

Type of Report: AUTO ACCIDENT

PayorID: WI00000069 Entity: Wisc. Div. Motor Vehicles

State: WI

DATE OF LOSS: 11/21/21

LOSS STREET : Unknown

LOSS CITY : Appleton

POLICE DEPT.: GRAND CHUTE POLICE DEPARTMENT

REPORT NUM. : G21020822

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1131538181

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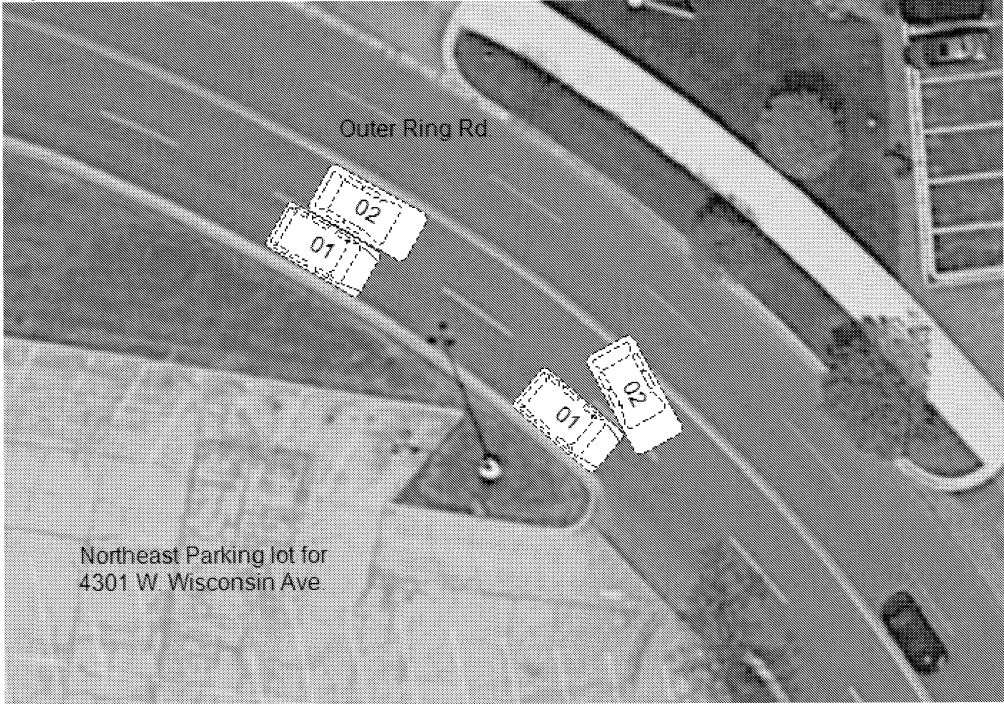

WISCONSIN MOTOR VEHICLE CRASH REPORT

GRAND CHUTE POLICE DEPARTMENT
1900 W GRAND CHUTE BLVD
GRAND CHUTE, WI 54913
(920) 832-1575

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy OFFICER C. VOSKUIL	
Crash Date 11/21/2021		Crash Time 11:39 AM		Date Arrived 11/21/2021		Time Arrived 11:48 AM	
Date Notified 11/21/2021		Time Notified 11:41 AM		Total Units 02		Total Injured 00	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
  Not to Scale	Photos By
	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 01 WAS TRAVELING CLOCKWISE AROUND OUTER RING RD NEAR THE NORTHEASTERN MOST PARKING LOT IN THE OUTSIDE LANE. UNIT 02 WAS TRAVELING BESIDE UNIT 01 IN THE INNER LANE. UNIT 02 ATTEMPTED TO TURN RIGHT INTO THE PARKING LOT AND DID NOT SEE UNIT 01. THE FRONT PASSENGER SIDE OF UNIT 02 HIT THE FRONT DRIVER SIDE CORNER OF UNIT 01.

