

CFBatch-Cover-w10

Type of Report: AUTO ACCIDENT

PayorID: WI00000069 Entity: Wisc. Div. Motor Vehicles

State: WI

DATE OF LOSS: 11/18/21

LOSS STREET : WEST CAPITAL DRIVE NEAR CECELIA DR

LOSS CITY : PEWAUAKEE

POLICE DEPT.: PEWAUAKEE VILLAGE PD

REPORT NUM. : 7DL108M7WX

Image Name: WI00000069_3331082143_211215_2184808.tif



3331082143

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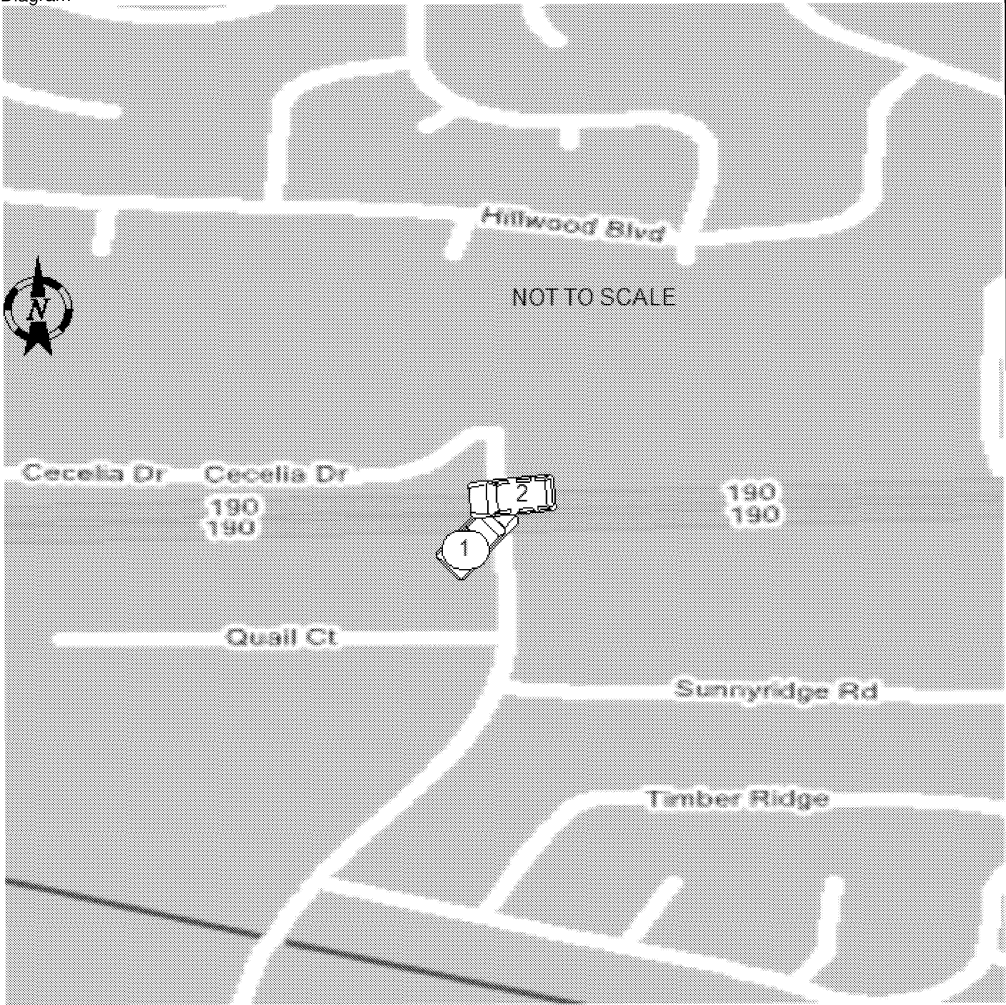
WISCONSIN MOTOR VEHICLE CRASH REPORT

