

CFBatch-Cover-w10

*Type of Report:* AUTO ACCIDENT

PayorID: WI00000106 Entity: Milwaukee County

State: WI

DATE OF LOSS: 10/10/21

LOSS STREET : UNKNOWN

LOSS CITY : MILWAUKEE

POLICE DEPT.: MILWAUKEE COUNTY PD

REPORT NUM. : 1ML1SQTSN3

Image Name: WI00000106\_3331032513\_211215\_2181572.tif



3331032513

1ML15QT5N3

21-206988

# WISCONSIN MOTOR VEHICLE CRASH REPORT

MILWAUKEE COUNTY SHERIFFS OFFICE  
821 W STATE ST RM 221  
MILWAUKEE, WI 53233  
(414) 278-4712

1ML15QT5N3

|  |                                      |  |  |                                    |  |  |  |
|--|--------------------------------------|--|--|------------------------------------|--|--|--|
| Document Number Override                       |                                      | Primary Crash Document #                         |  | Agency Crash Number                |  | Investigating Officer/Deputy<br><b>DEPUTY M. SINGH</b> |  |
| Crash Date<br><b>10/10/2021</b>                |                                      | Crash Time<br><b>06:31 PM</b>                    |  | Date Arrived<br><b>10/10/2021</b>  |  | Time Arrived<br><b>06:31 PM</b>                        |  |
| Date Notified<br><b>10/10/2021</b>             |                                      | Time Notified<br><b>06:31 PM</b>                 |  | Total Units<br><b>03</b>           |  | Total Injured<br><b>00</b>                             | Total Killed<br><b>00</b>                    |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run | <input checked="" type="checkbox"/> Lane Closure |  | <input type="checkbox"/> Work Zone |  | <input checked="" type="checkbox"/> Trailer or Towed   | <input type="checkbox"/> Reporting Threshold |
| <input type="checkbox"/> Government Property   |                                      | <input type="checkbox"/> Active School Zone      |  | School Bus Related<br><b>NO</b>    |  | Tags<br><b>ZONE 5</b>                                  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b>     |  |                                    |  | <input type="checkbox"/> Amended                       | <input type="checkbox"/> Secondary Crash     |

## Description

|  |  |                                       |
|--|--|---------------------------------------|
| Diagram  |  | Reconstruction By                     |
| <p>I-94 Northbound at Ramsey Ave</p> <p>LEFT DISTRESS LANE 1 LANE 2 LANE 3 LANE 4 RIGHT DISTRESS</p> <p>01 02 03</p> <p>DGT4</p> <p>Drawn Not To Scale</p> |  | Photos By                             |
|  |  | Additional Information<br><b>NONE</b> |

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

VIA: RADIO, CRASH  
N/B I-94 AT RAMSEY AVE  
ON SUNDAY, OCTOBER 11, 2021

SQUAD ARRIVED ON SCENE AND FOUND A TWO CAR AND A SEMI PROPERTY DAMAGE ONLY CRASH. THE VEHICLES WERE STOPPED IN LANE 2, 3, AND 4. LANE, WITH THE OPERATORS OUTSIDE OF THE VEHICLE.

OPERATOR OF UNIT #1, STATED ON SCENE HE WAS TRAVELING IN LANE #3. HE SAW THE VEHICLE DIRECTLY IN FRONT OF HER STOP. HE DID NOT HAVE TIME TO STOP IN TIME AND HIT THE VEHICLE IN FRONT OF HER.

OPERATOR OF UNIT #2 STATED ON SCENE SHE WAS TRAVELING IN LANE #3 WHEN THE VEHICLE IN FRONT STOPPED DUE TO STOP AND GO TRAFFIC. SHE WAS THEN HIT FROM BEHIND. HER VEHICLE THEN WAS SIDE SWIPE BY THE SEMI.

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OPERATOR OF UNIT #3 STATED ON SCENE HE WAS TRAVELING IN LANE #4 WHEN HE SAW VEHICLE STOP. HE TRIED STOPPING IN TIME BUT COULDN'T STOP IN TIME. HE THEN SIDE SWIPE THE VEHICLE IN LANE 3 AND THE SEMI BECAME JACK KNIFED.

