

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00000434 Entity: Ozaukee County

State: WI

DATE OF LOSS: 07/14/21

LOSS STREET : COLDSRING RD

LOSS CITY : SAUKVILLE

POLICE DEPT.: OZAUKEE CO

REPORT NUM. :

Image Name: WI00000434_3331080155_211215_2183848.tif



3331080155

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21-19498

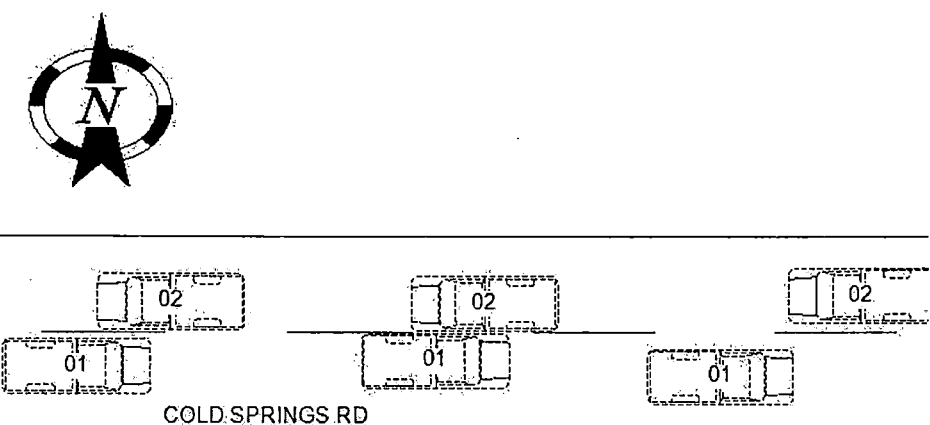
WISCONSIN MOTOR VEHICLE
CRASH REPORT

OZAUKEE COUNTY SHERIFFS DEPART
1201 SOUTH SPRING STREET
PORT WASHINGTON, WI 53074
(262) 284-7172

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Document Number Override	Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy DEPUTY M. ZILKE	
Crash Date 07/14/2021	Crash Time 04:15 PM	Date Arrived 07/14/2021	Time Arrived 04:32 PM	
Date Notified 07/14/2021	Time Notified 04:17 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"/> 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

Diagram	Reconstruction By
	Photos By ZILKE
<p>COLD SPRINGS RD</p> <p>DRAWING NOT TO SCALE</p>	Additional Information PHOTOS

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

UNIT 1 WAS EASTBOUND ON COLD SPRINGS RD. UNIT 2 WAS WESTBOUND ON COLDSPRINGS RD. BOTH UNITS WERE TRAVELING CLOSE TO THE CENTER LINE. BOTH DRIVERS SIDE REAR-VIEW MIRRORS MADE CONTACT WITH EACH OTHER CAUSING MINOR DAMAGE.

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Location

ON COLD SPRINGS RD 31 FT E OF WOODVIEW LN IN THE TOWN OF SAUKVILLE IN OZAUKEE COUNTY	Latitude 43.39682352	Longitude -87.96542838
	X Coordinate 421817.59375	Y Coordinate 4805335.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY, 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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK																															
	Vehicle Type UTILITY TRUCK/PICKUP 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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 NO CONTROL		Traffic Control Inoperative/Missing NO																															
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL																															
	Truck Bus or HazMat NO																																			
	<h3>Vehicle</h3> <table border="1"> <tr> <td>License Plate Number ML2728</td> <td>Plate Type LTK - LIGHT TRUCK</td> <td>St WI</td> <td colspan="3">Country of Issuance UNITED STATES</td> </tr> <tr> <td>Vehicle Identification Number 1GCHK74619F176005</td> <td>Make CHEVROLET</td> <td>Year 2009</td> <td colspan="3">Model SLV</td> </tr> <tr> <td>Color WHI - WHITE</td> <td colspan="2">Body Style PK - PICKUP</td> <td colspan="3">Bus Use</td> </tr> <tr> <td>Initial Contact Point 10 - LEFT SIDE FRONT</td> <td colspan="5">Vehicle Damage 10 - LEFT SIDE FRONT</td> </tr> <tr> <td>Extent Of Damage MINOR DAMAGE</td> <td colspan="5"></td> </tr> </table>						License Plate Number ML2728	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES			Vehicle Identification Number 1GCHK74619F176005	Make CHEVROLET	Year 2009	Model SLV			Color WHI - WHITE	Body Style PK - PICKUP		Bus Use			Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT					Extent Of Damage MINOR DAMAGE					
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UNIT 01 VEHICLE																																				

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION				
01	01	Owner Name A PLUS LANDSCAPING SERVICES LLC (414) 234-8411		Owner Address 3422 COUNTRY AIRE DR CEDARBURG, WI 53012 , US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
01	001	Policy Holder				
		Insurance Company MAC GILLIS AGENCY INC		Organization/Company A PLUS LANDSCAPING SERVICES LLC		
01	001	Individual				
		Driver ISAAC MICHAEL SCHRAGE (262) 707-1640		Citations Issued 0	Sex MALE	
01	001	Date of Birth 08/06/1998		Race WHITE		
		Address 2490 S RIVER RD WEST BEND, WI 53095 , US		Driver License Number S6204139828600 STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Safety Equipment		On Duty Crash		
		Row 01 - FRONT ROW		Seat Position 07 - LEFT		
01	001	Helmet Use		Safety Equipment SHOULDER & LAP BELT		
		Eye Protection		Tint Compliance		
01	001	Injury		Injury Severity NO APPARENT INJURY		
		Airbag NON DEPLOYED		Ejected NOT EJECTED		
01	001	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		
01	001	Hospital		EMS Run #		
		Date of Death		Time of Death		
01	001	Distracted By				
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
01	001	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				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP 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 Crash Tire Mark	Speed Limit 55	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 002	Vehicle				
	License Plate Number 12701HD		Plate Type HAR - HARLEY DAVIDSO	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FTFW1EG1GFB51859		Make FORD	Year 2016	Model F150
	Color GRN - GREEN		Body Style PK - PICKUP		Bus Use
	Initial Contact Point 10 - LEFT SIDE FRONT		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		10 - LEFT SIDE FRONT		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
					

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UNIT	VEHICLE	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
02	02	Driver Actions NO CONTRIBUTING ACTION			
		Owner Name JOSHUA LOYAL PAAPE (262) 224-2145		Owner Address 3044 NORTHWOODS RD PORT WASHINGTON, WI 53074 , US	
UNIT	INDIVIDUAL	Sequence Of Events			
		Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
UNIT	INDIVIDUAL	Policy Holder			
		Insurance Company OWNERS-INS-CO		Individual JOSHUA PAAPE	
		Driver JOSHUA LOYAL PAAPE (262) 224-2145		Citations Issued 0	Sex MALE
		Address 3044 NORTHWOODS RD PORT WASHINGTON, WI 53074 , US		Date of Birth 06/10/1998	Race WHITE
02	002	On Duty Crash		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
02	002	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
02	002	Distracted By			
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action NOT DISTRACTED			
02	002	Non Motorist			
		Striking Unit #		Location	

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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	
	Drug Test Given TEST NOT GIVEN		Drug Test Results	
	Drug Test Type		Drug Test Results	
	Drug Type			
	Individual Condition APPEARED NORMAL			