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



#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

က	Crash Date
Z	10/10/2021
5	Date Notified
[G	10/10/2021
.15(	On Emergency
Z	Government Property

Document Number Overrio	le	Primary Crash Document #			Crash Number	, ,	Investigating Officer/Deputy  DEPUTY M. SINGH		
Crash Date 10/10/2021		I oragin rimo			rived 2021	Time Arrived 06:31 PM	1 11112 1 11111 1 1 1 1 1 1 1 1 1 1 1 1		
Date Notified 10/10/2021		Time Notified 06:31 PM		Total Units 03		Total Injured Total Killed 00 00			
On Emergency	Hit	and Run		re Work Zone		<b>▼</b> Trailer or	Towed		Reporting Threshold
Government Property		Active Sc	hool Zone	School NO	Bus Related	Tags ZONE 5	_		
Reportable	Crash Type DT4000 (STA	NDARD CRASH	)		Amended			Secondary Crash	

**Description** Diagram Reconstruction By I-94 Northbound at Ramsey Ave Photos By **RIGHT DISTRESS** LANE 4 LANE 3 LANE 2 DISTRESS LANE 1 Additional Information NONE Drawn Not To Scale

, 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 SWIPED BY THE SEMI.

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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 SWIPED 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 SWIPED UNIT# 2.

MFD. OCFD FIRE UNITS: 84.24.211 ASSISTING UNITS. NO GOVERNMENT PROPERTY STRUCK, RAYS TOWING.

	- WILD, GOLD   INC. GITTO. GT, 2-1, 2	TH ASSISTING UNITS. NO GOVE	IZIAIAIE	NI FRC	PERTI ST	(OOK, IO(13	TOWING.				
[	Ocation ON DGT1 IH94 EB 64 FT S					Latitude <b>42.93738</b>	306		Longitud	le 038719	
	OF W RAMSEY AVE IN THE CITY OF MILWAUK IN MILWAUKEE COUNTY	ΕE				X Coordina 423708.9			Y Coordinate 4754285.5		
						Structure Type UTILITY					
(	Crash Scene	* * *	\strace{1}{2}	-		1/2	. •			4	
Ī	First Harmful Event					First Harm	ful Event L	ocation		<del> </del>	
	MOTOR VEH IN TRANSPO  Manner of Collision	RT				ON ROA					
	03 - FRONT TO REAR			Light Condition							
ŀ	Road Surface Condition(s)			DARK/LI							
	WET					Roadway F	-actor(s)				
ł	Environment Factor(s)	-									
	NONE					BACKUP	DUE TO	PRIOR CRA	ASH		
l	Weather Condition(s)										
	RAIN				•						
	Animal Type				-	Relation To		="			
1	Crash Classification - Location				•			Jurisdiction			
ļ	PUBLIC PROPERTY						NO SPECIAL JURISDICTION			Consider Charles	
	Tribal Land	Access Control Special Study  FULL CONTROL									
	<u> </u>	unction Location	Intersection NOT AN I			n Type INTERSECTION					
ł	Closure Type										
ł	LANE CLOSURE										
Ì	Date Initial Lane/Rd Closed 10/10/2021	Time Initial Lane/Rd Closed 06:32 PM		LAW	ENFORC	EMENT, T	OW TRU	CK, FIRE/EMS			
ł	Date All Lanes Open	Time All Lanes Open	-	Date:S	Scene Clear	ed	Tir	ne Scene Clea	ne Scene Cleared 106 PM		
	10/10/2021	08:05 PM			/2021		08	:06 PM			
l	Jnit Summary 💻										
l	Unit Status IN TRANSIT		1	cle Ope LASS	rating As C	assification		Unit Type AUTOMO	BILE		
1	Vehicle Type PASSENGER CAR		1					Operating A		ments	
ŀ	Total Occs	Train/Bus # Recorded	Tota	l # Citat	ions Issued		Total Trai	lers	Total Haz	Mat Types	
ŀ	Insurance?	Direction Of Travel	۳.				Speed Lir	nit	Total Land	08	
	YES	NORTHBOUND			CrashTire Mark		55		4		
		lost Harmful Event: Collision With					_	Emergency NOT APP	Motor Vehi		
	MOTOR VEH IN TRANSPO Traffic Way		ic Contr	IAL FUNC		_	NOT APPLICABLE				
п		rattic tivay IVIDED HWY W/TRAFFIC BARRIER							Traffic Control Inoperative/Missing NO		
- 1	Surface Type		1	CONT Curva				Road Grade			
	BLACKTOP (BITUMINOUS			AIGH				LEVEL			
L			——			LEVEL					