UPON INVESTIGATION: UNIT #1 WAS NORTHBOUND IN LANE #3 WHEN HE COULDN'T STOP IN TIME FOR A VEHICLE THAT WAS IN FRONT OF HIM. UNIT #1 TRIED STOPPING IN TIME BUT COULD NOT AND STRUCK UNIT #2 IN THE REAR. UNIT #3 COULDN'T STOP IN TIME AND SIDE SWIPE UNIT# 2.

MFD, OCFD FIRE UNITS. 84,24,211 ASSISTING UNITS. NO GOVERNMENT PROPERTY STRUCK, RAYS TOWING.

## Location

|  |                                    |                                   |
|--|------------------------------------|-----------------------------------|
| ON DGT1 IH94 EB<br>64 FT S<br>OF W RAMSEY AVE<br>IN THE CITY OF MILWAUKEE<br>IN MILWAUKEE COUNTY | Latitude<br><b>42.93738306</b>     | Longitude<br><b>-87.935038719</b> |
|  | X Coordinate<br><b>423708.9375</b> | Y Coordinate<br><b>4754285.5</b>  |
|  | Structure Type<br><b>UTILITY</b>   |                                   |

## Crash Scene

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| First Harmful Event<br><b>MOTOR VEH IN TRANSPORT</b>      |  | First Harmful Event Location<br><b>ON ROADWAY</b>                     |                                       |
| Manner of Collision<br><b>03 - FRONT TO REAR</b>          |  | Light Condition<br><b>DARK/LIGHTED</b>                                |                                       |
| Road Surface Condition(s)<br><b>WET</b>                   |  | Roadway Factor(s)<br><br><b>BACKUP DUE TO PRIOR CRASH</b>             |                                       |
| Environment Factor(s)<br><b>NONE</b>                      |  |   |                                       |
| Weather Condition(s)<br><b>RAIN</b>                       |  |   |                                       |
| Animal Type   |  | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |                                       |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b> |  | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |                                       |
| Tribal Land   |  | Access Control<br><b>FULL CONTROL</b>                                 | Special Study                         |
| Within Interchange Area<br><b>NO</b>                      | Junction Location<br><b>NON-JUNCTION</b>       | Intersection Type<br><b>NOT AN INTERSECTION</b>                       |                                       |
| Closure Type<br><b>LANE CLOSURE</b>                       |  | Reasons for Closure   |                                       |
| Date Initial Lane/Rd Closed<br><b>10/10/2021</b>          | Time Initial Lane/Rd Closed<br><b>06:32 PM</b> | <b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>                           |                                       |
| Date All Lanes Open<br><b>10/10/2021</b>                  | Time All Lanes Open<br><b>08:05 PM</b>         | Date Scene Cleared<br><b>10/10/2021</b>                               | Time Scene Cleared<br><b>08:06 PM</b> |

## Unit Summary

|   |
|---|
| 01<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><b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1ML15QT5N3

21-206988

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MILWAUKEE COUNTY SHERIFFS OFFICE  
821 W STATE ST RM 221  
MILWAUKEE, WI 53233  
(414) 278-4712

|  |   |
|--|---|
| Truck Bus or HazMat<br>NO  |   |
| <b>Vehicle</b>   |   |
| License Plate Number<br><b>237ZYU</b>                                  | Plate Type<br><b>AUT - AUTOMOBILE</b>   |
| Vehicle Identification Number<br><b>2T1BR32E68C860530</b>              | Make<br><b>TOYOTA</b>   |
| Color<br><b>BGE - BEIGE</b>  | Body Style<br><b>SD - SEDAN</b>   |
| Initial Contact Point<br><b>12 - FRONT</b>                             | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>      |
| Extent Of Damage<br><b>DISABLING DAMAGE</b>                            | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>                               |
| What Driver Was Doing<br><b>SLOW/STOPPING</b>                          | Vehicle Removed By<br><b>RAY'S TOWING</b>   |
| Driver Prior Action Other  | Vehicle Factors<br><b>NOT APPLICABLE</b>  |
| Driver Actions<br><b>FOLLOWING TOO CLOSE</b>                           |   |
| Owner Name<br><b>VENKATA K NEMANI<br/>(262) 506-4632</b>               | Owner Address<br><b>3300 CEDAR HOLLOW CT # B<br/>WAUKESHA, WI 53188 , US</b>              |
| <b>Sequence Of Events</b>  |   |
| Event<br><b>MOTOR VEH IN TRANSPORT</b>                                 |   |
| Event  |   |
| Event  |   |
| Event  |   |
| <b>Policy Holder</b>   |   |
| Insurance Company<br><b>GEICO-GENERAL-INS-CO</b>                       | Individual<br><b>VENKATA NEMANI</b>   |
| <b>Individual</b>  |   |
| Driver<br><b>VENKATA K NEMANI<br/>(262) 506-4632</b>                   | Citations Issued<br><b>0</b>  |
|  | Sex<br><b>MALE</b>  |
|  | Race<br><b>ASIAN</b>  |
| Address<br><b>3300 CEDAR HOLLOW CT # B<br/>WAUKESHA, WI 53188 , US</b> | Driver License Number<br><b>N5508717216507</b><br>STATE: WISCONSIN COUNTRY: UNITED STATES |
| <b>Safety Equipment</b>  | On Duty Crash<br>Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b>                       |
| Row<br><b>01 - FRONT ROW</b>   | Seat Position<br><b>07 - LEFT</b>   |
| Helmet Use   | Helmet Compliance   |

