CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00001554 Entity: Brown County

State: WI

DATE OF LOSS: 11/19/21

LOSS STREET: TAYLOR STREET

LOSS CITY : HOWARD

POLICE DEPT.: HOWARD POLICE

REPORT NUM. : 21-037863

Image Name: WI00001554_3331085643_211215_2185021.tif



3331085643

0GL0FRKG6D 21-037863

WISCONSIN MOTOR VEHICLE CRASH REPORT

BROWN COUNTY SHERIFFS OFFICE 2684 DEVELOPMENT DRIVE GREEN BAY, WI 54311 (920) 448-4200

| | Document Number Override | Э | Primary Crash Document # | | | / Crash Number | Investigating Officer/Deputy DEPUTY B COFFEY | | | |
|--|-----------------------------|---|---------------------------|-------------|-----------------------|----------------|--|-------|---------------------|--|
| 9 | Crash Date 11/19/2021 | | Crash Time 10:08 AM | | Date A 11/19/ | | Time Arrived 10:14 AM | | | |
| ************************************** | Date Notified 11/19/2021 | | Time Notified 10:10 AM | | Total U | Inits | Total Injured 00 | 1 ' 1 | | |
| 4 | On Emergency Hi | | t and Run Lane Closu | | ure Work Zone | | Trailer or Towed | | Reporting Threshold | |
| | Government Property | | Active Sc | hool Zone | School Bus Related NO | | Tags | | | |
| <u>ی</u> | Reportable | | Crash Type DT4000 (STA | NDARD CRASH |) | | Amended | | Secondary Crash | |

Description Diagram Reconstruction By Photos By **NOT TO SCALE** Additional Information NONE

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

ON THE ABOVE DATE AND TIME, UNIT 2 WAS YIELDING AT THE ROUND ABOUT ON SHAWANO AVE AT USH 41. UNIT 1 SAW UNIT 2 THOUGHT THEY HAD TIME TO GET THROUGH THE ROUNDABOUT, DID NOT YIELD TO UNIT 2 WHICH WAS A TRUCK WITH SEMI TRAILER. WHEN UNIT 2 STARTED TO TRAVEL THEY NEEDED BOTH LANES AND UNIT 1 CAUSED A TWO VEHICLE CRASH DUE TO FAILURE TO YIELD TO OVERSIZED VEHICLE IN ROUNDABOUT. UNIT 1 DRIVER STATED THAT THEY ALSO DID NOT KNOW THE LAW. NOTE UNIT 1 WAS NOT AT THE ROUNDABOUT FIRST #1341

