		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>			
		<b>Individual</b>			
		PASSENGER <b>NOLLIE SIEBER</b> <b>(608) 415-9242</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
				Date of Birth	Race <b>WHITE</b>
		Address <b>110 SCHOOL ST # A</b> <b>LA VALLE, WI 53941 , US</b>		Driver License Number	
		01	003	<b>Safety Equipment</b>	
Row <b>02 - SECOND 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					
01	003	<b>Non Motorist</b>		Striking Unit #	Location
		Prior Action			

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UNIT 01	INDIVIDUAL 003	Action			
		Action Other			
		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>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 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>CURVE RIGHT</b>		Road Grade <b>UPHILL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 02	<b>Vehicle</b>					
		License Plate Number <b>ASG5711</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>3FA6P0H71ER354484</b>		Make <b>FORD</b>	Year <b>2014</b>	Model <b>FUSION</b>			
Color <b>BLK - BLACK</b>		Body Style <b>SD - SEDAN</b>		Bus Use			
Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>					
Extent Of Damage <b>DISABLING DAMAGE</b>							
Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By					
What Driver Was Doing <b>NEGOTIATING CURVE</b>							

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Actions <b>OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
	Owner Name <b>CHENOA FRANZ (608) 415-2028</b>		Owner Address <b>N1344 FOX RD WONEWOC, WI 53968 , US</b>	
	<b>Sequence Of Events</b>			
UNIT 01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT 02	<b>Policy Holder</b>			
	Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>		INDIVIDUAL <b>MEGAN FRANZ</b>	
	<b>Individual</b>			
	DRIVER <b>MEGAN FRANZ (608) 415-2028</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
UNIT 03	Date of Birth		Race <b>WHITE</b>	
	Address <b>N1344 FOX RD WONEWOC, WI 53968 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
UNIT 04	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
UNIT 004	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	
UNIT 004	Time of Death		<b>Distracted By</b>	
	Distracted By Source <b>EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)</b>			
	Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>			
	<b>Non Motorist</b>			
UNIT 004	Striking Unit #		Location	

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		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			
02	004	Individual Condition <b>APPEARED NORMAL</b>			
		<b>Violations</b>			
01		UTC Number <b>BK741544</b>	Issue To? <b>004</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>