

CFBatch-Cover-w10

*Type of Report:* AUTO ACCIDENT

PayorID: WI00001554 Entity: Brown County

State: WI

DATE OF LOSS: 10/01/21

LOSS STREET : DUCK CREEK ROAD

LOSS CITY : HOWARD

POLICE DEPT.: BROWN CO SHERIFF

REPORT NUM. : 21031878

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21-031878

# WISCONSIN MOTOR VEHICLE CRASH REPORT

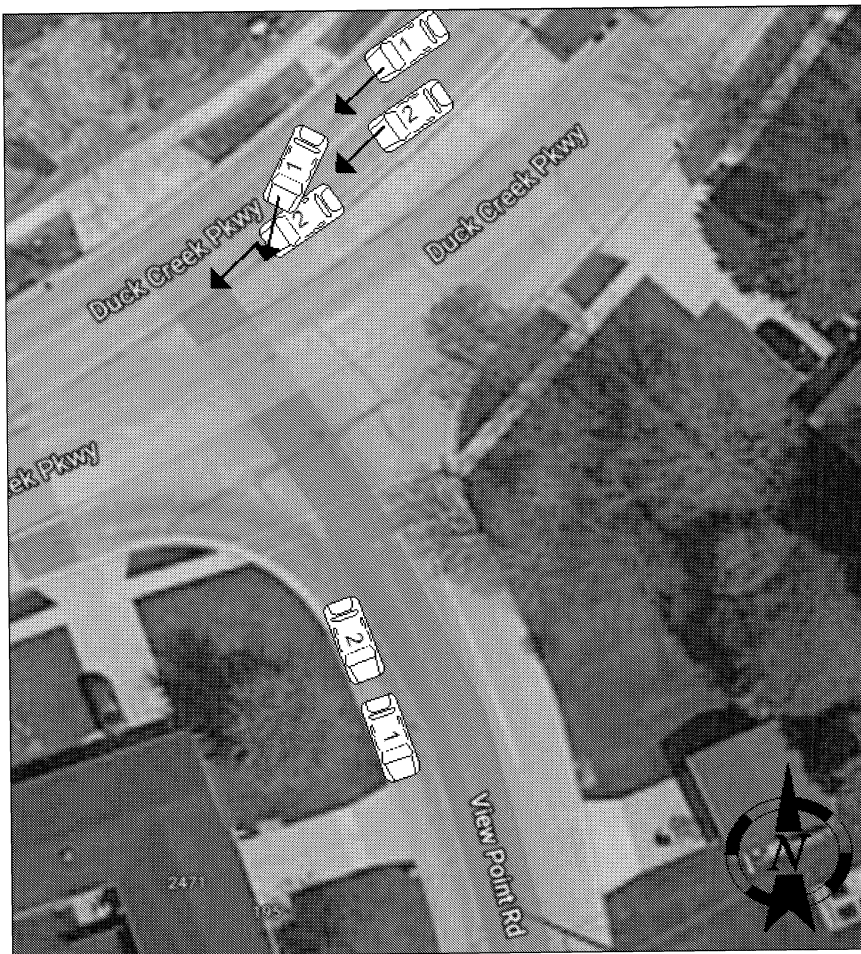
BROWN COUNTY SHERIFFS OFFICE  
2684 DEVELOPMENT DRIVE  
GREEN BAY, WI 54311  
(920) 448-4200

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>DEPUTY B KITSLAAR</b>	
Crash Date <b>10/01/2021</b>		Crash Time <b>05:41 PM</b>		Date Arrived <b>10/01/2021</b>		Time Arrived <b>05:44 PM</b>	
Date Notified <b>10/01/2021</b>		Time Notified <b>05:41 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

