

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00001554 Entity: Brown County

State: WI

DATE OF LOSS: 11/18/21

LOSS STREET : SHAWANU TAYLOR

LOSS CITY : GREEN BAY

POLICE DEPT.: BROWN CO SHERIFF

REPORT NUM. : 21037748

Image Name: WI00001554_3331085641_211215_2185022.tif



3331085641

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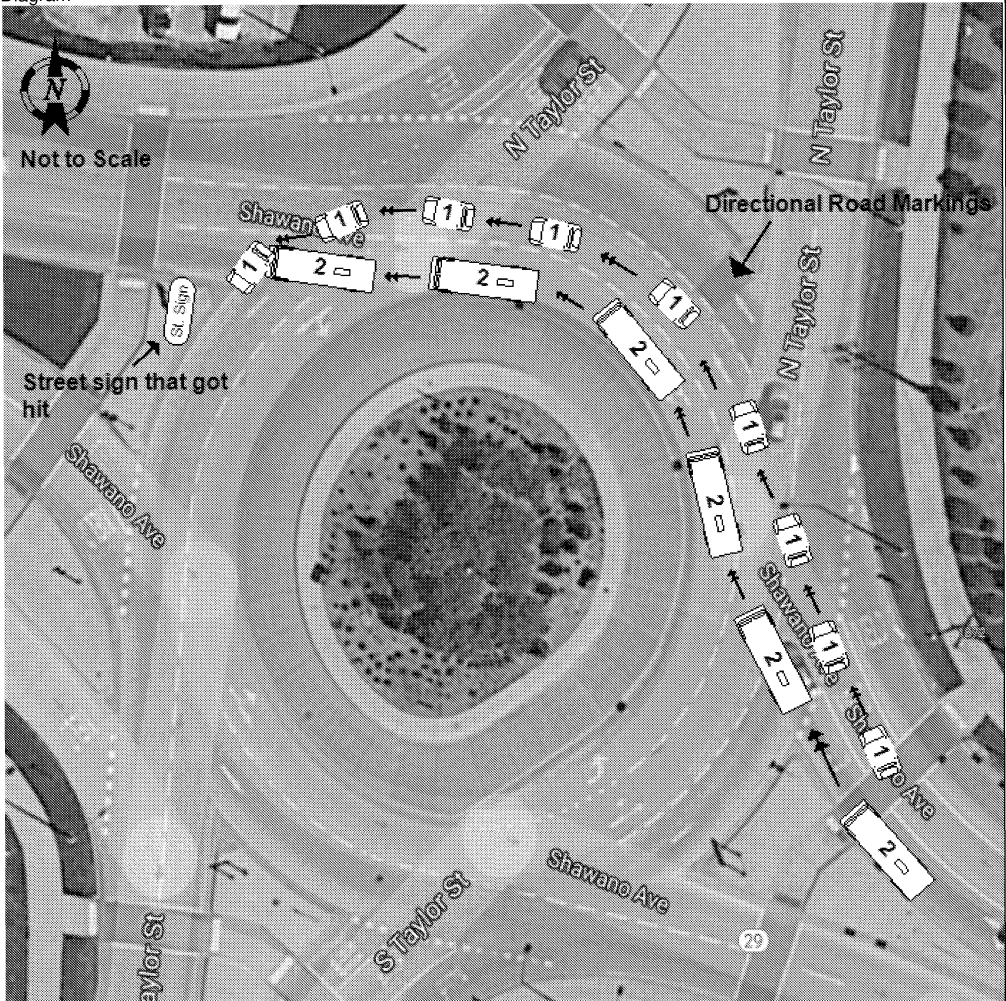
WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy DEPUTY J KRAFT	
Crash Date 11/18/2021		Crash Time 01:18 PM		Date Arrived 11/18/2021		Time Arrived 01:25 PM	
Date Notified 11/18/2021		Time Notified 01:20 PM		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

<p>Diagram</p> 	Reconstruction By
	Photos By
	Additional Information NONE

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

VEH 2 (GD87713) WAS TRAVELING WEST ON SHAWANO AVENUE ENTERING THE ROUNDABOUT AT TAYLOR STREET IN LANE 1 (LEFT LANE). VEH 1 (ALY7562) WAS TRAVELING WEST ON SHAWANO AVENUE ENTERING THE ROUNDABOUT AT TAYLOR STREET IN LANE 2 (MIDDLE LANE). VEH 1 AND 2 WERE NEXT TO EACH OTHER WHEN ENTERING ROUNDABOUT. VEH 2 PROCEEDED TO GO STRAIGHT THROUGH ROUNDABOUT TO PROCEED WEST ON SHAWANO AVENUE. VEH 1 PROCEEDED TO TURN LEFT (EAST) DIRECTLY IN FRONT OF VEH 2. VEH 2'S FRONT PASSENGER SIDE COLLIDED WITH VEH 1'S REAR DRIVER'S SIDE CAUSING VEH 1 TO HIT ROADWAY SIGN ON WEST SIDE OF ROUNDABOUT BETWEEN EAST AND WEST LANES (PROPERTY TAG ATTACHED). DRIVER OF VEH 1 WAS IN MIDDLE LANE WHICH ACCORDING TO ROADWAY MARKINGS AND SIGNS WAS SUPPOSED TO GO STRAIGHT (WEST) ON SHAWANO AVENUE. I MADE CONTACT WITH BOTH DRIVERS (BOTH VEH'S OCCUPIED BY ONE). BOTH PARTIES REFUSED RESCUE AND STATED THEY WERE NOT INJURED. DRIVER OF VEH 1 ID'D W/ WI DL. DRIVER OF VEH 2 ID'D W/ WI DL. BOTH PARTIES COOPERATIVE. DRIVER OF VEH 1 STATED THAT HE THOUGHT MIDDLE LANE WAS MEANT TO TURN LEFT TO GO SOUTH ON TAYLOR STREET. I ISSUED AND EXPLAINED TO BOTH PARTIES CRASH FORMS. DRIVER OF VEH 1 WAS ISSUED AND EXPLAINED CITATION FOR UNSAFE LANE CHANGE. BOTH PARTIES COOPERATIVE.

