18-39671

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	I I					Investigating Officer/Deputy OFFICER Z. BRENNER			
Ξ	Crash Date	Crash Time 06:32 PM Time Notified 06:35 PM		Date Arrived 09/02/2018 Total Units 02		Time Arrived 06:37 PM				
Z	09/02/2018 Date Notified									
8 Q	09/02/2018					Total Injured 01	Total Kille	ed		
CKL0R8QZ3H	On Emergency Hi	it and Run		ure	Work Zone	Trailer	or Towed	Reporting Threshold		
SKI	Government Property	Active School Zone School Bus Related NO			Bus Related	Tags				
	Reportable	Crash Type DT4000 (STANDARD CRASH) Amend					ed	Secondary Crash		
į	Description									
	Diagram		×				Reconstructio	п Ву		
		1		Ĩ						
					Not to S	Scale	Photos By			
			1			&	Additional Info	ormation		
	Carlisle	Ave								
				(
	[2]	[2								
			\1 \-	7	STOP					
				1						
								41		
	I, a sworn law enforceme	nt officer, agree	e that I have no	t added	any CJIS data in this	report.				
İ	UNIT 01 WAS OPERATING W/B C FAILED TO YIELD THE RIGHT OF						02 WAS OPER	RATING N/B, UNIT 01		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

L	ocation ===		=		= ==					
	INTERSECTION					Latitude			Longitud	de
	ON KEWAUNEE ST					42.73928	83071		-87.803	3155499
	AT CARLISLE AVE IN THE CITY OF RACIN	F				X Coordin	ate		Y Coord	tinate
	IN RACINE COUNTY	_				434259.8	84375		473217	76
l						Structure Type NO STRUCTURE				
C	rash Scene									
TF	First Harmful Event		_			First Harm	nful Event Lo	ocation		
N	MOTOR VEH IN TRANSPORT					ON ROADWAY				
Ň	Manner of Collision					Light Condition DAWN				
0	08FRONT TO SIDE									
F	Road Surface Condition(s)					Roadway	Factor(s)			
۱	WET									
Ε	Environment Factor(s)					1				
١	NONE					NONE				
┢	Neather Condition(s)					1				
F	RAIN					V				
A	Animai Type				Relation T	o Trafficway				
Ļ					TRAFFICWAY - ON ROAD					
11	Crash Classification - Location PUBLIC PROPERTY					ssification CIAL JURI	Jurisdiction ISDICTION			
	Tribal Land					Access Co		Special Study		Special Study
L		NO CONTROL			TROL					
	Within Interchange Area	Junction Location INTERSECTION		Intersection Type FOUR-WAY INTERSECTION						
_	Closure Type	THIEROCOTION		Reaso		for Closure				
4	LANE CLOSURE			Neasc) 10 C C C C C C C C C C C C C					
10	Date Initial Lane/Rd Closed	Time Initial Lane/Rd Closed	FIRE/EMS							
	09/02/2018	06:37 PM	Date Scene Clear 09/02/2018							
	Date All Lanes Open 09/02/2018	Time All Lanes Open 07:20 PM						me Scene Cleared 7:21 PM		
_		07:20 PIWI		09/02	2/2018		107	Z1 PW		
	Init Summary Jnit Status		LVehi	cie One	rating As C	assification		Linit Tuno		
1 -	N TRANSIT		Vehicle Operating As Ci			Digosification		Unit Type AUTOMOBILE		
	Vehicle Type			I OLAGO					Operating As Endorsements	
	PASSENGER VAN								operating / to Endorsonion	
T	Total Occs	Train/Bus # Injured	Total # Citations Issued			Total Traile			Mat Types	
2			1	1		0		0		
1	nsurance? /ES	Direction Of Travel WESTBOUND		Pre	CrashTire Mark		Speed Lim	iit	Total Lane	es
_	Most Harmful Event: Collision		Spec	cial Fun			23	I Emergency		cie Use
	MOTOR VEH IN TRANS				IAL FUNC	TION		Emergency Motor Vehicle Use NOT APPLICABLE		
1	raffic Way			ic Conti			Tr		Traffic Control Inoperative/Missing	
_	TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4			P SIG				МО		
1	Surface Type CONCRETE			d Curva				Road Grade		
	ruck Bus or HazMat		1311	RAIGH	1			LEVEL		
N	NO									
	Vehicle			384	TURN					
	License Plate Number			е Туре		_	St	Country of iss		
	AAY7711		_		TOMOBIL	.E	WI	UNITED ST	ATES	