Cra

Crash Time 06:31 PM

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Truc	k Bus or HazMat			· · · · · · · · · · · · · · · · · · ·						
_		Mahiala		<del> </del>		·					
		Vehicle License Plate Number 237ZYU	Plate Type AUT - AUTOMOBILE	St <b>W</b> I	Country of Issuance UNITED STATES						
10	5	Vehicle Identification Number 2T1BR32E68C860530	Make TOYOTA	Year <b>2008</b>	Model COA						
	; , щ	Color BGE - BEIGE Initial Contact Point	Body Style SD - SEDAN Vehicle Damage		Bus Use						
UNIT	VEHICL	12 - FRONT Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT  5 4 3 2 1								
	! .	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE * ** What Driver Was Doing	Vehicle Removed By RAY'S TOWING Vehicle Factors	N F	· 43						
	! 1	SLOW/STOPPING Driver Prior Action Other									
LIND	VEHICLE										
	01	Owner Name VENKATA K NEMANI (262) 506-4632  Owner Address 3300 CEDAR HOLLOW CT # B WAUKESHA, WI 53188 , US									
	;	Sequence Of Events									
	٤	MOTOR VEH IN TRANSPORT									
	05	Event									
	93	Event									
1	04	Event	. 2222								
	;		<u>aports</u>		egent of the second	<u> </u>					
LIND		Insurance Company GEICO-GENERAL-INS-CO	Individual VENKATA NEMANI								
	:	Individual				a					
	H	Driver VENKATA K NEMANI (262) 506-4632	Citations Issued  0		Sex MALE						
LINI	INDIVIDUAL		Date of Birth 05/05/1972		Race ASIAN						
בֿ	IQN	Address 3300 CEDAR HOLLOW CT # B WAUKESHA, WI 53188 , US	Driver License Number N5508717216507 STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sai	On Duty Crash	Safety Equipment			<del></del>					
		Row Seat Position 01 - FRONT ROW 07 - LEFT	SHOULDER & LAP BEL	т.							
	1	Helmet Use	Helmet Compliance								