1ML15QT5N3

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|   |   |  |  |                                 |
|---|---|--|--|---------------------------------|
| 01<br>001   | Eye Protection  |  | Tint Compliance  |                                 |
|   | <b>Injury</b>   | Injury Severity<br><b>NO APPARENT INJURY</b> |  | Airbag<br><b>NON DEPLOYED</b>   |
|   |   | Ejected<br><b>NOT EJECTED</b>                | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b>   |                                 |
|   | Medical Transport<br><b>NOT TRANSPORTED</b>   |  | EMS Agency Identifier  | EMS Run #                       |
|   | Hospital  |  | Date of Death  | Time of Death                   |
|   | <b>Distracted By</b> Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |  |  |                                 |
|   | Distracted By Action<br><b>NOT DISTRACTED</b>                                       |  |  |                                 |
|   | <b>Non Motorist</b>   | Striking Unit #                              | Location   |                                 |
|   |   | Prior Action                                 |  |                                 |
|   | Action  |  |  |                                 |
| Action Other  |   |  |  |                                 |
| To/From School  |   |  |  |                                 |
| 01<br>001   | <b>Drug &amp; Alcohol</b>   |  | Suspected Alcohol Use<br><b>NO</b>   | Suspected Drug Use<br><b>NO</b> |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b>   |  | Alcohol Test Type  | Alcohol Test Results            |
|   | Drug Test Given<br><b>TEST NOT GIVEN</b>  |  | Drug Test Type   | Drug Test Results               |
|   | Drug Type   |  |  |                                 |
|   | Individual Condition<br><b>APPEARED NORMAL</b>                                      |  |  |                                 |
|   | <b>Individual</b>   |  |  |                                 |
|   | Passenger<br><b>SHIRLEY M RAMAN</b><br><b>(262) 506-4632</b>                        |  | Citations Issued<br><b>0</b>   | Sex<br><b>FEMALE</b>            |
|   | Date of Birth<br><b>05/18/1973</b>  |  | Race<br><b>ASIAN</b>   |                                 |
|   | Address<br><b>100 CORRINA BLVD # 126</b><br><b>WAUKESHA, WI 53186 , US</b>          |  | Driver License Number<br><b>R5507937367803</b><br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                                 |
|   | <b>Safety Equipment</b>   |  | On Duty Crash  |                                 |
| Row<br><b>01 - FRONT ROW</b>                          |   | Seat Position<br><b>09 - RIGHT</b>           |  |                                 |
| Shoulder & Lap Belt<br><b>SHOULDER &amp; LAP BELT</b> |   | Safety Equipment                             |  |                                 |
| Helmet Use  |   | Helmet Compliance                            |  |                                 |
| Eye Protection  |   | Tint Compliance                              |  |                                 |

