

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00000252 Entity: Pleasant Prairie

State: WI

DATE OF LOSS: 11/12/21

LOSS STREET : UNKN AND UNKN

LOSS CITY : KENOSHA

POLICE DEPT.: PLEASANT PRAIRE PD

REPORT NUM. : 21-16032

Image Name: WI00000252_3331070449_211215_2183843.tif



3331070449

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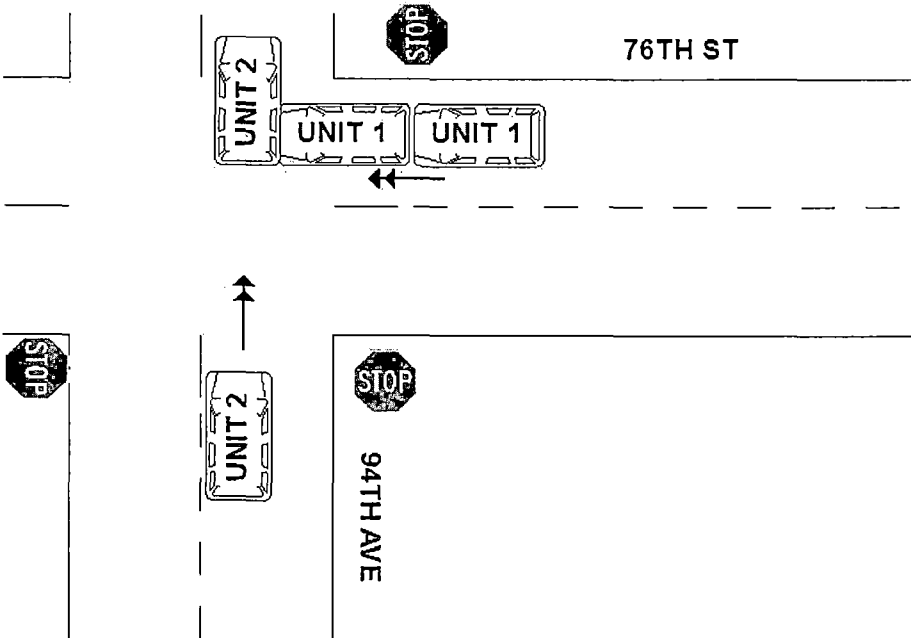
WISCONSIN MOTOR VEHICLE CRASH REPORT

PLEASANT PRAIRIE POLICE DEPT
8600 GREEN BAY ROAD
PLEASANT PRAIRIE, WI 53158
(262) 694-7105

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Document Number Override		Primary Crash Document #		Agency Crash Number 21-16032		Investigating Officer/Deputy OFFICER B. ARZIKOVIC	
Crash Date 11/12/2021		Crash Time 12:07 PM		Date Arrived 11/12/2021		Time Arrived 12:17 PM	
Date Notified 11/12/2021		Time Notified 12:09 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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> <p> NOT DRAWN TO SCALE</p> 		<p>Reconstruction By</p> <p>Photos By B. ARZIKOVIC #190</p> <p>Additional Information PHOTOS, BODY CAMERA VIDEO</p>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 AND 2 WERE STOPPED AT THEIR RESPECTIVE STOP SIGNS. UNIT 2 MOVED INTO THE INTERSECTION N/B. UNIT 1 ENTERED INTO THE INTERSECTION W/B AND MADE CONTACT WITH UNIT 2'S PASSENGER SIDE.

