

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00000069 Entity: Wisc. Div. Motor Vehicles

State: WI

DATE OF LOSS: 11/19/21

LOSS STREET : COUNTY ROAD A AND MUNCHIN RD

LOSS CITY : HUDSON

POLICE DEPT.: SAINT CROIX PD

REPORT NUM. : 50202112344

Image Name: WI00000069_3331084183_211215_2182615.tif



3331084183

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SO202112344

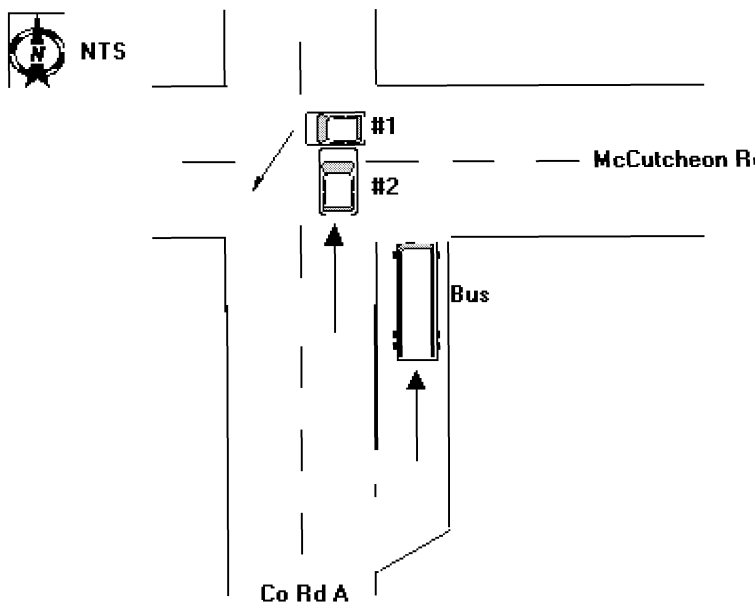
WISCONSIN MOTOR VEHICLE CRASH REPORT

ST. CROIX CO SHERIFFS OFFICE
1101 CARMICHAEL ROAD
HUDSON, WI 54016
(715) 381-4320

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Document Number Override		Primary Crash Document #		Agency Crash Number SO202112344		Investigating Officer/Deputy DEPUTY S. GOSTOVICH	
Crash Date 11/19/2021		Crash Time 06:41 AM		Date Arrived 11/19/2021		Time Arrived 06:57 AM	
Date Notified 11/19/2021		Time Notified 06:42 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 YES, SCHOOL BUS INDIRE		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> 	Reconstruction By
	Photos By J. SMITH 8823
	Additional Information PHOTOS, WITNESS STATEMENTS, BODY CAMERA VIDEO

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

UNIT 1 W/B MCCUTCHEON TO S/B CO RD A. THE DRIVER OF UNIT 1 HAD OBSTRUCTED VISION DUE TO A SCHOOL BUS IN THE N/B TURN LANE. UNIT 1 PULLED OUT INTO THE INTERSECTION AND WAS STRUCK BY UNIT 2 AS IT TRAVELED N/B ON CO RD A. EMS AND THE FIRE BRIGADE WERE SUMMONED TO THE SCENE. THE DRIVER OF UNIT 1 WAS EVALUATED BY EMS ON SCENE BUT NO TRANSPORT WAS MADE. UNIT 1 WAS REMOVED FROM THE SCENE BY JERRYS TOWING. UNIT 2 WAS DRIVEN FROM THE SCENE BY THE OPERATOR OF THE VEHICLE. DIGITAL PHOTOS WERE TAKEN AT THE SCENE AND PLACED IN THE V DRIVE UNDER THE CORRESPONDING CASE NUMBER. STATEMENT FORMS WERE COMPLETED BY BOTH DRIVER AND ONE INDEPENDENT WITNESS AND SCANNED TO THE CASE FILE. THERE ARE NO CHARGES PENDING OR CITATIONS ISSUED AT THIS TIME.

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Location

INTERSECTION ON CTHA NB AT MCCUTCHEON RD IN THE TOWN OF HUDSON IN ST. CROIX COUNTY	Latitude 45.003254928	Longitude -92.675442754
	X Coordinate 52713.56640625	Y Coordinate 4999003
	Structure Type NO STRUCTURE	

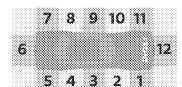
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAWN	
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

UNIT 01	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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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					

UNIT 01	Vehicle					
	License Plate Number AEK1871		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number WVWDM7AJ7DW058955		Make VOLKSWAGEN	Year 2013	Model GOLF	
	Color GRY - GRAY		Body Style HB - HATCHBACK		Bus Use	
	Initial Contact Point 09 - LEFT SIDE MIDDLE		Vehicle Damage 09 - LEFT SIDE MIDDLE			
VEHICLE	Extent Of Damage DISABLING DAMAGE					



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By JERRYS TOWING	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE			
01	Owner Name VINI T MANCHANDA (715) 377-0655		Owner Address 890 FRASER LN HUDSON, WI 54016 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company GEICO-CASUALTY-CO		Individual VINI MANCHANDA	
01	Individual			
	Driver KATRINA VEE MANCHANDA (715) 377-0655		Citations Issued 0	Sex FEMALE
	Date of Birth 11/06/2003		Race WHITE	
	Address 890 FRASER LN HUDSON, WI 54016 , US		Driver License Number M5255180390608 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 POSSIBLE INJURY		Airbag DEPLOYED-SIDE	
	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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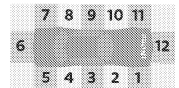
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UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition APPEARED NORMAL				

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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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				

UNIT VEHICLE 02 02	Vehicle				
	License Plate Number 864WJZ		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G1PE5SBXG7180061		Make CHEVROLET	Year 2016	Model CRUZ
	Color BLK - BLACK		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE		12 - FRONT		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		



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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name ELIZABETH ROSE FISH (715) 338-5406		Owner Address 2215 WHITE PINE RD HUDSON, WI 54016 , US	
UNIT 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
UNIT 04	04	Event		
	Policy Holder			
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual ELIZABETH FISH	
	Individual			
UNIT INDIVIDUAL	Driver ELIZABETH ROSE FISH (715) 338-5406		Citations Issued 0	Sex FEMALE
			Date of Birth 11/21/1998	Race WHITE
	Address 2215 WHITE PINE RD HUDSON, WI 54016 , US		Driver License Number F2002369892105 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment			
UNIT 002	On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 002	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 002	Distracted By			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
	Non Motorist			
UNIT 002	Striking Unit #		Location	

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UNIT INDIVIDUAL 02 002	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			