PEWAUKEE VILLAGE POLICE DEPART
235 HICKORY STREET
PEWAUKEE, WI 53072
(262) 691-5678

7DL108M7WX

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy OFFICER ERIK MICHALSEN	
Crash Date 11/18/2021		Crash Time 05:08 PM		Date Arrived 11/18/2021		Time Arrived 05:10 PM	
Date Notified 11/18/2021		Time Notified 05:08 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"/> 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

	Reconstruction By
	Photos By SGT TWELMEYER
	Additional Information PHOTOS, WITNESS STATEMENTS

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

WHILE DRIVING MARKED SQUAD 636 I RESPONDED TO THE ABOVE LOCATION FOR A TWO VEHICLE ACCIDENT THAT WAS IN TRAFFIC. UPON ARRIVAL, I FOUND BOTH DRIVERS TO BE UNINJURED AND NO OTHER PASSENGERS. IT WAS FOUND THAT UNIT ONE WAS TURNING ON TO GEORGETOWN FROM CAPITOL AND HAD A YELLOW LIGHT. UNIT TWO HAD A YELLOW LIGHT AND WAS GOING STRAIGHT WESTBOUND ON CAPITOL. UNIT ONE TURNED INTO UNIT TWO ON HER DRIVER SIDE REAR QUARTER PANEL. UNIT ONE DRIVER WAS ISSUED AND EXPLAINED ONE CITATION. BOTH VEHICLE WERE TOWED BY KEN WEBERS TOWING.

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Location

ON CAPITOL DR/ STH190 WB 13 FT E OF GEORGE TOWNE DR IN THE VILLAGE OF PEWAUKEE IN WAUKESHA COUNTY	Latitude 43.083300817	Longitude -88.239384316
	X Coordinate 399115.875	Y Coordinate 4770810.5
	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) CLOUDY, SNOW			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control FULL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY 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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/TRAFFIC BARRIER		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					
	License Plate Number KR3139		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FTEX1E87AFC70301		Make FORD	Year 2010	Model F150	
	Color GRY - GRAY		Body Style PK - PICKUP		Bus Use	
	Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
	Extent Of Damage DISABLING DAMAGE					

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By KEN WEBER TOWING	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	Owner Name JOSEPH C MENTE		Owner Address N88W24228 N LISBON RD LISBON, WI 53089 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
01	Policy Holder			
	Insurance Company AMERICAN-AUTOMOBILE-INS-CO		Individual JOSEPH MENTE	
01	Individual			
	Driver JOSEPH C MENTE		Citations Issued 1	Sex MALE
			Date of Birth 12/14/1956	Race WHITE
	Address N88W24228 N LISBON RD LISBON, WI 53089 , US		Driver License Number M5304835645402 STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
01	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
01	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	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				
Violations					
01	UTC Number BH557880	Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN	

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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way DIVIDED HWY W/TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

02 02	Vehicle				
	License Plate Number 166LTX		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNSKJKC6FR575330		Make CHEVROLET	Year 2015	Model K1500 SUBU
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 08 - LEFT SIDE REAR				

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UNIT VEHICLE	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By KEN WEBER TOWING
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors
UNIT VEHICLE	Driver Prior Action Other NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION	
	Owner Name JACOB E DIEMAN	Owner Address W231N7020 HOMESTEAD CT SUSSEX, WI 53089 , US
	Sequence Of Events	
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT VEHICLE	Event	
	Policy Holder	
	Insurance Company ALLSTATE-INS-CO	Individual JAIME DIEMAN
	Individual	
UNIT INDIVIDUAL	Driver JAIME L DIEMAN	Citations Issued 0
		Sex FEMALE
		Date of Birth 04/14/1977
		Race WHITE
UNIT INDIVIDUAL	Address W231N7020 HOMESTEAD CT SUSSEX, WI 53089 , US	Driver License Number D5504327763403 STATE: WISCONSIN COUNTRY: UNITED STATES
	Safety Equipment	
	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT
UNIT INDIVIDUAL	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	Injury	Injury Severity NO APPARENT INJURY
	Airbag NON DEPLOYED	
UNIT INDIVIDUAL	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier
	Hospital	Date of Death
UNIT INDIVIDUAL	EMS Run #	Time of Death

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UNIT INDIVIDUAL 02 002	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				