

3TL0M7RB0R
2024-00012497

WISCONSIN MOTOR VEHICLE
CRASH REPORT

MANITOWOC POLICE DEPARTMENT
910 JAY STREET
MANITOWOC, WI 54220
(920) 686-6500

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Document Number Override		Primary Crash Document #		Agency Crash Number 3TL0M7RB0R		Investigating Officer/Deputy OFFICER J. MASSART	
Crash Date 10/03/2024		Crash Time 07:44 AM		Date Arrived 10/03/2024		Time Arrived 07:50 AM	
Date Notified 10/03/2024		Time Notified 07:44 AM		Total Units 02		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram



Reconstruction By

Photos By
MASSART/912

Additional Information
PHOTOS

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

UNIT 2 WAS TRAVELING S/B ON N. 7TH STREET. UNIT 1 WAS TRAVELING W/B ON BUFFALO STREET. UNIT 1 FAILED TO STOP FOR STOP SIGN, STRIKING UNIT 2. UNIT 1 FRONT-END STRUCK UNIT 2 DRIVER SIDE.

OFFICER J. MASSART/912

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NICK PEIMER
POLICE

Crash Date 10/03/2024
Crash Time 07:44 AM

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Location

INTERSECTION ON BUFFALO ST AT N 7TH ST IN THE CITY OF MANITOWOC IN MANITOWOC COUNTY	Latitude 44.094551656	Longitude -87.656387906
	X Coordinate 447458.28125	Y Coordinate 4882584
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS			Unit Type TRUCK
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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 STOP SIGN	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

01 VEHICLE	License Plate Number C20494	Plate Type LTK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FT7X2B62NEE20201	Make FORD	Year 2022	Model F250
	Color SIL - SILVER (ALUMINUM)	Body Style PK - PICKUP	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage FUNCTIONAL DAMAGE			

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions DISREGARDED STOP SIGN				
01 01	Owner Name ENTERPRISE FM TRUST		Owner Address 600 CORPORATE PARK DR ST. LOUIS, MO 63105 , US		
	Sequence Of Events				
01 01	Event	MOTOR VEH IN TRANSPORT			
	Event				
	Event				
	Event				
UNIT	Policy Holder		GOVERNMENT		
	Insurance Company CITIES-&VILLAGES-MUTUAL-INS-CO		CITY OF MANITOWOC		
UNIT INDIVIDUAL	DRIVER ALIYAH GRACE HANSON (920) 629-0514		Citations Issued 1	Sex FEMALE	
	Address 2516 MEADOW LN MANITOWOC, WI 54220 , US		Date of Birth 01/20/2006	Race WHITE	
			Driver License Number H5250070652002 STATE: WISCONSIN COUNTRY: UNITED STATES		
			Safety Equipment SHOULDER & LAP BELT		
01 001	Safety Equipment		On Duty Crash		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance		
	Helmet Use		Tint Compliance		
	Eye Protection		Airbag NON DEPLOYED		
	Injury		Injury Severity NO APPARENT INJURY	Trapped/Extricated NOT TRAPPED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					

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POLICE CHIEF

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UNIT INDIVIDUAL 01 001	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				
	Violations				
01	UTC Number BL2841941	Issue To? 001	Statute Number 346.46(1)	Description FAIL/STOP AT STOP SIGN	

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				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	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	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

02 02	License Plate Number AJY1268		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number KMHDU46D09U680281		Make HYUN	Year 2009	Model ELANTRA
	Color BLK - BLACK		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 09 - LEFT SIDE MIDDLE				

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5 4 3 2 1
CRASH DATE 10/03/2024
CRASH TIME 07:44 AM

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UNIT VEHICLE	Extent Of Damage DISABLING DAMAGE		Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CUSTER ST TOWING	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name DANA ANN ARNEMAN (920) 901-2337		Owner Address 511 NEW YORK AVE MANITOWOC, WI 54220 , US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
04	Event			
UNIT	Policy Holder			
	Insurance Company STATE-FARM-GENERAL-INS-CO		INDIVIDUAL MARK ARNEMAN	
UNIT INDIVIDUAL	Individual		Citations Issued	
	DRIVER MARK JON ARNEMAN (920) 901-2337		0	Sex MALE
	Date of Birth 08/12/1967		Race WHITE	
Address 511 NEW YORK AVE MANITOWOC, WI 54220 , US		Driver License Number A6555506729206 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
UNIT INDIVIDUAL	Injury		Airbag	
	Injury Severity SUSPECTED MINOR INJURY		DEPLOYED-SIDE	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Medical Transport EMS GROUND		Trapped/Extricated NOT TRAPPED	
Hospital AURORA MEDICAL CENTER		EMS Agency Identifier 6001123		
		EMS Run # 548472		
		Time of Death		

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UNIT INDIVIDUAL 02 002	Distracted By <i>Distracted By</i>		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 <i>Drug & Alcohol</i>		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				

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