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

0GL0FRKG69 21-037748

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [Primary Crash Document #		y Crash Number	Investigating Officer/Deputy DEPUTY J KRAFT			
69	Crash Date 11/18/2021	Crash Time 01:18 PM			rrived / 2021	Time Arrived 01:25 PM			
RKG6	Date Notified 11/18/2021	Time Notified 01:20 PM			Inits	Total Injured 00	1		
0FF	On Emergency	Hit and Run	it and Run Lane Closu		Work Zone	Trailer or	owed	Reporting Threshold	
OGL	Government Property	Active Sc	Active School Zone		Bus Related	Tags			
)	Reportable	Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH			Amended		Secondary Crash	

Description Reconstruction By Photos By Not to Scale Directional Road Marking Additional Information NONE Street sign that got hit Sieriono Avo

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

Crash Date 11/18/2021

Crash Time 01:18 PM

	ON	STH29 WB FT W			Latitude 44.53484	Latitude 44.534847016		Longitude -88.073336326						
		STH29 WB THE VILLAGE OF HOW	/ARD			X Coordina	ate		Y Coordi	nate				
	IN B	BROWN COUNTY				414722.9375 4931840 Structure Type								
				NO STRI	JCTURE									
(sh Scene												
		Harmful Event	net			First Harm ON ROA	ful Event L	ocation						
							dition							
						DAYLIGI								
	Road	d Surface Condition(s)				Roadway	Factor(s)							
	DR۱	Υ												
	Envi	ronment Factor(s)				-								
	ЮИ	NE				NONE								
	Wea	ather Condition(s)				-								
	CLC	DUDY												
	Anim	nal Type				1	o Trafficwa	•						
	Cras	sh Classification - Location					SWAY - O ssification -	Jurisdiction						
	PUE	BLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION						
	Triba	al Land				1	Access Control Special Study FULL CONTROL			Special Study				
	With	in Interchange Area	Junction Location		Intersection									
	NO		INTERSECTION							ABOUT				
- 1														
		t Summary 💻			1									
	Unit	Status		Vehicle Ope		lassification		Unit Type	DII E					
	Unit IN T	Status FRANSIT		Vehicle Ope		lassification		AUTOMO		nents				
	Unit IN T Vehi	Status		1		lassification		1		nents				
	Unit IN T Vehice PAS Tota	Status FRANSIT icle Type	Train/Bus # Recorded	D CLASS Total # Cita			Total Trail	AUTOMO Operating A	s Endorsen					
	Unit IN T Vehi PAS Tota 1	Status FRANSIT icle Type SSENGER CAR		Total # Cita	tions Issued	ı	Total Trai	AUTOMO Operating A	s Endorsen Total Hazi	Mat Types				
01	Unit IN T Vehice PAS Tota 1	Status FRANSIT icle Type SSENGER CAR Il Occs rance?	Direction Of Travel	Total # Cita	tions Issued	ı	Total Trail O Speed Lir	AUTOMO Operating A	Total Hazi Total Lane	Mat Types				
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21-037748

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

					(020) 110 4200				
		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED What Driver Was Doing		OPERATOR Vehicle Factors					
		CHANGING LANES	ļ	Vollidio I dolois					
		Driver Prior Action Other		NOT APPLICABLE					
LINO	VEHICLE	Driver Actions DISREGARDED OTHER 1 LEFT	I	LEGARDED OTHER ROAD MAR	RKINGS, IMPROPER OVERTAKING / PASSING				
Ð	01	Owner Name CECIL PATRICK COLEMA (920) 404-4909	AN	Owner Address 707 DOUSMAN ST APT 4 GREEN BAY, WI 54303, US	3				
		Sequence Of Events							
	5	MOTOR VEH IN TRANSPO	ORT						
	02	Event TRAFFIC SIGN POST							
	03	Event							
•	9	Event							
╘		Policy Holder		Ţ					
LIND		Insurance Company TRIPLE AAA INSURANCE	E	Individual CECIL COLEMAN					
		Individual		Totalism based					
		Driver CECIL PATRICK COLEMA	AN	Citations Issued	Sex MALE				
	UAI	(920) 404-4909		Date of Birth	Race				
		Address		09/14/1965 Driver License Number					
ה י	INDINIDUAL	707 DOUSMAN ST APT 4 GREEN BAY, WI 54303, U		C4551156533400 STATE: WISCONSIN COUNTRY: UNITED STATES					
;	saf	l fety Equipment	Crash	Safety Equipment					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
ъ §	5	Injury Severity Injury NO APPARENT INJURY		Airbag					
•	د]	110711	PPARENT INJURY Ejection Path	NON DEPLOYED	Trapped/Extricated				
		NOT EJECTED	NOT EJECTED/NOT APP		NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #				
		Hospital		Date of Death	Time of Death				
	L	Distracted By NOT A	ed By Source PPLICABLE (NOT DISTRA	ACTED)					
		Distracted By Action NOT DISTRACTED							