3	Vehicle Identification N 5TDZA23C35S3145		Mal				Year 2005	Model		
	5TDZA23C35S314588			ТОУОТА		2005 SIE				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

1		Color	Body Style	Bus Use						
	JE.	GLD - GOLD	4H - HATCHBACK 4 DOOR	NOT A BUS						
<u> </u>	2	Initial Contact Point 11LEFT FRONT CORNER	Vehicle Damage							
LIND	呈	Extent Of Damage	11LEFT FRONT CORNER							
_	VEHICLE	DISABLING DAMAGE	The state of the s							
	(Act	Towed Due To Damage	Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE What Driver Was Doing	JENSENS TOWING Vehicle Factors							
		LEFT TURN	venicie i actors							
		Driver Prior Action Other	NOT APPLICABLE							
		Driver Actions								
	ш	FAILED TO YIELD RIGHT-OF-WAY								
╘	VEHICLE									
UNIT	三									
	>									
		Driver Distractions								
		NOT DISTRACTED								
10	5									
		Owner Name	Owner Address							
		CARRIE ANN MUNOZ	1923 LASALLE ST							
		(262) 595-5407	RACINE, WI 53402 , US							
		Sequence Of Events Event								
	2	MOTOR VEH IN TRANSPORT								
	02	Event								
		Event								
	03									
	40	Event								
		Delieu Helden	Manufest of Survey of Surv							
불	T.	Policy Holder Insurance Company	Individual							
5		FOUNDERS-INS-CO	CARRIE MUNOZ							
		Individual Individual								
		Driver CARRIE ANN MUNOZ	Citations Issued	Sex						
	A	(262) 595-5407	1 Date of Birth	FEMALE Race						
H	NDINIDUAL		10/27/1985	WHITE						
LINO	Σ	Address	Driver License Number							
	Z	1923 LASALLE ST RACINE, WI 53402	M5201018588708 STATE: WISCONSIN COUNTRY: UN	IITED STATES						
		On Duty Crash	Safety Equipment							
		Equipment								
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Eye Protection			Tint Compliance					
9	Injury	POSSIBLE INJURY		Airbag DEPLOYED-FRONT					
			Ejection Path Trapped/Extricated NOT E.JECTED/NOT APPLICABL NOT TRAPPED						
	Medical Transport EMS GROUND			EMS Agency Ident		EMS Run #			
						Time of Dooth			
	WHEATON FRANCISCAN ALL SAINTS-SPRING			Date of Death		Time of Death			
	Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
INDIVIDUAL	Action								
	Action Other								
E	Drug & Alcohol NO		Suspected Drug U	se					
	Alcohol Test Given TEST NOT GIVEN	ı		Alcohol Test Type		Alcohol Test Results			
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
001	Drug Type								
Individual Condition APPEARED NORMAL									
	ndividual	The by an							
	Passenger MARJORIE MUNOZ-ODOM			Citations Issued		Sex FFMALF			
UAL	(262) 595-5407		Date of Birth		Race WHITE				
INDINI	Address 1923 LASALLE ST RACINE, WI 53402, US			nber					
	Equipment On Duty Crash		Safety Equipment						
Seat Position 4SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI			SHOULDER & LAP BELT						
	Helmet Use			Helmet Compliance	Э				
	Eye Protection			Tint Compliance					
005	Injury	Injury Severity NO APPARENT IN	IJURY	NON DEPLOYE	D				
	Ejected NOT EJECTED			Ejection Path NOT EJECTED/	NOT APPLICABL	Trapped/Extricated NOT TRAPPED			
	INDIVIDUAL 001 E INDIVIDUAL	Ejected NOT EJECTED Medical Transport EMS GROUND Hospital WHEATON FRAN Non Motorist Action Action Action Action Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Passenger MARJORIE MUNK (262) 595-5407 Address 1923 LASALLE S RACINE, WI 5340 Equipment Seat Position 4SECOND SEAT Helmet Use Eye Protection	Ejected NOT EJECTED Medical Transport EMS GROUND Hospital WHEATON FRANCISCAN ALL SAIN Non Motorist Striking Unit #	Ejected NOT EJECTED Medical Transport EMS GROUND Hospital WHEATON FRANCISCAN ALL SAINTS-SPRING