3 of 9

Crash Date 10/10/2021
Crash Time 06:31 PM

### **1ML15QT5N3**

21-206988

# WISCONSIN MOTOR VEHICLE CRASH REPORT

		Eye Protection			Tint Compliance								
	:	Linium St	worth		Nieb								
2	90	Injury Se	PARENT I	IN HIDV	Airbag								
	_	Ejected	Ejection Pa		NON DEPLOYED		Trapped/Extricated						
}		NOT EJECTED	-	ECTED/NOT APPL	ICARLE		NOT TRAPPED						
		Medical Transport		- CILDINOT ALLE	EMS Agency Identifier		EMS Run #						
		NOT TRANSPORTED			Zivio Agenoy identifici		LINO ITALIT						
		Hospital		<del></del>	Date of Death		Time of Death						
	ł	,											
	1	Distracte	ed By Sourc	e	L	· ·							
l		Distracted By NOT A	PPLICABI	LE (NOT DISTRAC	CTED)								
	ŧ.	Distracted By Action											
		NOT DISTRACTED											
		Striking	Unit#	Location	_			•					
		Non Motorist											
		Prior Action					<u> </u>						
ļ	, 												
	1	Action											
	Σ												
⊨	<u>_</u>						•						
L N	INDIVIDUAL												
-	□												
	<b>'</b>												
	:												
	i	Action Other			<u> </u>	<u> </u>		To/From School					
		Thought outer						TO/FIGHT SCHOOL					
		Suspect	ed Alcohol l	 Use	Suspected Drug Use			<u> </u>					
	; <i>I</i>	Drug & Alcohoi No			NO								
	1	Alcohol Test Given		Alcohol Test Type	L		Alcohol Test Results						
		TEST NOT GIVEN		,,,,									
		Drug Test Given		Drug Test Type		Drug Test Results		-					
		TEŠT NOT GIVEN											
2	5	Drug Type		<del>- ' </del>		<u> </u>							
0	5												
		Individual Condition		_									
		Individual Condition											
	اجاجا	APPEARED NORMAL		allien majyana malin	Harris Marie Language of the	and the same of the same	Temperation of the second seco	A Service Property					
	;							<u> </u>					
1	,	Individual											
		Passenger			Citations Issued		Sex						
	,	SHIRLEY M RAMAN (262) 506-4632			0		FEMALE						
	٦	(202) 300-4032			Date of Birth		Race						
╘	NDIVIDUAL				05/18/1973		ASIAN						
N N		Address 100 CORRINA BLVD # 12	•		Driver License Number R5507937367803		_						
1	Ĭ	WAUKESHA, WI 53186			STATE: WISCONSIN	N COUNTRY: UNI	TED STATES						
	. —	, , , , , , , , , , , , , , , , , ,					, , , , , , , , , , , , , , , , , , , ,						
	1	On Duty	Crook										
	Sai	fety Equipment	Clasii		Safety Equipment								
		Row	Co-4.D	osition	SHOULDER & LAP	REIT							
		01 - FRONT ROW	Seat P		GROULDER & LAP	DELI							
	Ì	Helmet Use	- 10		Helmet Compliance								
					Heimet Compliance								
		Eye Protection	<del></del>		Tint Compliance								
	*							•					
		i			i contract of the contract of								

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<del>-</del>	์ ัญ ี	Inju	y Severity		Airbag					
2	5	Injury <sub>NO</sub>	APPARENT I		NON DEPLOYED					
		Ejected	Ejection Pa				i i	Trapped/Ext		
-	. 1	NOT EJECTED	NOT EJE	CTED/NOT APPL				NOT TRAP	PED	
	; , 1	Medical Transport			EMS Agency Identifier			EMS Run#		
		NOT TRANSPORTED	·							
		Hospital			Date of Death			Time of Dear	th	
	1	Distracted By	racted By Source	9						
	ı	Distracted By Action								
	:	Non Motorist Strii	king Unit#	Location				_		
		Prior Action		<b>.</b>	And the second of the second o					SS (ACT OF LIGHT)
İ	,	Action						=		
LIND	INDIVIDUAL									•
	1	Action Other		·						To/From School
	;							_		
		Drug & Alcohol NO	pected Alcohol l	Jse Alcohol Test Type	Suspected Drug Use NO			AL 1 17 4	D 11	
	ı	Alcohol Test Given TEST NOT GIVEN				:	Alcohol Test	. Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results					
9	005	Drug Type				·				
		Individual Condition								
	,	APPEARED NORMAL								
	Uni	t Summary			y degree to make the desired			-	~2	
		Status		Iv	ehicle Operating As Classif	fication		Unit Type		<del></del>
-	ר או	TRANSIT		10	CLASS			AUTOMOI		
02		icle Type SSENGER CAR						Operating A	s Endorsem	ents
		Occs	Train/Bus # Re	ecorded T	otal # Citations Issued	T 0	otal Trailer	rs	Total HazN	/lat Types
	Insu	rance?	Direction Of To	avel	Pre CrashTire	s	peed Limit	t	Total Lane	s
NS NS	YES		NORTHBOL		Mark Special Function	5	5	Emergency	4 Motor Vehic	le l lse
5	МО	t Harmful Event: Collision W TOR VEH IN TRANSPO			NO SPECIAL FUNCTIO	N		NOT APPI	ICABLE	
		fic Way			raffic Control			Traffic Conti	ol Inoperati	ve/Missing
		IDED HWY W/TRAFFIC ace Type	BARRIER		NO CONTROL  Road Curvature			NO Road Grade		
	i .	ACKTOP (BITUMINOUS	)		STRAIGHT			LEVEL		
		ck Bus or HazMat		<del></del>			J		<u>-</u>	
	—	Vehicle				_				

