

CKL0R8QZ3H
18-39671

WISCONSIN MOTOR VEHICLE
CRASH REPORT

RACINE POLICE DEPARTMENT
730 CENTER STREET
RACINE, WI 53403
(262) 635-7700

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Document Number Override		Primary Crash Document #	Agency Crash Number 2-3	Investigating Officer/Deputy OFFICER Z. BRENNER	
Crash Date 09/02/2018		Crash Time 06:32 PM	Date Arrived 09/02/2018	Time Arrived 06:37 PM	
Date Notified 09/02/2018		Time Notified 06:35 PM	Total Units 02	Total Injured 01	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>Carlisle Ave</p>	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.

UNIT 01 WAS OPERATING W/B ON KEWAUNEE ST. UNIT 02 WAS OPERATING N/B ON CARLISLE AV. WHILE UNIT 02 WAS OPERATING N/B, UNIT 01 FAILED TO YIELD THE RIGHT OF WAY AFTER THE STOP SIGN ON KEWAUNEE ST AND STRUCK UNIT 02.

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Location

INTERSECTION ON KEWAUNEE ST AT CARLISLE AVE IN THE CITY OF RACINE IN RACINE COUNTY	Latitude 42.739283071	Longitude -87.803155499
	X Coordinate 434259.84375	Y Coordinate 4732176
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 08--FRONT TO SIDE		Light Condition DAWN	
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	
Date Initial Lane/Rd Closed 09/02/2018	Time Initial Lane/Rd Closed 06:37 PM	FIRE/EMS	
Date All Lanes Open 09/02/2018	Time All Lanes Open 07:20 PM		
Date Scene Cleared 09/02/2018	Time Scene Cleared 07:21 PM		

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER VAN		Operating As Endorsements			
	Total Occs 2	Train/Bus # Injured	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 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, DIVIDED, UNPROTECTED (PAINTED > 4		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

01 01	License Plate Number AAY7711	Plate Type AUT - AUTOMOBILE	St WI	Country of issuance UNITED STATES
	Vehicle Identification Number 5TDZA23C35S314588	Make TOYOTA	Year 2005	Model SIE

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UNIT VEHICLE	Color GLD - GOLD	Body Style 4H - HATCHBACK 4 DOOR	Bus Use NOT A BUS
	Initial Contact Point 11--LEFT FRONT CORNER	Vehicle Damage 11--LEFT FRONT CORNER	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By JENSENS TOWING	
	What Driver Was Doing LEFT TURN	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
	Driver Distractions NOT DISTRACTED		
	Owner Name CARRIE ANN MUNOZ (262) 595-5407		
	Owner Address 1923 LASALLE ST RACINE, WI 53402 , US		
Sequence Of Events			
UNIT 01	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
Policy Holder			
UNIT	Insurance Company FOUNDERS-INS-CO		Individual CARRIE MUNOZ
	Individual		
UNIT INDIVIDUAL	Driver CARRIE ANN MUNOZ (262) 595-5407		Citations Issued 1
			Sex FEMALE
			Date of Birth 10/27/1985
			Race WHITE
Address 1923 LASALLE ST RACINE, WI 53402 , US		Driver License Number M5201018588708 STATE: WISCONSIN COUNTRY: UNITED STATES	
Equipment		On Duty Crash	
Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY)		Safety Equipment SHOULDER & LAP BELT	
Helmet Use		Helmet Compliance	

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01	UNIT	INDIVIDUAL	001		Eye Protection	Tint Compliance		
			Injury		Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-FRONT		
			Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
			Medical Transport EMS GROUND		EMS Agency Identifier 6000194		EMS Run #	
			Hospital WHEATON FRANCISCAN ALL SAINTS-SPRING		Date of Death		Time of Death	
			Non Motorist		Striking Unit #	Prior Action	Location	To/From School
			Action					
			Action Other					
			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				
01	UNIT	INDIVIDUAL	001		Drug Type			
			Individual Condition APPEARED NORMAL					
			Individual					
			Passenger MARJORIE MUNOZ-ODOM (262) 595-5407		Citations Issued 0		Sex FEMALE	
Date of Birth 12/05/2015		Race WHITE						
Address 1923 LASALLE ST RACINE, WI 53402 , US		Driver License Number						
Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT				
Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI		Helmet Compliance						
Helmet Use		Eye Protection						
Tint Compliance		Airbag NON DEPLOYED						
Injury		Injury Severity NO APPARENT INJURY		Trapped/Extricated NOT TRAPPED				
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Time of Death				
Time of Death		002						

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UNIT	INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
		Non Motorist	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		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	01	Violations				
		UTC Number BC313045	Issue To? 001	Statute Number 346.18(3)	Seq Num 001	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 PASSENGER CAR				Operating As Endorsements		
		Total Occs 1	Train/Bus # Injured	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, DIVIDED, UNPROTECTED (PAINTED > 4		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
		Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL		
		Truck Bus or HazMat NO						

Vehicle

UNIT	02	License Plate Number ACA2856		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1G1PC5SHXG7105841		Make CHEVROLET	Year 2016	Model NO DATA FO
		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use NOT A BUS

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UNIT VEHICLE	Initial Contact Point 12--FRONT	Vehicle Damage 12--FRONT	
	Extent Of Damage DISABLING DAMAGE		
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By DONS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Driver Distractions NOT DISTRACTED		
	Owner Name CHAKAYLA J BUSH	Owner Address 1622 WEST BLVD RACINE, WI 53404 , US	
02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
04	Event		
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual CHAKAYLA BUSH	
UNIT INDIVIDUAL	Individual		
	Driver DEVONTE EUGENE REESE (262) 883-5032	Citations Issued 0	Sex MALE
		Date of Birth 11/06/1997	Race BLACK
	Address 1617 WEST ST RACINE, WI 53404 , US	Driver License Number R2001659740606 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance	
	Helmet Use	Tint Compliance	
	Eye Protection		

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02 UNIT INDIVIDUAL 003	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABL		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Non Motorist		Striking Unit #	Prior Action	Location	To/From School
	Action					
	Action Other					
	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	
02 003	Drug Type					
	Individual Condition APPEARED NORMAL					