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Location

ON STH29 WB 23 FT W OF STH29 WB IN THE VILLAGE OF HOWARD IN BROWN COUNTY	Latitude 44.534847016	Longitude -88.073336326
	X Coordinate 414722.9375	Y Coordinate 4931840
	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) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type ROUNDAABOUT	

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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 3	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way ONE-WAY TRAFFIC		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01	Vehicle					
	License Plate Number ALY7562		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G4HP52K04U206455		Make BUICK	Year 2004	Model LESABRE	
	Color BLU - BLUE		Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage 08 - LEFT SIDE REAR			
	Extent Of Damage FUNCTIONAL DAMAGE					

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing CHANGING LANES		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions DISREGARDED OTHER TRAFFIC CONTROL , DISREGARDED OTHER ROAD MARKINGS, IMPROPER OVERTAKING / PASSING LEFT			
01	Owner Name CECIL PATRICK COLEMAN (920) 404-4909		Owner Address 707 DOUSMAN ST APT 4 GREEN BAY, WI 54303 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event	TRAFFIC SIGN POST		
	Event			
	Event			
01	Policy Holder			
	Insurance Company TRIPLE AAA INSURANCE		Individual CECIL COLEMAN	
01	Individual			
	Driver CECIL PATRICK COLEMAN (920) 404-4909		Citations Issued 1	Sex MALE
	Date of Birth 09/14/1965		Race	
	Address 707 DOUSMAN ST APT 4 GREEN BAY, WI 54303 , US		Driver License Number C4551156533400 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	
01	Injury 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	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 BE542058		Issue To? 001	Statute Number 346.34(1)(a)3	Description DEVIATING FROM LANE OF TRAFFIC		

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
		Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)					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 35	Total Lanes 3		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way ONE-WAY TRAFFIC		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE LEFT		Road Grade LEVEL		
		Truck Bus or HazMat NO						
		Vehicle						
		02	License Plate Number GD87713		Plate Type HTK - HEAVY TRUCK	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FDNF6AN4NDF02183			Make FORD	Year 2022	Model F650			
Color WHI - WHITE			Body Style ST - STAKE TRUCK		Bus Use			
Initial Contact Point 01 - RIGHT FRONT CORNER								

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UNIT	VEHICLE	Vehicle Damage	
		Extent Of Damage MINOR DAMAGE	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE
UNIT	VEHICLE	Driver Prior Action Other	
		NO CONTRIBUTING ACTION	
02	02	Owner Name AGILITI HEALTH INC (920) 338-3465	Owner Address 2001 LAWRENCE DR STE 101A DE PERE, WI 54115 , US
		Sequence Of Events	
UNIT	VEHICLE	01	Event MOTOR VEH IN TRANSPORT
		02	Event
		03	Event
		04	Event
UNIT	VEHICLE	Policy Holder	
		Insurance Company WI INS CARD GELCO FLEET TRUST FOR AGILITI	Organization/Company AGILITI HEALTH INC
UNIT	INDIVIDUAL	Individual	
		Driver RACHED BENJAMIN BANJAK (920) 883-2587	Citations Issued 0
			Sex MALE
		Date of Birth 11/13/1986	Race WHITE
02	002	Address 2510 S KERRY LN APT 8 APPLETON, WI 54915 , US	
		Driver License Number B5227228641304 STATE: WISCONSIN COUNTRY: UNITED STATES	
02	002	Safety Equipment	
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 07 - LEFT
		Helmet Use	Helmet Compliance
02	002	Eye Protection	Tint Compliance
		Injury	
		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
02	002	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
		Hospital	EMS Run #
02	002	Date of Death	Time of Death

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UNIT INDIVIDUAL 02 002	Distracted By		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		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				
Property Owner				
PROP OWNER 01	Government WISCONSIN DEPT OF TRANSPORTATION (920) 492-5643		Address 944 VANDERPERREN WAY PO BOX 28080 GREEN BAY, WI 54324 0080, US	
Fixed Objects Struck				
01	Striking Unit 01	Struck Object TRAFFIC SIGN POST	Structure Number	Damage Tag Number 414027