### 1ML15QT5N3

21-206988

# WISCONSIN MOTOR VEHICLE CRASH REPORT

				<del></del>	T-04	I Country of Incurren								
		License Plate Number		ite Type	St	Country of Issuance								
		949PKC	Al	JT - AUTOMOBILE	WI	UNITED STATES								
		Vehicle Identification Number	Ma	ke	Year	Model								
02	2		l RF.	AZDA	2017	CX-5								
_	0	JM3KFBCLXH0226199			2017									
,		Color	Во	dy Style		Bus Use								
		GRY - GRAY	וטן	- SPORT UTILITY VEHIC	LE									
•	ш	Initial Contact Point	Ve	hicle Damage										
_				7 8 9 10 11										
UNIT	VEHICL	06 - REAR		- RIGHT FRONT CORNE										
<b>5</b> :	Ī	Extent Of Damage		RONT, 03 - RIGHT SIDE M	IDDLE, 04	I - RIGHT SIDE								
	Щ	DISABLING DAMAGE	R	EAR, 06 - REAR		5 4 3 2 1								
	· •	Towed Due To Damage		hicle Removed By		<u> </u>								
		_												
	•	TOWED DUE TO DISABLING DAMA	AGE RA	AYS TOWING										
		What Driver Was Doing	Ve	hicle Factors										
		SLOW/STOPPING												
	!		N/	OT APPLICABLE										
		Driver Prior Action Other	l INC	) APPLICABLE										
	(			•										
	1	Driver Actions												
'		NO CONTRIBUTING ACTION												
	Щ.	NO CONTRIBOTING ACTION												
╘	ਹ													
	Ť													
_	VEHICL													
	, <b>&gt;</b>													
	•													
	)	Owner Name		Owner Address										
		CHELSA HALEY DUNTON		280 N MARKET ST # 50	1									
02	2	(262) 894-1715		BROOKFIELD, WI 5304										
0	0	(202) 004 17 10		BROOK ILLB, WI COOK	, 00									
	•													
		C		<u>.</u>		<del></del>								
	:	Sequence Of Events												
	_	Event												
	5	MOTOR VEH IN TRANSPORT												
		Event		<del></del>		·								
	02	Event												
	,													
	· ~	Event												
	33													
		Event												
	9	Event												
	0													
١.		Policy Holder												
UNIT														
Z		Insurance Company		Individual										
_		PROGRESSIVE-ADVANCED-INSUR	RANCE-CO	CHELSA DUNTON										
		L												
	1	Individual	·	en the tit										
	•	Driver	1	Citations Issued		Sex								
		CHELSA HALEY DUNTON	i	0		FEMALE								
	4	(262) 894-1715	}			Race								
	Š		1	Date of Birth		WHITE								
⊨	<u>İ</u> NDIVIDUAL			08/18/1990		VVIIIE								
UNIT	≥	Address		Driver License Number		<del>- '</del>								
_	$\Box$	280 N MARKET ST # 501		D5351089079804										
	·Z	BROOKFIELD, WI 53045 , US		STATE: WISCONSIN COL	INTRY: UI	NITED STATES								
		,												
		On Duty Crash	-	Safety Equipment										
	Sa	fety Equipment		-arety -quipment										
				anam ===										
		Row Seat P	osition	SHOULDER & LAP BELT										
		01 - FRONT ROW 07 - L	EFT .											
		Helmet Use		Helmet Compliance										
		1.5	1											
		Eye Protection		Tint Compliance										
<u>ر</u>	က	Injury Severity		Airbag		<del></del>								
0	003	Injury NO APPARENT		NON DEPLOYED										
l	_	- INO AFFARENT		HON DELFOIED										