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21-206988

# WISCONSIN MOTOR VEHICLE CRASH REPORT

MILWAUKEE COUNTY SHERIFFS OFFICE  
821 W STATE ST RM 221  
MILWAUKEE, WI 53233  
(414) 278-4712

|                          |  |   |  |  |
|--------------------------|--|---|--|--|
| 01<br>UNIT<br>INDIVIDUAL | 002  | <b>Injury</b>                               | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NON DEPLOYED</b>            |
|                          |  | Ejected<br><b>NOT EJECTED</b>               | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> | Trapped/Extricated<br><b>NOT TRAPPED</b> |
|                          | Medical Transport<br><b>NOT TRANSPORTED</b>    | EMS Agency Identifier                       | EMS Run #  |  |
|                          | Hospital                                       | Date of Death                               | Time of Death                                      |  |
|                          | <b>Distracted By</b>                           | Distracted By Source                        |  |  |
|                          | Distracted By Action                           |   |  |  |
|                          | <b>Non Motorist</b>                            | Striking Unit #                             | Location   |  |
|                          | Prior Action                                   |   |  |  |
|                          | Action   |   |  |  |
|                          | Action Other                                   |   | To/From School                                     |  |
| 01<br>UNIT<br>INDIVIDUAL | 002  | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use<br><b>NO</b>                 | Suspected Drug Use<br><b>NO</b>          |
|                          |  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                                  | Alcohol Test Results                     |
|                          | Drug Test Given<br><b>TEST NOT GIVEN</b>       | Drug Test Type                              | Drug Test Results                                  |  |
|                          | Drug Type                                      |   |  |  |
|                          | Individual Condition<br><b>APPEARED NORMAL</b> |   |  |  |

## Unit Summary

|            |   |   |  |
|------------|---|---|--|
| 02<br>UNIT | Unit Status<br><b>IN TRANSIT</b>                                    | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                   |
|            | Vehicle Type<br><b>PASSENGER CAR</b>                                | Operating As Endorsements                             |  |
|            | Total Occs<br><b>1</b>  | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>             |
|            | Insurance?<br><b>YES</b>  | Direction Of Travel<br><b>NORTHBOUND</b>              | Total Trailers<br><b>0</b>                       |
|            | Most Harmful Event: Collision With<br><b>MOTOR VEH IN TRANSPORT</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        | Total HazMat Types<br><b>0</b>                   |
|            | Traffic Way<br><b>DIVIDED HWY W/TRAFFIC BARRIER</b>                 | Speed Limit<br><b>55</b>                              | Total Lanes<br><b>4</b>                          |
|            | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>                        | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b>  |  |
|            | Truck Bus or HazMat<br><b>NO</b>                                    | Traffic Control<br><b>NO CONTROL</b>                  | Traffic Control Inoperative/Missing<br><b>NO</b> |
|            |   | Road Curvature<br><b>STRAIGHT</b>                     | Road Grade<br><b>LEVEL</b>                       |