Crash Date 11/18/2021
Crash Time 01:18 PM

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Crash Date 11/18/2021

Crash Time 01:18 PM

										(
		Non Motorist	Striking Unit #	Location								
		Prior Action	<u> </u>			_						
		Action						_				
		, totion										
	INDIVIDUAL											
LIND	101											
>	É											
	=											
		Action Other						_	_	To/From Cohool		
		Action Guier								To/From School		
		Drug & Alcohol	Suspected Alc	ohol Use		Suspected Drug Use NO			_			
		Alcohol Test Given		Alcohol Tes	t Type			_	Alcohol Tes	st Results		
		TEST NOT GIVEN Drug Test Given	<u> </u>	Drug Test T	·/no		l					
		TEST NOT GIVEN	I	Drug Test I	уре		Drug i	est Results				
01	001	Drug Type						_				
	0											
		Individual Condition						-				
		APPEARED NORMAL										
		Violations										
	5	UTC Number BE542058	Issue To? 001	Statute Number 346.34(1)(a)3		Description DEVIATING FROM L	ANE C	F TRAFF	IC	·		
	Uni	t Summary ■										
	Unit	Status							Unit Type TRUCK Operating As Endorsements			
<u> </u>		Cle Type										
05		RAIGHT TRUCK (IN										
	Tota 1	l Occs	Train/Bus	# Recorded	0	Total # Citations Issued Total Tra 0 0			ers	Total HazMat Types 0		
	1	rance?		Of Travel	-	Pre CrashTire Speed Li Mark 35		Speed Lim	it	Total Lanes		
UNIT	YES	t Harmful Event: Collision	WESTB	OUND	S			35	Bmergency Motor Vehicle Use			
n	MO.	TOR VEH IN TRANS				Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature			NOT APPLICABLE			
	1	ic Way E-WAY TRAFFIC							Traffic Control Inoperative/Missing NO Road Grade			
		ace Type										
		ACKTOP (BITUMING	OUS)		С					LEVEL		
	NO	k Bus or HazMat										
	,	Vehicle										
		License Plate Number	r			Plate Type St		I .	Country of Is			
~ !		Vehicle Identification I	Number			ITK - HEAVY TRUCK			Model F650			
05	02	1FDNF6AN4NDF0	2183			ORD		2022				
		Color WHI - WHITE				Sody Style ST - STAKE TRUCK			Bus Use			
		Initial Contact Point			+				<u> </u>			
		01 - RIGHT FRONT	T CORNER		- 1							

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	Щ			Vehicle Damage					
UNIT	VEHICLE								
3	王			01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT					
	7	MINOR DAMAGE							
		Towed Due To Damage	• • • • • • • • • • • • • • • • • • •	Vehicle Removed By					
		NOT TOWED		OPERATOR					
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT		NOT APPLICABLE					
		Driver Prior Action Other		NOT AFFLICABLE					
		Driver Actions							
	щ	NO CONTRIBUTING ACTION							
⊢	\exists								
TINO	VEHICL								
_	Y								
		Owner Name		Owner Address					
02	02	AGILITI HEALTH INC (920) 338-3465		2001 LAWRENCE DR STE 101A DE PERE, WI 54115 , US					
0	0	(920) 330-3403		DE FERE, WI 34113 , 03					
		Sequence Of Events							
	5	Event MOTOR VEH IN TRANSP	ORT						
	02	Event							
		Event							
	93								
	et et	Event							
	04								
_		Policy Holder							
LIND		Insurance Company		Organization/Company					
_		WI INS CARD GELCO FL	EET TRUST FOR AGILITI	AGILITI HEALTH INC					
		Individual							
		Driver RACHED BENJAMIN BAI	III AK	Citations Issued	Sex				
	7	(920) 883-2587	NUAR	Date of Birth	MALE Race				
	Ž	,		11/13/1986	WHITE				
TNO TNO	DIVIDUAL	Address		Driver License Number					
∍		2510 S KERRY LN APT 8		B5227228641304					
	Z	APPLETON, WI 54915 , US		STATE: WISCONSIN COUNTRY: UN	ITED STATES				
	^	On Duty	Crash	Safety Equipment					
	Sai	fety Equipment							
		Row	Seat Position	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
				Till Compilance					
02	002	Injury S		Airbag					
0	ŏ		PARENT INJURY	NON DEPLOYED					
		Ejected	Ejection Path	U LOADI E	Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APP	EMS Agency Identifier	NOT TRAPPED EMS Run #				
		NOT TRANSPORTED		LINO Agency Identifier	LIVIS ITUIT#				
		Hospital		Date of Death	Time of Death				

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		Distracted By	Distracted By Sourc NOT APPLICABI	e LE (NOT DISTRA	ACTED)					
		Distracted By Action NOT DISTRACTED								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
UNIT	INDIVIDUAL	Action								
		Action Other						To/From School		
		Drug & Alcohol	Suspected Alcohol (NO	Jse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN	l	Alcohol Test Type	e		Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	1	Drug Test Type	Drug Test Res					
05	005	Drug Type								
		Individual Condition								
	APPEARED NORMAL									
		perty Owner			Address					
PROP 01										
	Fixe	ed Objects Stru								
	5		ruck Object RAFFIC SIGN POS	эт			Structure Number	Damage Tag Number 414027		