# WISCONSIN MOTOR VEHICLE CRASH REPORT

İ		Ejected		Ejection Pa					Trapped/Ext		-
		NOT EJECTED		NOT EJE	CTED/NOT AP				NOT TRAF	PPED	
	,	Medical Transport NOT TRANSPORT	ren			EMS Agency Identifi	ier		EMS Run #		
		Hospital	LD			Date of Death			Time of Dea	th	
	;	riospitai				Date of Beatin			111110 01 200		
	.	Distracted By	Distract	ed By Source	E (NOT DISTR	ACTED)			l		
	`	Distracted By Action NOT DISTRACTED	D								
	·	Non Motorist	Striking	Unit#	Location						
		Prior Action									
	1	Action									
INDIVIDUAL											
		Action Other			·						To/From School
	· 1	Drug & Alcohol	Suspect NO	ted Alcohol U		Suspected Drug Use	е				
		Alcohol Test Given			Alcohol Test Ty	ре			Alcohol Test	t Results	
		TEST NOT GIVEN Drug Test Given			Drug Test Type		Drug	Fest Results	<u> </u>		
		TEST NOT GIVEN			Diag rest type		Drug	rest Nesults			
02	003	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
'	Uni	t Summary									
		Status	-	<del></del>		Vehicle Operating As Cl			Unit Type		
	1	RANSIT		•	,	A CLASS			TRUCK		
03		cle Type		401155					Operating A	s Endorsem	nents
		JCK TRACTOR (SE		ain/Bus # Re	corded	Total # Citations Issued		Total Traile	are	Total Hazi	Aat Tynes
	1	TOCCS	''	all/Dus # Ne	Joided	0		1	213	0	nat Types
1		rance?	Di	irection Of Tra	avel	Pre CrashTire		Speed Lim	iit	Total Lane	s
ı⊨	YES	5	N	ORTHBOU	D	Mark	•	55		4	
LIND	MO	t Harmful Event: Collision TOR VEH IN TRAN		_		Special Function NO SPECIAL FUNC	TION		NOT APPI	LICABLE	
	1	ic Way			_	Traffic Control			Traffic Cont	rol Inoperati	ve/Missing
		IDED HWY W/TRAF	-FIC BA	ARRIER		NO CONTROL  Road Curvature			NO Road Grade		
	1	ACKTOP (BITUMIN	ous)			STRAIGHT			LEVEL	•	
		k Bus or HazMat	,	<del></del>					1		
	Ь	Vehicle	_								
		License Plate Numbe	<u></u>			Plate Type		St	Country of Is	suance	
	1	2487233				APO - APPORTION	1ED	IN	UNITED ST		