21-037863

WISCONSIN MOTOR VEHICLE CRASH REPORT

BROWN COUNTY SHERIFFS OFFICE 2684 DEVELOPMENT DRIVE GREEN BAY, WI 54311 (920) 448-4200

| L | OC | ation === | | | | | | | | | | |
|-----|-------------------------------|-----------------------------|-----------------------------|------------|------------------------|-------------------|--|---------------|-------------------------------------|---------------|---|--|
| ſ | ON | STH29 EB | | | | | Latitude | | | Longitude | | |
| 1 | | TN | | | | | 44.53915 | 5573 | | -88.078628634 | | |
| | | STH29 EB | | | | X Coordin | ate | | Y Coordinate | | | |
| - 1 | | HE VILLAGE OF HOV | VARD | | 414308.78125 4932324.5 | | | | | | | |
| ١ | IN E | ROWN COUNTY | | | Structure | | | 1 | | | | |
| ١ | | | | | | | NO STR | | | | | |
| L | | | | | | | 110 0111 | 0010112 | | | | |
| (| Cra | sh Scene 👅 | | | | | | | | | | |
| T | First | Harmful Event | | | First Harm | ıful Event Lo | cation | | | | | |
| | MO | TOR VEH IN TRANSP | ORT | | ON ROA | DWAY | | | | | | |
| t | Man | ner of Collision | | | | Light Cond | dition | | | | | |
| | 07 - | SIDESWIPE/SAME D | IRECTION | | DAYLIGI | НТ | | | | | | |
| ŀ | Road | d Surface Condition(s) | | Roadway | Factor(s) | | | | | | | |
| 1 | DRY | , , | | | | | , | (-) | | | | |
| ١ | ואט | 1 | | | | | | | | | | |
| Γ | Envi | ronment Factor(s) | | | | | | | | | | |
| 1 | 10И | NE | | | | | NONE | | | | | |
| L | | | | | | | | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | | |
| | CLC | DUDY | | | | | | | | | | |
| + | Anim | nal Type | | | | | Relation T | o Trafficway | , | | | |
| | , vi iii i | iai Type | | | | | | CWAY - OI | | | | |
| ŀ | Croo | h Classification - Location | | | | | | ssification - | | | | |
| 1 | | BLIC PROPERTY | | | | | | | | | | |
| ŀ | | al Land | | | | | NO SPECIAL JURISDICTION Access Control Special Study | | | | | |
| 1 | HIDa | II Lanu | | | | | | | | | | |
| Ļ | | | | | | L | NO CONTROL | | | | | |
| - 1 | | in Interchange Area | Junction Location | | | Intersection | | | | | | |
| - 1 | ИО | | INTERSECTION | | ROUNDABOUT | | | | | | | |
| | | ure Type | | | Reaso | ns for Closure | | | | | | |
| L | CLC | SURE-ONE DIRECTI | ON | | | | | | | | | |
| ſ | Date | Initial Lane/Rd Closed | Time Initial Lane/Rd Closed | | LAW | ENFORC | EMENT, TOW TRUCK | | | | | |
| 1 | | 9/2021 | 10:08 AM | | | | | | ne Scene Cleared | | | |
| Γ | Date | All Lanes Open | Time All Lanes Open | | Date 9 | Scene Clear | ed | | | | | |
| | 11/1 | 9/2021 | 10:45 AM | | 11/19/2021 | | | 10:45 AM | | | | |
| ī | Jni | t Summary 💻 | | | | | | | | | | |
| | | Status | | I Vehi | cle Ope | rating As C | assification | | Unit Type | | | |
| 1 | IN T | RANSIT | | | LASS | Ŭ | | | AUTOMOBILE | | | |
| ŀ | | cle Type | | | | | | | Operating As Endorsements | | | |
| ' | | SENGER CAR | | | | | | | Sperating 7.6 Endorsomerite | | | |
| L | | Occs | Train/Bus # Recorded | Tota | I # Citat | ions Issued | Total Traile | | ers Total HazMat Types | | | |
| 1 | 1 | 10003 | Train/Bac // Traceraca | 1 | i # Oila | 10113 133000 | | 0 | 5.0 | 0 | | |
| ŀ | | rance? | Direction Of Travel | ⊹ ' | | | | | sit . | Total Lanes | _ | |
| - | YES | | EASTBOUND | | | CrashTire | | 40 | "" | | | |
| L | | | | Cno | cial Fun | Mark | | 40 | 4 Emergency Motor Vehicle Use | | | |
| - 1 | | Harmful Event: Collision | | | | ction IAL FUNC | TION | | | | | |
| - 1 | | TOR VEH IN TRANSP | URI | | | | | | NOT APPLICABLE | | | |
| - 1 | | ic Way | 0.04.00150 | | ic Cont | | | | Traffic Control Inoperative/Missing | | | |
| - 1 | | | | | LD SIC | | | | NO Bard Order | | | |
| - 1 | | • • | | | | ture | | | Road Grade | | | |
| - 1 | | CKTOP (BITUMINOU | CUF | RVER | IGHT | | | LEVEL | | | | |
| - 1 | | k Bus or HazMat | | | | | | | | | | |
| ١ | NO | | | | | | | | | | | |
| | | Vehicle | | | | | | | | | | |
| | | License Plate Number | | Plat | te Type | | St | | Country of Iss | suance | | |
| | | 614RFH | | | | томовіц | .E | wı | UNITED ST | | | |
| | | Vehicle Identification Nu | mher | Mal | | | | Year | Model | - | | |
| , | 5 | | | - 1 | | LET | 2015 CRUZE LT | | | | | |
| - 8 | O 1G1PC5SB5F7247749 CHEVROLET | | | | | | | _0.0 | JIIVEL LI | | | |