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Location

ON OUTER RING RD 858 FT E OF FOX RIVER MALL IN THE TOWN OF GRAND CHUTE IN OUTAGAMIE COUNTY	Latitude 44.27184928	Longitude -88.467282282
	X Coordinate 382900.0625	Y Coordinate 4903114
	Structure Type NO STRUCTURE	

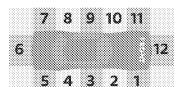
Crash Scene

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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	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 20	Total Lanes 4	
	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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle					
	License Plate Number ABE9495		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5UXJU4C06M9H18098		Make BMW	Year 2021	Model X5	
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER			
VEHICLE	Extent Of Damage MINOR DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01	Owner Name JOSHUA KENNETH LADY (540) 494-0158		Owner Address 7018 N BARTON CT APPLETON, WI 54913 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company HANOVER-INS-CO,-THE		Individual JOSHUA LADY	
UNIT INDIVIDUAL	Individual			
	Driver JOSHUA KENNETH LADY (540) 494-0158		Citations Issued 0	Sex MALE
	Date of Birth 03/09/1985		Race WHITE	
	Address 7018 N BARTON CT APPLETON, WI 54913 , US		Driver License Number L3004318508903 STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
001	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
01	Distracted By			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	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					
UNIT	INDIVIDUAL	Individual					
		Passenger PING DU LADY (540) 397-5688			Citations Issued 0		Sex FEMALE
					Date of Birth 09/10/1980		Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLA
		Address 7018 N BARTON CT APPLETON, WI 54913 , US			Driver License Number L3006648083002 STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment					
		On Duty Crash			Safety Equipment		
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		Helmet Use			Helmet Compliance		
		Eye Protection			Tint Compliance		
		UNIT	INDIVIDUAL	Injury			
Injury Severity NO APPARENT INJURY				Airbag NON DEPLOYED			
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED				EMS Agency Identifier		EMS Run #	
Hospital				Date of Death		Time of Death	
Distracted By							
Distracted By Source							
Distracted By Action							
Non Motorist							
Striking Unit #				Location			

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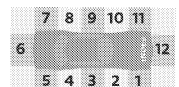
UNIT 01	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					

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 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 20	Total Lanes 4	
	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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 02	VEHICLE	License Plate Number ALF8219				Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number KNADM5A31E6401988				Make KIA MOTORS CORPORA	Year 2014	Model RIO
		Color RED - RED				Body Style HB - HATCHBACK		Bus Use
		Initial Contact Point 02 - RIGHT SIDE FRONT				Vehicle Damage		
		Extent Of Damage MINOR DAMAGE				02 - RIGHT SIDE FRONT		
		Towed Due To Damage NOT TOWED				Vehicle Removed By UNKNOWN		
		What Driver Was Doing RIGHT TURN						



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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE			
	Owner Name LOURDES MARIA FLORES (717) 977-1254		Owner Address 1844 WESTERN AVE # C8 GREEN BAY, WI 54303 , US	
	Sequence Of Events			
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual LOURDES FLORES	
	Individual			
	Driver LOURDES MARIA FLORES (717) 977-1254		Citations Issued 1	Sex FEMALE
UNIT INDIVIDUAL	Date of Birth 05/15/1999		Race HISPANIC	
	Address 1844 WESTERN AVE # C8 GREEN BAY, WI 54303 , US		Driver License Number F4625339967504 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
UNIT INDIVIDUAL	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
UNIT INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated NOT TRAPPED		Medical Transport NOT TRANSPORTED	
	EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death	
UNIT INDIVIDUAL	Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
	Non Motorist		Striking Unit #	
	Location			

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UNIT	INDIVIDUAL	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				
		Individual				
		UNIT	INDIVIDUAL	Passenger DETRIUS LEON SPENCER		Citations Issued 0
Date of Birth 11/28/1999				Race BLACK/AFRICAN AMERICAN		
Address 456 RICKARBY ST MOBILE, AL 36606 , US				Driver License Number I0082923 STATE: ALABAMA COUNTRY: UNITED STATES		
Safety Equipment				On Duty Crash		Safety Equipment
Row 01 - FRONT ROW				Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
Injury				Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED				Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED				EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death			
UNIT	INDIVIDUAL	Distracted By				
		Distracted By Source				
		Distracted By Action				
		Non Motorist				
Striking Unit #		Location				
Prior Action						

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UNIT INDIVIDUAL				
	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 BF782569	Issue To? 003	Statute Number 343.07(1g)(a)1