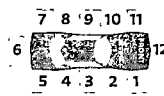
## Vehicle

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21-206988

# WISCONSIN MOTOR VEHICLE CRASH REPORT

MILWAUKEE COUNTY SHERIFFS OFFICE  
821 W STATE ST RM 221  
MILWAUKEE, WI 53233  
(414) 278-4712

|            |                        |   |  |   |   |
|------------|------------------------|---|--|---|---|
| UNIT<br>02 | VEHICLE<br>02          | License Plate Number<br><b>949PKC</b>                                 | Plate Type<br><b>AUT - AUTOMOBILE</b>  | St<br><b>WI</b>   | Country of Issuance<br><b>UNITED STATES</b>   |
|            |                        | Vehicle Identification Number<br><b>JM3KFBCLXH0226199</b>             | Make<br><b>MAZDA</b>   | Year<br><b>2017</b>   | Model<br><b>CX-5</b>  |
|            |                        | Color<br><b>GRY - GRAY</b>  | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b>  | Bus Use   |   |
|            |                        | Initial Contact Point<br><b>06 - REAR</b>                             | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 06 - REAR</b> |   |  |
| UNIT<br>02 | VEHICLE<br>02          | Extent Of Damage<br><b>DISABLING DAMAGE</b>                           |  |   |   |
|            |                        | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>           | Vehicle Removed By<br><b>RAYS TOWING</b>   |   |   |
|            |                        | What Driver Was Doing<br><b>SLOW/STOPPING</b>                         | Vehicle Factors  |   |   |
|            |                        | Driver Prior Action Other   | <b>NOT APPLICABLE</b>  |   |   |
| UNIT<br>02 | VEHICLE<br>02          | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                       |  |   |   |
|            |                        | Owner Name<br><b>CHELSEA HALEY DUNTON<br/>(262) 894-1715</b>          |  | Owner Address<br><b>280 N MARKET ST # 501<br/>BROOKFIELD, WI 53045 , US</b> |   |
| UNIT<br>01 | EVENT<br>01            | <b>Sequence Of Events</b>   |  |   |   |
|            |                        | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                |  |   |   |
|            |                        | Event   |  |   |   |
|            |                        | Event   |  |   |   |
| UNIT<br>03 | EVENT<br>03            | Event   |  |   |   |
|            |                        | Event   |  |   |   |
|            |                        | Event   |  |   |   |
|            |                        | Event   |  |   |   |
| UNIT<br>04 | EVENT<br>04            | Event   |  |   |   |
|            |                        | Event   |  |   |   |
| UNIT<br>05 | EVENT<br>05            | <b>Policy Holder</b>  |  |   |   |
|            |                        | Insurance Company<br><b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>         | Individual<br><b>CHELSEA DUNTON</b>  |   |   |
| UNIT<br>06 | INDIVIDUAL<br>06       | <b>Individual</b>   |  |   |   |
|            |                        | Driver<br><b>CHELSEA HALEY DUNTON<br/>(262) 894-1715</b>              | Citations Issued<br><b>0</b>   | Sex<br><b>FEMALE</b>  |   |
| UNIT<br>07 | INDIVIDUAL<br>07       | Date of Birth<br><b>08/18/1990</b>                                    | Race<br><b>WHITE</b>   |   |   |
|            |                        | Address<br><b>280 N MARKET ST # 501<br/>BROOKFIELD, WI 53045 , US</b> | Driver License Number<br><b>D5351089079804</b><br>STATE: WISCONSIN COUNTRY: UNITED STATES  |   |   |
| UNIT<br>08 | SAFETY EQUIPMENT<br>08 | On Duty Crash   | Safety Equipment   |   |   |
|            |                        | Row<br><b>01 - FRONT ROW</b>  | Seat Position<br><b>07 - LEFT</b>  | <b>SHOULDER &amp; LAP BELT</b>  |   |
| UNIT<br>09 | SAFETY EQUIPMENT<br>09 | Helmet Use  | Helmet Compliance  |   |   |
|            |                        | Eye Protection  | Tint Compliance  |   |   |
| UNIT<br>02 | INJURY<br>003          | Injury Severity<br><b>NO APPARENT INJURY</b>                          | Airbag<br><b>NON DEPLOYED</b>  |   |   |





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# WISCONSIN MOTOR VEHICLE CRASH REPORT