## Description

Diagram



Not drawn to scale

Reconstruction By

Photos By

 Additional Information  
**NONE**
☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 10/01/2021, AT APPROXIMATELY 5:41PM, UNIT 1 WAS TRAVELING SOUTHBOUND ON DUCK CREEK PARKWAY, TOWARD CARDINAL LANE, IN THE OUTSIDE LANE. UNIT 2 WAS TRAVELING SOUTHBOUND ON DUCK CREEK PARKWAY IN THE INSIDE LANE, NEXT TO UNIT 1. UNIT 1 MADE A LEFT TURN FROM THE OUTSIDE LANE, ATTEMPTING TO TURN ONTO VIEW POINT ROAD. UNIT 1'S FRONT DRIVER'S SIDE COLLIDED WITH UNIT 2'S PASSENGER SIDE, CAUSING FUNCTIONAL DAMAGE TO BOTH VEHICLES. I ARRIVED ON SCENE AND OBSERVED BOTH VEHICLES PARKED ON VIEW POINT ROAD. I VERIFIED NO INJURIES AND ISSUED THE CRASH INCIDENT NUMBER. NO CITATIONS ISSUED.

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**Location**

ON VIEWPOINT RD 11 FT S OF DUCK CREEK PKWY IN THE VILLAGE OF HOWARD IN BROWN COUNTY	Latitude <b>44.545350842</b>	Longitude <b>-88.083345535</b>
	X Coordinate <b>413943.15625</b>	Y Coordinate <b>4933017.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>4</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01	<b>Vehicle</b>					
	License Plate Number <b>ALU1116</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1GKKRRED0CJ237587</b>		Make <b>GENERAL MOTORS COR</b>	Year <b>2012</b>	Model <b>ACADIA</b>	
	Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By ****	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>IMPROPER TURN</b>			
01 01	Owner Name <b>JACQUELINE G PECHA (920) 373-3433</b>		Owner Address <b>5403 COUNTY RD N OCONTO, WI 54153 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	<b>Policy Holder</b>			
	Insurance Company <b>1ST-AUTO-&amp;-CASUALTY-INS-CO</b>		Individual <b>STEVEN FRANCOIS</b>	
01 001	<b>Individual</b>			
	Driver <b>STEVEN M FRANCOIS (920) 373-3433</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth <b>11/26/1982</b>		Race <b>WHITE</b>	
	Address <b>5403 COUNTY RD N OCONTO, WI 54153 , US</b>		Driver License Number <b>F6527938242602 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01 001	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
01 001	Hospital		Date of Death	Time of Death
	<b>Distracted By</b>			
	Distracted By Source <b>HAND-HELD MOBILE PHONE</b>			
01 001	Distracted By Action <b>TALKING/LISTENING</b>			

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UNIT INDIVIDUAL 01 001	<b>Non Motorist</b>	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>			Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>4</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>CONCRETE</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				

UNIT VEHICLE 02 02	<b>Vehicle</b>			
	License Plate Number <b>ADC7416</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2GKALMEK7D6328322</b>	Make <b>GENERAL MOTORS COR</b>	Year <b>2013</b>	Model <b>TERRAIN SL</b>
	Color <b>TAN - TAN</b>	Body Style <b>LL - CARRYALL</b>		Bus Use
	Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>	Vehicle Damage <b>03 - RIGHT SIDE MIDDLE</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By ****		

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UNIT	VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
02	02	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>LISA LEA HOLLEY</b> (920) 498-0339	Owner Address <b>1861 CORMIER RD</b> <b>GREEN BAY, WI 54313 , US</b>	
<b>Sequence Of Events</b>				
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	02	Event		
		Event		
		Event		
		Event		
UNIT	03	Event		
		Event		
		Event		
		Event		
UNIT	04	Event		
		Event		
		Event		
		Event		
<b>Policy Holder</b>				
UNIT	INDIVIDUAL	Insurance Company <b>LIBERTY-MUTUAL-INS-CO</b>		Individual <b>LISA HOLLEY</b>
		Driver <b>LISA LEA HOLLEY</b> (920) 498-0339		Citations Issued <b>0</b>
		Address <b>1861 CORMIER RD</b> <b>GREEN BAY, WI 54313 , US</b>		Sex <b>FEMALE</b>
		Driver License Number <b>H4005326861109</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		Race <b>WHITE</b>
02	002	On Duty Crash		Safety Equipment
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
02	002	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
		Hospital		EMS Run #
02	002	Date of Death		Time of Death
		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
		Distracted By Action <b>NOT DISTRACTED</b>		
		Non Motorist Striking Unit # Location		

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WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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UNIT          02	INDIVIDUAL          002	Prior Action			
		Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition  <b>APPEARED NORMAL</b>			