Non Motorist Action Action Action Striking Unit # Prior Action Action Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Individual Passenger MARJORIE MUNOZ-ODOM (262) 595-5407 Address 1923 LASALLE ST RACINE, WI 53402 , US Equipment Seat Position 4SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI Heimet Use Eye Protection Injury Injury Injury Sevenity NO APPARENT INJURY Ejected	Injury Injury Severity POSSIBLE INJURY DEPLOYED-FR Ejected Ejection Path NOT EJECTED NOT EJECTED NOT EJECTED Medical Transport EMS GROUND Hospital Date of Death WHEATON FRANCISCAN ALL SAINTS-SPRING Date of Death Non Motorist Striking Unit # Prior Action Action Other Action Alcohol Test Given TEST NOT GIVEN Drug Test Type Test Given TEST NOT GIVEN Drug Test Type Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Given Test	Injury Injury Seventy POSSIBLE INJURY DEPLOYED-FRONT	Injury Injury Seventy POSSIBLE INJURY DEPLOYED-FRONT Ejection Path TrappediExtricated NOT EJECTED EMS GROUND EMS Agency identifier EMS Run # EMS		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport			EMS Agency Identifier			EMS Run #				
		NOT TRANSPORTED										
		Hospital			Date of De	ath		Time of Death				
		Non Motorist	Striking Unit #	Prior Action		Locatio	n			To/From School		
		Action										
	u Š											
	INDIVIDUAL											
╘	2											
LNS	7											
-	ቯ	İ										
	Z											
		Action Other										
		Activit Otifet										
			Suspected Ald	cohol Use	Suspected	Drug Use						
	L	Orug & Alcohol	NO		NO							
		Alcohol Test Given			Alcohol Tes	st Type		Alcohol Tes	t Results	3		
		TEST NOT GIVEN										
		Drug Test Given TEST NOT GIVEN			Drug Test 1	Гуре		Drug Test F	Results			
	~											
01	002	Drug Type										
	700	v.										
		Individual Condition										
	121	APPEARED NORM	A A I									
	- 3											
			MAL									
		Violations		grant grant				Ngi thiết	02.35.2			
	Dell	Violations UTC Number	Issue To?	Statute Number 346.18(3)	Seq Num	Description FAIL/YIELD	RIGHT/WAY	FROM STO	P SIGN			
	6	Violations UTC Number BC313045	Issue To?		Seq Num 001	Description FAIL/YIELD	RIGHT/WAY	FROM STO	P SIGN			
	5 Unit	Violations UTC Number	Issue To?			Description FAIL/YIELD		FROM STO	PSIGN			
	5 Unit	Violations UTC Number BC313045 t Summary	Issue To?			FAIL/YIELD						
	Unit Unit IN T	Violations UTC Number BC313045 t Summary Status RANSIT cie Type	Issue To?		Vehicle Operat	FAIL/YIELD		Unit Type		ents		
02	Unit Unit IN T Vehic PAS	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR	Issue To? 001	346.18(3)	Vehicle Operat	FAIL/YIELD	tion	Unit Type AUTOMO Operating A	BILE As Endorseme			
	Unit Unit IN T Vehic PAS	Violations UTC Number BC313045 t Summary Status RANSIT cie Type	Issue To? 001		Vehicle Operat D CLASS Total # Citation	FAIL/YIELD	Total Tra	Unit Type AUTOMO Operating A	BILE As Endorseme			
	Unit Unit IN T Vehic PAS Total	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR Occs	Issue To? 001	346.18(3) s # Injured	Vehicle Operat D CLASS Total # Citation 0	ing As Classifica	Total Tra	Unit Type AUTOMO Operating A	BILE As Endorseme Total HazM	at Types		
02	Unit Unit IN T Vehice PAS Total 1	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR Occs	Issue To? 001 Train/Bu Direction	s # Injured	Vehicle Operat D CLASS Total # Citation 0 Pre Cr.	ing As Classifica	Total Tra 0 Speed Li	Unit Type AUTOMO Operating A	BILE As Endorseme Total HazM 0 Total Lanes	at Types		
NIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR Occs	Train/Bu Direction	346.18(3) s # Injured	Vehicle Operat D CLASS Total # Citation 0 Pre Cr.	ing As Classifica	Total Tra	Unit Type AUTOMO Operating A	BILE As Endorseme Total HazM 0 Total Lanes	at Types		
IT 02	Unit Unit IN T Vehic PAS Total 1 Insur YES	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR Occs rance?	Train/Bu Direction NORTH	s # Injured	Total # Citation Pre Cr Special Function	ing As Classifica	Total Tra 0 Speed Li	Unit Type AUTOMO Operating A illers imit	BILE As Endorseme Total HazM 0 Total Lanes	at Types		
NIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES Most	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR Occs Tance? B Harmful Event: Collision	Train/Bu Direction NORTH	s # Injured	Total # Citation Pre Cr Special Function	FAIL/YIELD ting As Classification is Issued ashTire ark	Total Tra 0 Speed Li	Unit Type AUTOMO Operating A illers imit Emergency NOT APP	BILE As Endorseme Total HazM 0 Total Lanes 2	at Types		
NIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES Most MOT Traffit	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR Occs Gance? Harmful Event: Collision TOR VEH IN TRANS TO Way D-WAY, DIVIDED, UN	Train/Bu Direction NORTH	s # Injured Of Travel	Vehicle Operat D CLASS Total # Citation 0 Pre Cr Mi Special Function NO SPECIAL	ing As Classifica is Issued ashTire ark on L FUNCTION	Total Tra 0 Speed Li	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Cont	BILE As Endorseme Total HazM 0 Total Lanes 2 Motor Vehicl PLICABLE trol Inoperativ	at Types		
NIT 02	Unit IN T Vehicle PAS Total 1 Insur YES Most MOT Traffit TWO Surfat	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR Occs Tance? GHarmful Event: Collision TOR VEH IN TRANS To Way D-WAY, DIVIDED, UN ace Type	Train/Bu Direction NORTH	s # Injured Of Travel	Vehicle Operat D CLASS Total # Citation 0 Pre Cr. Mi Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur	ing As Classifica is Issued ashTire ark on L FUNCTION	Total Tra 0 Speed Li	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Cont NO Road Grad	BILE As Endorseme Total HazM 0 Total Lanes 2 Motor Vehicl PLICABLE trol Inoperativ	at Types		
NIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES Most MOT Traffit TWC	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR Occs Tance? Harmful Event: Collision TOR VEH IN TRANS ic Way D-WAY, DIVIDED, UN ace Type NCRETE	Train/Bu Direction NORTH	s # Injured Of Travel	Vehicle Operat D CLASS Total # Citation 0 Pre Cr Mi Special Function NO SPECIA Traffic Control NO CONTRO	ing As Classifica is Issued ashTire ark on L FUNCTION	Total Tra 0 Speed Li	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Cont	BILE As Endorseme Total HazM 0 Total Lanes 2 Motor Vehicl PLICABLE trol Inoperativ	at Types		
NIT 02	Unit Unit IN T Vehicle PAS Total 1 Insur YES Most MOT Traffit TWC CON Truck	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SSENGER CAR Occs Tance? GHarmful Event: Collision TOR VEH IN TRANS To Way D-WAY, DIVIDED, UN ace Type	Train/Bu Direction NORTH	s # Injured Of Travel	Vehicle Operat D CLASS Total # Citation 0 Pre Cr. Mi Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur	ing As Classifica is Issued ashTire ark on L FUNCTION	Total Tra 0 Speed Li	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Cont NO Road Grad	BILE As Endorseme Total HazM 0 Total Lanes 2 Motor Vehicl PLICABLE trol Inoperativ	at Types		
NIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES Most MOTTraffit TWO Surface CON NO	Violations UTC Number BC313045 t Summary Status RANSIT Cie Type SSENGER CAR Occs Tance? GHarmful Event: Collision TOR VEH IN TRANS TOR VEH TOR VEH IN TRANS TOR VEH TOR V	Train/Bu Direction NORTH	s # Injured Of Travel	Vehicle Operat D CLASS Total # Citation 0 Pre Cr. Mi Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur	ing As Classifica is Issued ashTire ark on L FUNCTION	Total Tra 0 Speed Li	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Cont NO Road Grad	BILE As Endorseme Total HazM 0 Total Lanes 2 Motor Vehicl PLICABLE trol Inoperativ	at Types		
NIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES Most MOTTraffit TWO Surface CON NO	Violations UTC Number BC313045 t Summary Status RANSIT Cle Type SENGER CAR Occs Tance? TOR VEH IN TRANS TO	Train/Bu Direction NORTH	s # Injured Of Travel	Total # Citation Pre Cr M: Special Function NO SPECIAl Traffic Control NO CONTRO Road Curvatur STRAIGHT	ing As Classifica is Issued ashTire ark on L FUNCTION	Total Tra 0 Speed Li 25	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Cont NO Road Grad LEVEL	BILE As Endorseme Total HazM 0 Total Lanes 2 Motor Vehici LICABLE trol Inoperativ	at Types		
NIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES Most MOTTraffit TWO Surface CON NO	Violations UTC Number BC313045 t Summary Status RANSIT Cle Type SENGER CAR Occs Tance? THARMful Event: Collision TOR VEH IN TRANS TOR VEH IN	Train/Bu Direction NORTH	s # Injured Of Travel	Total # Citation Pre Cr M: Special Function NO SPECIAl Traffic Control NO CONTRO Road Curvatur STRAIGHT	ing As Classificates as Issued ashTire ark on L FUNCTION DL	Total Tra 0 Speed Li 25	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Cont NO Road Grad LEVEL	BILE As Endorseme Total HazM Total Lanes Motor Vehicl LICABLE trol Inoperative e	at Types		
UNIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES Most MOT Traffit TWO Surface CON Truck NO	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SENGER CAR Occs Pance? TOR VEH IN TRANS C Way D-WAY, DIVIDED, UN ace Type NCRETE K Bus or HazMat Vehicle License Plate Number ACA2856	Train/Bu Direction NORTH	s # Injured Of Travel	Total # Citation Pre Cr M: Special Function NO SPECIAl Traffic Control NO CONTRO Road Curvatur STRAIGHT	ing As Classificates as Issued ashTire ark on L FUNCTION DL	Total Tra 0 Speed Li 25	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S	BILE As Endorseme Total HazM Total Lanes Motor Vehicl LICABLE trol Inoperative e	at Types		
NIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES Most MOTTraffit TWO Surface CON NO	Violations UTC Number BC313045 t Summary Status RANSIT Cle Type SENGER CAR Occs Tance? THARMful Event: Collision TOR VEH IN TRANS TOR VEH IN	Train/Bu Direction NORTH DIRECTE NPROTECTE	s # Injured Of Travel	Total # Citation Pre Cr Special Function Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur STRAIGHT Plate Type AUT - AUTO	ing As Classifica is Issued ashTire ark on L FUNCTION DL e	Total Tra 0 Speed Li 25	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Cont NO Road Grad LEVEL	BILE As Endorseme Total HazM Total Lanes Motor Vehicl LICABLE trol Inoperative e	at Types		