MILWAUKEE COUNTY SHERIFFS OFFICE  
821 W STATE ST RM 221  
MILWAUKEE, WI 53233  
(414) 278-4712

|                              |                  |   |  |  |                     |  |
|------------------------------|------------------|---|--|--|---------------------|--|
| UNIT<br>03                   | VEHICLE<br>03    | Vehicle Identification Number<br><b>1FUJF0CV66DW25541</b>             |  | Make<br><b>FREIGHTLINER CORP</b>   | Year<br><b>2006</b> | Model<br><b>FRE</b>  |
|                              |                  | Color<br><b>WHI - WHITE</b>   |  | Body Style<br><b>TC - TRACTOR</b>  |                     | Bus Use  |
|                              |                  | Initial Contact Point<br><b>12 - FRONT</b>                            |  | Vehicle Damage   |                     |  |
|                              |                  | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                          |  | <b>12 - FRONT</b>  |                     |  |
|                              |                  | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>           |  | Vehicle Removed By<br><b>RAY'S TOWING</b>  |                     |  |
|                              |                  | What Driver Was Doing<br><b>SLOW/STOPPING</b>                         |  | Vehicle Factors  |                     |  |
| Driver Prior Action Other    |                  | <b>NOT APPLICABLE</b>   |  |  |                     |  |
| UNIT<br>03                   | VEHICLE<br>03    | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                       |  |  |                     |  |
|                              |                  |   |  |  |                     |  |
|                              |                  | Owner Name<br><b>FEDEX GROUND PACKAGE SYSTEM INC</b>                  |  | Owner Address<br><b>1000 FEDEX DR<br/>MOON TOWNSHIP, PA 15108 , US</b>                     |                     |  |
| <b>Sequence Of Events</b>    |                  |   |  |  |                     |  |
| UNIT<br>04                   | 01               | Event<br><b>MOTOR VEH IN TRANSPORT</b>                                |  |  |                     |  |
|                              |                  | Event   |  |  |                     |  |
|                              |                  | Event   |  |  |                     |  |
|                              |                  | Event   |  |  |                     |  |
| UNIT<br>03                   | 03               | <b>Policy Holder</b>  |  |  |                     |  |
|                              |                  | Insurance Company<br><b>PROTECTIVE-INS-CO</b>                         |  | Organization/Company<br><b>FEDEX GROUND PACKAGE SYSTEM INC</b>                             |                     |  |
| UNIT<br>03                   | TRAILER/<br>03   | <b>Trailer/Towed</b>  |  |  |                     |  |
|                              |                  | Trailer Plate #<br><b>CC2642</b>                                      | Plate Type<br><b>TRL - TRAI</b>                              | Make<br><b>GDAN</b>  | State<br><b>OK</b>  | Country of Issuance<br><b>UNITED STATES</b>                |
|                              |                  | Unit Type<br><b>FULL TRAILER</b>                                      | Organization/Company<br><b>PREMIER TRAILER LEASING I LLC</b> |  |                     | Address<br><b>PO BOX 1014<br/>GRAPEVINE, TX 76099 , US</b> |
|                              |                  | Vehicle Identification Number<br><b>1GRAP0624KD135024</b>             |  |  |                     |  |
| UNIT<br>03                   | INDIVIDUAL<br>03 | <b>Individual</b>   |  |  |                     |  |
|                              |                  | Driver<br><b>ALBERT ESCALANTE ELEAZAR<br/>(414) 303-5561</b>          |  | Citations Issued<br><b>0</b>   |                     | Sex<br><b>MALE</b>   |
|                              |                  |   |  | Date of Birth<br><b>10/31/1967</b>   |                     | Race<br><b>ASIAN</b>                                       |
|                              |                  | Address<br><b>1527 N MARSHALL ST # 3<br/>MILWAUKEE, WI 53202 , US</b> |  | Driver License Number<br><b>E4260256739108<br/>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                     |  |
|                              |                  |   |  |  |                     |  |
| <b>Safety Equipment</b>      |                  | On Duty Crash   |  | Safety Equipment   |                     |  |
| Row<br><b>01 - FRONT ROW</b> |                  | Seat Position<br><b>07 - LEFT</b>                                     |  | <b>SHOULDER &amp; LAP BELT</b>   |                     |  |

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21-206988

# WISCONSIN MOTOR VEHICLE CRASH REPORT

MILWAUKEE COUNTY SHERIFFS OFFICE  
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(414) 278-4712

|  |   |  |  |  |
|--|---|--|--|--|
| 03<br>004                                      | Helmet Use                                    |  | Helmet Compliance  |  |
|  | Eye Protection                                |  | Tint Compliance  |  |
|  | <b>Injury</b>                                 | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NON DEPLOYED</b>                                  |  |
|  | Ejected<br><b>NOT EJECTED</b>                 | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |  | Trapped/Extricated<br><b>NOT TRAPPED</b> |
|  | Medical Transport<br><b>NOT TRANSPORTED</b>   |  | EMS Agency Identifier  | EMS Run #                                |
|  | Hospital                                      |  | Date of Death  | Time of Death                            |
|  | <b>Distracted By</b>                          |  | Distracted By Source<br><b>NOT APPLICABLE (NOT DISTRACTED)</b> |  |
|  | Distracted By Action<br><b>NOT DISTRACTED</b> |  |  |  |
|  | <b>Non Motorist</b>                           | Striking Unit #                                    | Location   |  |
|  | UNIT<br>INDIVIDUAL                            | Prior Action                                       |  |  |
| Action   |   |  |  |  |
| Action Other                                   |   |  | To/From School   |  |
| <b>Drug &amp; Alcohol</b>                      |   | Suspected Alcohol Use<br><b>NO</b>                 |  | Suspected Drug Use<br><b>NO</b>          |
| Alcohol Test Given<br><b>TEST NOT GIVEN</b>    |   | Alcohol Test Type                                  |  | Alcohol Test Results                     |
| Drug Test Given<br><b>TEST NOT GIVEN</b>       |   | Drug Test Type                                     | Drug Test Results  |  |
| Drug Type                                      |   |  |  |  |
| Individual Condition<br><b>APPEARED NORMAL</b> |   |  |  |  |