

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00000069 Entity: Wisc. Div. Motor Vehicles

State: WI

DATE OF LOSS: 11/02/21

LOSS STREET : MILWAUKEE

LOSS CITY : MILWAUKEE

POLICE DEPT.: MILWAUKEE PD

REPORT NUM. : J9L2RFP3HS

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3331085261

J9L2RFP3HS
213061803

WISCONSIN MOTOR VEHICLE CRASH REPORT

MILWAUKEE POLICE DEPARTMENT
749 WEST STATE STREET
MILWAUKEE, WI 53201
(414) 933-4444

J9L2RFP3HS

Document Number Override		Primary Crash Document #		Agency Crash Number 21-306-0168		Investigating Officer/Deputy M. SWIECIAK	
Crash Date 11/02/2021		Crash Time 08:13 PM		Date Arrived 11/02/2021		Time Arrived 08:15 PM	
Date Notified 11/02/2021		Time Notified 08:13 PM		Total Units 03		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 HIT & RUN, SUPERVISOR APPROVED			
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram	Reconstruction By
	Photos By CSO D6
Additional Information CRIMINAL INCIDENT, PHOTOS, DASH CAMERA VIDEO, BODY CAMERA VIDEO	

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

UNIT 1 WAS TRAVELING IN A RECKLESS MANNER EASTBOUND ON 4TH AND BECHER STREET THROUGH A RED TRAFFIC LIGHT. UNIT 1 STRUCK UNIT 2 WHO WAS TRAVELING SOUTHBOUND ON S. 4TH STREET. UNIT 3 CRASHED INTO THE REAR OF UNIT 2 AFTER THE INITIAL COLLISION. UNIT 1 WAS FLEEING FROM POLICE PRIOR TO THIS CRASH, BUT THE PURSUIT WAS TERMINATED PRIOR TO THIS CRASH. THIS IS A CRIMINAL INCIDENT. PLEASE SEE MILWAUKEE POLICE REPORT NUMBER 21-306-0168 REGARDING THIS INCIDENT.

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Location

ON IH43 NB 77 FT S OF W BECHER ST IN THE CITY OF MILWAUKEE IN MILWAUKEE COUNTY	Latitude 43.00628228	Longitude -87.916492285
	X Coordinate 425305.59375	Y Coordinate 4761920
	Structure Type NO STRUCTURE	

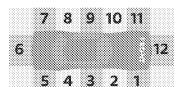
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DARK/LIGHTED	
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 HIT AND RUN		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? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE	Vehicle				
	License Plate Number		Plate Type	St	Country of Issuance
	Vehicle Identification Number 1N4AA5AP4BC849971		Make NISSAN	Year 2011	Model MAXIMA
	Color MAR - MAROON (BURGUNDY)		Body Style 4D - 4DR		Bus Use
	Initial Contact Point 12 - FRONT		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		15 - ALL AREAS		



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By AAA	
	What Driver Was Doing OTHER		Vehicle Factors	
	Driver Prior Action Other RECKLESS DRIVING AND FLEEING POLICE PR		NOT APPLICABLE	
	Driver Actions OTHER CONTRIBUTING ACTION			
01	Owner Name		Owner Address , ,	
Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event CONCRETE TRAFFIC BARRIER			
	Event			
	Event			
Individual				
UNIT INDIVIDUAL	Driver		Citations Issued 0	Sex
			Date of Birth	Race
	Address , ,		Driver License Number	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE
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 INDIVIDUAL 01 001	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use	
			Suspected Drug Use	
	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 NOT OBSERVED			

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 SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 002	Vehicle					
	License Plate Number ACK5733		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 3C4PDCBG1CT271039		Make DODGE	Year 2012	Model JOURNEY SX	
	Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
	Extent Of Damage DISABLING DAMAGE					
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By AAA			
	What Driver Was Doing GOING STRAIGHT					

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name GILBERTO RIVERA JR		Owner Address 1902 S 97TH ST WEST ALLIS, WI 53227 , US	
	Sequence Of Events			
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company GEICO-CASUALTY-CO		Individual GILBERTO RIVERA	
	Individual			
	Driver GILBERTO RIVERA JR		Citations Issued 0	Sex MALE
UNIT INDIVIDUAL	Date of Birth 08/12/1961		Race HISPANIC	
	Address 1902 S 97TH ST WEST ALLIS, WI 53227 , US		Driver License Number R1602806129204 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
UNIT INDIVIDUAL	Helmet Use		SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag DEPLOYED-COMBINATION	
	Injury		Injury Severity POSSIBLE 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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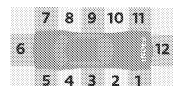
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UNIT INDIVIDUAL 02 002	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition APPEARED NORMAL			

Unit Summary

UNIT 03	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? UNKNOWN	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 03 003	Vehicle					
	License Plate Number AMA9395		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2MRDA20264BJ02089		Make MERCURY	Year 2004	Model MONTEREY	
	Color BLU - BLUE		Body Style VN - VAN		Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage 12 - FRONT			
	Extent Of Damage FUNCTIONAL DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing GOING STRAIGHT					

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name PETER J MCCULLOUGH		Owner Address 4221 S 6TH ST # D46 MILWAUKEE, WI 53221 , US	
	Sequence Of Events			
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	Individual			
	Driver SOPHIA RAE PETERMAN		Citations Issued 0	Sex FEMALE
	Date of Birth 05/27/2005		Race WHITE	
	Address 4221 S 6TH ST # D46 MILWAUKEE, WI 53221 , US		Driver License Number P3657960568706 STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	Injury		Airbag	
	Injury Severity NO APPARENT INJURY		DEPLOYED-FRONT	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
UNIT INDIVIDUAL	Hospital		Date of Death	Time of Death
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
	Non Motorist		Striking Unit #	Location
Prior Action				

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CRASH REPORT

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UNIT 03	INDIVIDUAL 003	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 (608) 246-3800		Address 2101 WRIGHT ST MADISON, WI 53705 2583, US	

Fixed Objects Struck

01	Striking Unit 01	Struck Object CONCRETE TRAFFIC BARRIER	Structure Number	Damage Tag Number 0000000000