UNIT 02	Unit Unit IN T Vehice PAS Total 1 Insur YES Most MOT Traffit TWO Surface CON Truck NO	Violations UTC Number BC313045 t Summary Status RANSIT cle Type SENGER CAR Occs Pance? TOR VEH IN TRANS C Way D-WAY, DIVIDED, UN ace Type NCRETE K Bus or HazMat Vehicle License Plate Number ACA2856 Vehicle Identification N	Train/Bu Direction NORTH DIRECTE NPROTECTE	s # Injured Of Travel	Total # Citation Pre Cr Special Function Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur STRAIGHT Plate Type AUT - AUTO Make	ing As Classifica is Issued ashTire ark on L FUNCTION DL e	Total Tra 0 Speed Li 25	Unit Type AUTOMO Operating A illers imit Emergency NOT APP Traffic Con NO Road Grad LEVEL Country of Is UNITED S Model	BILE As Endorseme Total HazM 0 Total Lanes 2 Motor Vehici LICABLE trol Inoperativ e	at Types		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

1	Щ	Initial Contact Point	Vehicle Damage								
⊨	2	12FRONT									
FNS	VEHICLE	Extent Of Damage	12FRONT								
12	回	DISABLING DAMAGE									
1		Towed Due To Damage	Vehicle Removed By								
1		TOWED DUE TO DISABLING DAMAGE	DONS TOWING								
1		What Driver Was Doing	Vehicle Factors								
		GOING STRAIGHT	Vehicle Factors								
1			NOT APPLICABLE								
		Driver Prior Action Other	NOT AT LIGABLE								
1		Driver Actions									
1		Driver Actions NO CONTRIBUTING ACTION									
١. ا	VEHICLE	NO CONTRIBUTING ACTION									
NS NS	$\overline{\Omega}$										
15	I										
	7										
		Driver Distractions									
1		NOT DISTRACTED									
١,,	01										
02	02										
		Owner Name	Owner Address								
		CHAKAYLA J BUSH	1622 WEST BLVD								
			RACINE, WI 53404 , US								
		Samuanas Of Events									
		Sequence Of Events									
	5	MOTOR VEH IN TRANSPORT									
	130	Event									
	02	Event									
		F. cont									
	03	Event									
		First.									
	9	Event									
	100										
⊨l		Policy Holder									
IN IN	-000	Insurance Company	Individual								
_		PROGRESSIVE-CASUALTY-INS-CO	CHAKAYLA BUSH								
		Individual									
	CALL	Driver	Citations Issued	Sex							
		DEVONTE EUGENE REESE	0	MALE							
	F	(262) 883-5032	Date of Birth	Race							
	\mathbf{z}		11/06/1997	BLACK							
UNIT	INDIVIDUAL	Address									
5		1617 WEST ST	Driver License Number R2001659740606								
	Z	RACINE, WI 53404 , US	STATE: WISCONSIN COUNTRY: U	UNITED STATES							
	100	~		i							
	: 4	On Duty Crash	Cafaty Favioreant								
		Equipment Chi Duty Grasii	Safety Equipment								
	-	Seat Position	- SHOULDER & LAB BELT								
	//8/11		SHOULDER & LAP BELT								
	500	1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	I I I I I I I I I I I I I I I I I I I								
		Helmet Use	Helmet Compliance								
	1	Euro Destroyling									
	J-1	Eye Protection	Tint Compliance								
			1								

CKL0R8QZ3H 18-39671

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/02/2018

Crash Time 06:32 PM

1~	9	Annual State Control of	Injury Severity		Airbag					
02	003	Injury	NO APPARENT	INJURY	NON DEPLOYED					
		Ejected			Ejection Path		Trapped/Extricated			
1		NOT EJECTED			NOT EJECTED	NOT APPLICABL	NOT TRAPPED			
		Medical Transport			EMS Agency Identifier		EMS Run #			
1		NOT TRANSPOR	TED							
		Hospital			Date of Death		Time of Death			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School		
l		Action								
	7									
 _	INDIVIDUAL									
LIND	9									
>	É									
	Z									
		Action Other								
	1	Orug & Alcohol	Suspected Alcohol	Use	Suspected Drug Use					
			110							
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results			
		Drug Test Given			Drug Tool Tuno		David Total David No.			
		TEST NOT GIVEN	1		Drug Test Type		Drug Test Results			
2	2	Drug Type								
05	003									
		Individual Condition								
		marviduai Condition								
		APPEARED NOR	MAL							