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Location

ON 94TH AVE 21 FT S OF 76TH ST IN THE VILLAGE OF PLEASANT PRAIRIE IN KENOSHA COUNTY	Latitude 42.565431584	Longitude -87.921493147
	X Coordinate 424363.1875	Y Coordinate 4712970
	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) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) RAIN			
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	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 11/12/2021	Time Initial Lane/Rd Closed 12:17 PM		
Date All Lanes Open 11/12/2021	Time All Lanes Open 12:59 PM	Date Scene Cleared 11/12/2021	Time Scene Cleared 12:59 PM

Unit Summary

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 3	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 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					
	Vehicle					
	License Plate Number 989LUT		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 4S4BRCS7D3295766		Make SUBARU	Year 2013	Model OUT		

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UNIT	VEHICLE	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
		Extent Of Damage MINOR DAMAGE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
		Driver Prior Action Other		
UNIT	VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
01	01	Owner Name PAULUS F VAN HEIJNINGEN (262) 697-7554	Owner Address 3621 75TH ST KENOSHA, WI 53142 , US	
		Sequence Of Events		
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	INDIVIDUAL	Policy Holder		
		Insurance Company AMERICAN AUTO ASSOC	Individual PAULUS VAN HEIJNINGEN	
01	001	Individual		
		Driver ZOE JOHANNA VANHEIJNINGEN (262) 697-7554	Citations Issued 1	Sex FEMALE
			Date of Birth 08/22/2004	Race WHITE
		Address 3621 75TH ST KENOSHA, WI 53142 , US	Driver License Number V5259900480209 STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	001	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 #

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source UNKNOWN			
	Distracted By Action UNKNOWN					
	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 INDIVIDUAL	Individual					
	Passenger PAIGE NICOLE NORTON (262) 914-8129		Citations Issued 0		Sex FEMALE	
	Date of Birth 05/09/2005		Race WHITE			
	Address 7515 37TH AVE KENOSHA, WI 53142 , US		Driver License Number N6356740566905 STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 02 - SECOND ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	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		

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UNIT INDIVIDUAL 01 002	Distracted By		Distracted By Source	
	Distracted By Action			
	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			
UNIT INDIVIDUAL 01 003	Individual Condition APPEARED NORMAL			
	Individual			
	Passenger ALLISON R MEYER		Citations Issued 0	Sex FEMALE
	Date of Birth 12/11/2006		Race WHITE	
	Address 7834 6TH AVE KENOSHA, WI 53143 , US		Driver License Number	
	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT INDIVIDUAL 01 003	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
	Distracted By		Distracted By Source	

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UNIT INDIVIDUAL	Distracted By Action				
	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				
01	Violations				
	UTC Number BH5308542	Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN	
Unit Summary					
UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE
	Vehicle Type (SPORT) UTILITY VEHICLE			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 Crash Tire Mark	Speed Limit 25	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				
	Vehicle				
	02	License Plate Number ALJ3186		Plate Type AUT - AUTOMOBILE	St GA
Vehicle Identification Number KNDETCA24M7160362		Make KIA MOTORS CORPORA	Year 2021	Model SEL	
Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	

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UNIT	VEHICLE	Initial Contact Point 04 - RIGHT SIDE REAR	Vehicle Damage	
		Extent Of Damage FUNCTIONAL DAMAGE	03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER	
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By PRO TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
02	02	Owner Name MICHELLE LYNNE SHIMKUS (623) 693-9421	Owner Address 6039 10TH ST # 103 KENOSHA, WI 53144 , US	
		Sequence Of Events		
02	01	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	INDIVIDUAL	Policy Holder		
		Insurance Company USAA-CASUALTY-INS-CO	Individual MICHELLE SHIMKUS	
02	004	Individual		
		Driver MICHELLE LYNNE SHIMKUS (623) 693-9421	Citations Issued 0	Sex FEMALE
			Date of Birth 04/28/1973	Race WHITE
		Address 6039 10TH ST # 103 KENOSHA, WI 53144 , US	Driver License Number S5225527364800 STATE: WISCONSIN COUNTRY: UNITED STATES	
02	004	Safety Equipment		
		On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		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	

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UNIT INDIVIDUAL 02 004	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				
Witness				
WITN 01 ESS	Individual CHELSEA LEANN SCHMIDT (262) 818-2042		Address 7908 33RD AVE KENOSHA, WI 53142 , US	Date of Birth 02/07/1996