### **1ML15QT5N3**

21-206988

# WISCONSIN MOTOR VEHICLE CRASH REPORT

03	03	Vehicle Identification Number	r			Make		Year	Model				
0	0	1FUJF0CV66DW25541					INER CORP	2006	FRE				
,		Color WHI - WHITE				Body Style <b>ГС - TRAC</b> ⁻	TOR		Bus Use				
:	ш	Initial Contact Point				Vehicle Dama			J				
⊨		12 - FRONT					-5-			7 8 9 10 11			
UNIT	Ĭ	Extent Of Damage				12 - FRON	т			6 4th 12			
	VEHICL	FUNCTIONAL DAMAGE								5 4 3 2 (1)			
		Towed Due To Damage			,	Vehicle Remo	oved By			· · · · · · · · · · · · · · · · · · ·			
		TOWED DUE TO DISAB	LING [	AMAC	AGE I	RAY'S TOV	VING						
		What Driver Was Doing			,	Vehicle Facto	ors						
		SLOW/STOPPING				NOT APPL	ICABLE						
	1	Driver Prior Action Other			'	NOT AFFL	ICABLE						
		Driver Actions											
	ш	NO CONTRIBUTING AC	TION							1 - 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
⊨	VEHICLE												
L	Ĭ												
–	Ž												
	i	Owner Name		· · · · · ·		Owner A							
03	03	FEDEX GROUND PACK	AGE S	YSTE	EM INC		EDEX DR TOWNSHIP, PA 1	15108 119	2				
٦	٥					,							
										<del> </del>			
		Sequence Of Events Event	<u> </u>										
!	2	MOTOR VEH IN TRANS	PORT										
	05	Event				_				·-·			
	0	T	-							····			
,	03	Event											
	4	Event			<u> </u>								
		 Policy Holder							-				
UNIT		Insurance Company				Organizati	on/Company			<del></del>			
5	•	PROTECTIVE-INS-CO				FEDEX GROUND PACKAGE SYSTEM INC							
		Trailer/Towed				1				,			
03		Trailer Plate # Pla	ate Type	:	Make		State	Cou	ntry of Issuance				
		CC2642 TF	RL - TR	RAI	GDAN	· · · · ·	.OK	UNI	TED STATES				
	2	Unit Type		Orga	nization/Company	I EASING I		Addi	ress BOX 1014				
LIND		FULL TRAILER		FRE	IWIEK IKAILEK	LEASING	LLC		APEVINE, TX 7609	9 . US			
n	TRAILER/	Vehicle Identification Number 1GRAP0624KD135024	·F						,	·			
	<u> </u>	Individual		<del></del>	<del></del>		The second secon						
		Driver			<del>.</del>	Citations Is	ssued		Sex				
	بــ	ALBERT ESCALANTE E	ELEAZ	AR		0			MALE				
	A	(414) 303-5561				Date of Bir			Race				
TINO	INDINIDUA					10/31/1967 ASIAN							
S	6	Address 1527 N MARSHALL ST			Driver Lice <b>E426025</b>	ense Number 6739108							
	Z	MILWAUKEE, WI 53202					WISCONSIN COL	JNTRY: UI	NITED STATES				
	· 0~	foty Equipment	uty Crasi	h		Safety Equ	uipment			-			
	Safety Equipment												
		Row FRONT BOW			osition	SHOULE	DER & LAP BELT	-					
l ,		01 - FRONT ROW	0	)7 - LI	EF!								

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/10/2021

Crash Time 06:31 PM

		Helmet Use				Helmet Compliance	<del>-</del>					
	,	Eye Protection			<del></del>	Tint Compliance						
က	4		Injury Se	everity		Airbag	<del></del> -	-				
03	004		NO AP	PARENT IN		NON DEPLOYED						
		Ejected		Ejection Pat		10.451.7		Trapped/Extricated				
		NOT EJECTED  Medical Transport		NOT EJEC	TED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #	<del>.</del>			
		NOT TRANSPORT	ΈD			LING Agency Identifier		ENIS Rull #				
		Hospital			* ***	Date of Death		Time of Death				
	,	Distracted By	Distracte	ed By Source PPLICABLI	E (NOT DISTRAC	CTED)						
		Distracted By Action	_						· · · · · · · · · · · · · · · · · · ·			
		NOT DISTRACTED		11-2-4	I and an			Strict Control of Action	The second of th			
		Non Motorist	Striking	Unit#	Location							
		Prior Action										
	; - :	Action			-	-	·		_			
	INDIVIDUAL											
LIND	<u> </u>											
⊃	$\leq$											
	Z											
		Action Other					<del></del>		To/From School			
			Suspect	ed Alcohol Us	<b>.</b>	Suspected Drug Use						
	I	Drug & Alcohol	NO			NO 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					
03	004	Drug Type			· <u>-</u>			<del></del>	<del></del>			
		Individual Condition					<del> </del>	· · · · · · · · · · · · · · · · · · ·	·			
	,	APPEARED NORN	<b>MAL</b>									
								-				