Crash Date 11/19/2021
Crash Time 10:08 AM

21-037863

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Color | | Body Style | Bus Use | | | | | | |
|----------|---------|---|-------------------------|---|---------------|--|--|--|--|--|--|
| | | RED - RED | | 4D - 4DR | | | | | | | |
| | Щ | Initial Contact Point | | Vehicle Damage | | | | | | | |
| UNIT | 2 | 10 - LEFT SIDE FRONT | | 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER | | | | | | | |
| ⋾ | VEHICLE | Extent Of Damage DISABLING DAMAGE | | | | | | | | | |
| | > | Towed Due To Damage | | Vehicle Removed By | | | | | | | |
| | | TOWED DUE TO DISABLIN | NG DAMAGE | HEAVY DUTY | | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | | |
| | | GOING STRAIGHT | | NOT APPLICABLE | | | | | | | |
| | | Driver Prior Action Other | | NOT AFFEIGABLE | | | | | | | |
| | | Driver Actions | | | | | | | | | |
| | щ | FAILED TO YIELD RIGHT- | OF-WAY | | | | | | | | |
| UNIT | VEHICL | | | | | | | | | | |
| 5 | 五 | | | | | | | | | | |
| | > | | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | | |
| _ | - | ROBIN J RASMUSSEN | | 3925 WEQUIOCK RD | | | | | | | |
| 9 | 5 | (920) 866-3881 | | GREEN BAY, WI 54311 , US | | | | | | | |
| | | | | | | | | | | | |
| | | Sequence Of Events Event | | | | | | | | | |
| | 5 | MOTOR VEH IN TRANSPO | RT | | | | | | | | |
| | 02 | Event | DT | | | | | | | | |
| | 0 | MOTOR VEH IN TRANSPO | KI | | | | | | | | |
| | 8 | Event | | | | | | | | | |
| | _ | Event Event | | | | | | | | | |
| | 04 | | | | | | | | | | |
| - | | Policy Holder | | | | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | | | | |
| | | AUTO-OWNERS-INS-CO | | ROBIN RASMUSSEN | | | | | | | |
| | | Individual | | I Citations leaved | LO | | | | | | |
| | | Driver MARY ALICE RASMUSSEN | N | Citations Issued | Sex FEMALE | | | | | | |
| | M | (920) 866-3881 | | Date of Birth | Race | | | | | | |
| — | DUAI | | | 01/26/1952 | WHITE | | | | | | |
| Z | NON | Address | | Driver License Number | | | | | | | |
| _ | ¥ | 3925 WEQUIOCK RD GREEN BAY, WI 54311 , U | S | R2525815252601 STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | | , | | | | | | | | | |
| | | On Duty (| Crash | Safety Equipment | | | | | | | |
| | Sa | fety Equipment | | | | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP BELT | | | | | | | |
| | | 01 - FRONT ROW Helmet Use | 07 - LEFT | Helmet Compliance | | | | | | | |
| | | Heimei Ose | | Heimet Compliance | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | | |
| | | | | | | | | | | | |
| 10 | 90 | Injury Sev | verity VARENT INJURY | Airbag | | | | | | | |
| |) | - 110711 | Ejection Path | NON DEPLOYED Trapped/Extricated | | | | | | | |
| | | l ' l | NOT EJECTED/NOT AP | PLICABLE | NOT TRAPPED | | | | | | |
| | | Medical Transport | | EMS Agency Identifier | EMS Run # | | | | | | |
| | | NOT TRANSPORTED | | | | | | | | | |

