

Police Report

3TL0FQBC3P
2017-00006637

Wisconsin Motor Vehicle Crash Report

MANITOWOC POLICE DEPARTMENT
910 JAY STREET
MANITOWOC, WI 54220
(920) 686-6500

3TL0FQBC3P

Document Number Override		Primary Crash Document #	Agency Crash Number 3TL0FQBC3P	Investigating Officer/Deputy OFFICER J. DENK	
Crash Date 05/16/2017		Crash Time 09:42 AM	Date Arrived 05/16/2017	Time Arrived 09:44 AM	
Date Notified 05/16/2017		Time Notified 09:42 AM	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 checked="" 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

Diagram	Reconstruction By
<p>NOT TO SCALE</p>	Photos By J. DENK
	Additional Information Photos

Narrative: I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
UNIT #1 WAS OPERATING THE WRONG WAY, WB ON DIVISION ST AT S 14TH ST. UNIT #1 FAILED TO STOP AT S 14TH ST AND STRUCK UNIT #2, WHICH WAS SB ON S 14TH ST. UNIT #2 SPUN FROM THE IMPACT, STRUCK THE WEST CURB OF THE 1500 BLK OF S 14TH ST, THEN A SMALL TREE ON THE WEST TERRACE OF THE 1500 BLK OF S 14TH ST.

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WICK ROMER
POLICE CHIEF

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Location

INTERSECTION ON DIVISION ST AT S 14TH ST IN THE CITY OF MANITOWOC IN MANITOWOC COUNTY	Latitude 44.080881513	Longitude -87.666244082
	X Coordinate 446657.0625	Y Coordinate 4881072
	Structure Type	

Crash Scene

First Harmful Event Motor Veh In Transport	First Harmful Event Location On Roadway	
Manner of Collision 08-Front To Side	Light Condition Daylight	
Road Surface Condition(s) Wet	Roadway Factor(s) None	
Environment Factor(s) None		
Weather Condition(s) Cloudy		
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

Unit Summary

01	Unit Status In Transit	Vehicle Operating As Classification D CLASS			Unit Type Automobile
	Vehicle Type Passenger Van	Operating As Endorsements			
UNIT	Total Occs 2	Train/Bus # Injured	Total # Citations Issued 3	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel Westbound	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 1
	Most Harmful Event: Collision With Motor Veh In Transport	Special Function No Special Function		Emergency Motor Vehicle Use Not Applicable	
	Traffic Way One-Way Traffic	Traffic Control No Control		Traffic Control Inoperative/Missing NO	
	Surface Type Concrete	Road Curvature Straight		Road Grade Level	
Truck Bus or HazMat No	Reporting Threshold No				

Vehicle

01 VEHICLE	License Plate Number 435ZAZ	Plate Type AUT - Automobile	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2V4RW3D1XAR231317	Make VOLKSWAGEN	Year 2010	Model ROUTAN
	Color RED - Red	Body Style VN - VAN		Bus Use Not A Bus
	Initial Contact Point 12-Front	Vehicle Damage		
	Extent Of Damage Functional Damage	12-Front		

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Crash Date: 05/16/2017
Crash Time: 09:42 AM
POLICE ONLY

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01	UNIT	Towed Due To Damage Not Towed	Vehicle Removed By
		What Driver Was Doing Going Straight	Vehicle Factors
		Driver Prior Action Other	Not Applicable
		Driver Actions Failed To Yield Right-Of-Way, Wrong Side or Wrong Way	
01	VEHICLE	Driver Distractions Not Distracted	
		Vehicle Owner	
01	VEHICLE OWNER	Individual AMBER MICHELLE RUPP (920) 334-1040	Address 5530 COUNTY ROAD CR MANITOWOC, WI 54220 , US
		Sequence Of Events	
01	Event	Motor Veh In Transport	
02	Event		
03	Event		
04	Event		

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UNIT INDIVIDUAL	Individual				
	Driver AMBER MICHELLE RUPP (920) 334-1040		Citations Issued 3	Sex Female	
	Address 5530 COUNTY ROAD CR MANITOWOC, WI 54220 , US		Date of Birth 10/27/1983	Race WHITE	
UNIT 001	On Duty Crash		Safety Equipment		
	Equipment		Shoulder & Lap Belt		
	Seat Position 1--Front Seat-Left Side (Driver/Motorcycle/Bicycl		Helmet Compliance		
	Helmet Use		Tint Compliance		
	Eye Protection		Airbag Non Deployed		
UNIT INDIVIDUAL	Injury		Airbag		
	Injury Severity No Apparent Injury		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	
UNIT 001	Non Motorist				
	Striking Unit #	Prior Action	Location	To/From School	
	Action				
UNIT INDIVIDUAL	Action Other				
	Drug & Alcohol				
	<input type="checkbox"/> Suspected Alcohol Use		<input type="checkbox"/> Suspected Drug Use		
	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					