21-037863

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | | | | | | | | | ` , | | | |
|----------|------------|--|----------------------|----------------|-------------|------------------------------------|-----------------|--|------------|----------------|--|--|--|
| | | Hospital | | | Date o | of Death | | Time of De | ath | | | | |
| | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | | | | |
| | | Prior Action | | | | | | | _ | | | | |
| | | Action | | | | | | | | | | | |
| | Ļ | | | | | | | | | | | | |
| ⊨ | INDIVIDUAL | | | | | | | | | | | | |
| UNIT | 2 | | | | | | | | | | | | |
| | Z | | | | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School | | | |
| | | . 1.5.1.5.1 | Commended Alexandra | | | | | | | TOTTOM SCHOOL | | | |
| | | Drug & Alcohol | Suspected Alco NO | noi use | NO NO | cted Drug Use | | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test | Туре | | | | Alcohol Test Results | | | | | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Ty | Drug Test Type | | | ug Test Results | | | | | | |
| 10 | 100 | Drug Type | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | |
| | | Individual Condition APPEARED NORMAL | | | | | | | | | | | |
| | | Violations | | | | | | | | | | | |
| | | UTC Number Issue To? Statute N | | Statute Number | | | | | | | | | |
| | Б Uni | BE542060 t Summary ■ | 001 | 346.13(5) | FAIL/ | TIELD TO OVER | RSIZED VEHIC | LE IN ROUI | ADAROU I | | | | |
| | | Status | | | Vehicle O | perating As Classif | cation | Unit Type | | | | | |
| | IN TRANSIT | | | | | S | | TRUCK | | | | | |
| 02 | | icle Type JCK TRACTOR (SEI | MI ATTACHEI |) | | | | Operating As Endorsements | | | | | |
| | Tota | al Occs | Train/Bus | # Recorded | Total # Cit | Total # Citations Issued Total Tra | | | Total HazN | Mat Types | | | |
| | Insu | rance? | Direction (| | | CrashTire | 1 Speed Lin | nit Total Lane | | s | | | |
| LNO | YES Mos | 3 t Harmful Event: Collision | EASTBC | UND | Special Fu | Mark | 40 | 4 Emergency Motor Vehicle Use | | | | | |
| - | МО | TOR VEH IN TRANS | | | NO SPE | CIAL FUNCTION | N | NOT APPLICABLE | | | | | |
| | | fic Way IDED HWY W/TRAF | FIC BARRIER | \ | Traffic Cor | | | Traffic Control Inoperative/Missing NO | | | | | |
| | | ace Type ACKTOP (BITUMINO |)IIS) | | I | Road Curvature CURVE RIGHT | | | Road Grade | | | | |
| | Truc | k Bus or HazMat | | | | | | LLVLL | | | | | |
| | | JCK OR TRUCK CO | MBINATION > | 10,000LBS GVV | WR/GCWR | | | | | | | | |
| | | Vehicle License Plate Number | | | Plate Typ | e | St | Country of Is | suance | | | | |
| | | 24678X | | | | PPORTIONED | WI | UNITED STATES | | | | | |

21-037863

WISCONSIN MOTOR VEHICLE CRASH REPORT

| 05 | | | | | lake REIGHTL | INER CORP | Year 2018 | Model N/A | | | |
|------|------------|--|----------------------|--|--|---------------------------------------|--|--------------------------------|--------------|--|--|
| | | Color WHI - WHITE | | | | ody Style | TOR | | Bus Use | | |
| _ | 4 | Initial Contact Point 04 - RIGHT SIDE REAF | | | V | Vehicle Damage | | | | | |
| UNIT | VEHICL | | | | | 3 - RIGHT | SIDE MIDDLE, 0 | 4 - RIGHT | SIDE REAR | | |
| | > | Towed Due To Damage | | | V | ehicle Rem | oved By | | | | |
| | | NOT TOWED | | | | OPERATOR | | | | | |
| | | What Driver Was Doing GOING STRAIGHT | | | ľ | ehicle Facto | ors | | | | |
| | | Driver Prior Action Other | | | | IOT APPL | ICABLE | | | | |
| LINO | VEHICLE | Driver Actions NO CONTRIBUTING A | CTION | I | , | | | | | | |
| 02 | 02 | Owner Name DTD TRUCKING LLC (920) 373-2147 | | | | | Address DLCZINSKI CIR TO FALLS, WI 54 ⁻ | 154 705, l | JS | | |
| | | Sequence Of Events | | | | | | | | | |
| | 10 | Event MOTOR VEH IN TRAN | | Γ | | | | | | | |
| | 02 | Event MOTOR VEH IN TRAN | SPOR | Г | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | 04 | Event | | | | | | | | | |
| UNIT | | Policy Holder Insurance Company NATIONAL-CASUALT | Y-CO | | | Organization/Company DTD TRUCKING LLC | | | | | |
| | | Trailer/Towed | | | | | | | | | |
| 05 | | 1 1 | Plate Typ STL - S | | Make UNK | | State WI | ntry of Issuance TED STATES | | | |
| UNIT | TRAILER/ | Unit Type SEMI TRAILER Vehicle Identification Numb 1E9FD3387DE064336 | oer | DTD | unization/Company O TRUCKING LLC O) 373-2147 | | ess POLCZINSKI CIR DNTO FALLS, WI 54154 705, US | | | | |
| | | Individual | | | | | | | | | |
| | | Driver RANDEL JOHN EVER | APD | | | Citations I | ssued | | Sex | | |
| | AL | (920) 371-1813 | AND | | | Date of Bir | rth | | MALE Race | | |
| ⊨ | \equiv | | | | | 06/09/1959 | | | WHITE | | |
| TINO | INDIVIDUAL | Address 395 N PINE RD SOBIESKI, WI 54171, | | Driver License Number E1667305920906 STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | Sa | fety Equipment | Duty Cra | ısh | | Safety Equipment | | | | | |
| | | | | | SHOULDER & LAP BELT | | | | | | |

21-037863

WISCONSIN MOTOR VEHICLE CRASH REPORT

| | | Helmet Use | | Helmet Compliance | | | | | | | | |
|------|------------|--|----------------------|--------------------------|--------------------------------|---------------------|-------------|--|----------------------|----------------|--|--|
| | | Eye Protection | | | | Tint Compliance | | | | | | |
| 05 | 200 | Injury Severity NO APPARENT INJURY | | | Airbag NON DEPLOYED | | | | | | | |
| | | Ejection Path | | | | | | | Trapped/Extricated | | | |
| | | NOT EJECTED NOT EJECTED/NO | | | | _ | | | NOT TRAPPED | | | |
| | | Medical Transport NOT TRANSPORTED | | | EMS A | gency Identifier | | | EMS Run # | | | |
| | | Hospital | | | Date o | f Death | | | Time of Death | | | |
| | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | Distracted By Action | | | | | | | | | |
| | | Non Motorist Striking | Unit # | Location | | | | | | | | |
| | | Prior Action | | | | | | | | | | |
| | | Action | | | | _ | | | | | | |
| | UAL | | | | | | | | | | | |
| LINO | INDIVIDUAL | | | | | | | | | | | |
| | 2 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | To/From School | | |
| | | Drug & Alcohol NO | | | Suspe NO | cted Drug Use | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | - | Alcohol Test Type | . | | | | Alcohol Test Results | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | | Drug Test R | Results | <u> </u> | | | |
| 05 | 200 | Drug Type | | | | | | | | | | |
| | 0 | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | | |
| | | Carrier | | | | Source | | | | | | |
| | | Use Vehicle Owner Same as Carrier | | | | DRIVER | | | | | | |
| 05 | 5 | Name DTD TRUCKING LL | С | | | Address 417 POLCZIN | | 154 7 | '05 IIS | | | |
| | | USDOT# 1767571 | | | OCONTO FALLS, WI 54154 705, US | | | | | | | |
| | BUS | GVWR 10,001-26,000 LBS | | onfiguration TRACTOR/SEM | I-TRAII | .ER | | Cargo Body Type POLE-TRAILER | | | | |
| EN S | | US DOT # | Carrier Ty | /pe | | | | | Permitted Load | | | |
| | TRUCK | 1767571 WI Pern | INTERS nit Number | TATE CARRIER | | ehicle On | Escort | NOT APPLICABLE Vehicle Required Faceart Vehicle Procent | | | | |
| | Ë | OS/OW Load | 1 1 2 | Pe | | Route Measured Widt | | By Permit Escort Vehicle Present Measured Weight | | | | |
| | | Measured Height | Ivieasu | ired Length | | ivieasureu vvidi | 11 | | weasured weight | | | |