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UNIT 01	INDIVIDUAL	Individual	
		Passenger	Citations Issued
		Date of Birth	Sex
UNIT 01	INDIVIDUAL	Address	Driver License Number
		Equipment	On Duty Crash
		Safety Equipment	
UNIT 01	INDIVIDUAL	Seat Position	Shoulder & Lap Belt
		3-Front Seat-Right Side (Train Engineers/Right)	
		Helmet Use	Helmet Compliance
UNIT 01	INDIVIDUAL	Eye Protection	Tint Compliance
		Injury	Injury Severity
		No Apparent Injury	Airbag
UNIT 01	INDIVIDUAL	Ejected	Ejection Path
		Not Ejected	Not Ejected/Not Applicable
		Trapped/Extricated	Not Trapped
UNIT 01	INDIVIDUAL	Medical Transport	EMS Agency Identifier
		Not Transported	EMS Run #
		Hospital	Date of Death
UNIT 01	INDIVIDUAL	Non Motorist	Striking Unit #
		Action	Prior Action
		Location	To/From School
UNIT 01	INDIVIDUAL	Drug & Alcohol	<input type="checkbox"/> Suspected Alcohol Use
		Alcohol Test Given	<input type="checkbox"/> Suspected Drug Use
		Alcohol Test Type	Alcohol Test Results
UNIT 01	INDIVIDUAL	Drug Test Given	Drug Test Type
		Drug Test Results	
		Drug Type	
UNIT 01	INDIVIDUAL	Individual Condition	
		Appeared Normal	
		Violations	
UNIT 01	INDIVIDUAL	UTC Number	Issue To?
		E641735	001
		Statute Number	Seq Num
UNIT 01	INDIVIDUAL	346.04(2)	008
		Description	
		DRIVING AGAINST TRAFFIC (ONE WAY STREET)	
UNIT 01	INDIVIDUAL	UTC Number	Issue To?
		E641736	001
		Statute Number	Seq Num
UNIT 01	INDIVIDUAL	343.44(1)(a)	001
		Description	
		OPERATING AFTER SUSPENSION	
UNIT 01	INDIVIDUAL	UTC Number	Issue To?
		E641737	001
		Statute Number	Seq Num
UNIT 01	INDIVIDUAL	344.62(1)	001
		Description	
		OPERATE MOTOR VEHICLE W/O INSURANCE	

MANITOWOC POLICE DEPARTMENT
910 JAY STREET
MANITOWOC, WI 54220
Crash Date: 05/16/2017
Crash Time: 08:42 AM
Officer: [Redacted]
Police Unit: [Redacted]

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Unit Summary

02	Unit Status In Transit		Vehicle Operating As Classification D CLASS		Unit Type Automobile	
	Vehicle Type Passenger Car				Operating As Endorsements	
UNIT	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel Southbound	<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, Not Divided		Traffic Control No Control		Traffic Control Inoperative/Missing NO	
	Surface Type Concrete		Road Curvature Straight		Road Grade Level	
	Truck Bus or HazMat No			Reporting Threshold No		

Vehicle

02	License Plate Number 735LZV		Plate Type AUT - Automobile	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 19UUA56883A022689		Make ACURA	Year 2003	Model 3.2 TL TYP
UNIT	Color GRY - Gray		Body Style 4D - 4DR		Bus Use Not A Bus
	Initial Contact Point 7--Left Rear Corner		Vehicle Damage		
02	Extent Of Damage Disabling Damage		5--Right Rear Corner, 7--Left Rear Corner, 8--Left Side Rear		
	Towed Due To Damage Towed Due To Disabling Damage		Vehicle Removed By HI-WAY 42 GARAGE		
UNIT	What Driver Was Doing Going Straight		Vehicle Factors		
	Driver Prior Action Other		Not Applicable		
02	Driver Actions No Contributing Action				
	Driver Distractions Not Distracted				

Vehicle Owner

02	Individual MICHAEL J KARBON (920) 860-0823		Address 1305 S 12TH PO BOX 1712 MANITOWOC, WI 54221 , US		
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Sequence Of Events

01	Event Motor Veh In Transport
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UNIT	02	Event Curb
	03	Event Tree
	04	Event
	Policy Holder	
	Insurance Company	Individual
	ERIE-INS-CO	MICHAEL KARBON

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UNIT INDIVIDUAL	Individual			
	Driver MICHAEL J KARBON (920) 860-0823		Citations Issued 0	Sex Male
	Address 1305 S 12TH PO BOX 1712 MANITOWOC, WI 54221 , US		Date of Birth 05/19/1977	Race WHITE
02 INDIVIDUAL	On Duty Crash		Driver License Number K6155507717900 State: Wisconsin Country: UNITED STATES	
	Equipment		Safety Equipment	
	Seat Position 1-Front Seat-Left Side (Driver/Motorcycle/Bicycl		Shoulder & Lap Belt	
	Helmet Use		Helmet Compliance	
UNIT INDIVIDUAL	Eye Protection		Tint Compliance	
	Injury		Airbag	
	Injury Severity No Apparent Injury		Deployed-Side	
	Ejected Not Ejected		Ejection Path Not Ejected/Not Applicable	Trapped/Extricated Not Trapped
	Medical Transport Not Transported		EMS Agency Identifier	EMS Run #
02 INDIVIDUAL	Hospital		Date of Death	Time of Death
	Non-Motorist			
	Striking Unit #	Prior Action	Location	To/From School
	Action			
	Action Other			
	Drug & Alcohol			
<input type="checkbox"/> Suspected Alcohol Use		<input type="checkbox"/> Suspected Drug Use		
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				
Property Owner				
PROP OWNER 01	Government CITY OF MANITOWOC (920) 686-6900		Address 900 QUAY ST MANITOWOC, WI 54220 , US	

Fixed Objects Struck

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01	Striking Unit 02	Struck Object Curb	Damage Tag Number
02	Striking Unit 02	Struck Object Tree	Damage Tag Number

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