Wisconsin Motor Vehicle Crash Report

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

Crash Date Crash Time Date A			3TL0F Date Ar	3TL0FQBC3P OFFICER Date Arrived Time Arrive			ing Officer/Deputy R.J. DENK red				
05/16/201			9:42 AM		05/16/	2017	09:44 AM				
Date Notifie 05/16/201			ime Notified 9:42 AM		Total U	nits	Total Injure		Total Kille 00	od	
On Em	nergency	☐ Hit a	nd Run	Lane Clost		Work Zone	Traile	r or To	owed		
₹ G	Sovernment Property		<u> </u>	chool Zone	School No	Bus Related	Tags				
Repo	rtable	C	rash Type T4000 (Star	ndard Crash)			Amen	ded		_ s	econdary Crash
еѕсгір	tion 🗯	The second	Till y say yer		n e seti	e este a visa in promaçõe.	dimensy data).	N. W.M.	مطنطا	tera terap	Market Service
olagram							7.0	Reco	nstruction	Ву	
	NC	OTTO SCA	LE					Phot	os By		
					2			J' D	ENK		
								Addi Pho	ional Infor tos	mation	
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THE ODDIMENT IS THE PROPERTY OF THE VARIATION OF POLICE DEPARTMENT. A COPY IS BEING PROVICED AT YOUR SECUREST, BUT IS CHARLESTO ARE DESMED CONFIDENT ON NOT TO SECURE PROPERTY OF THE PROPERTY

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	INTERSECTION ON DIVISION ST				Latitude 44.08088	1513		Longitude -87.666244082	
٠	IN THE CITY OF MANITOWOC					X Coordinate Y Coordinate 446657.0625 4881072			
	IN MANITOWOC COUNTY				Structure T				
						7,6-			
(Crash Scene		erija, ejakar	Committee of the commit	alasa alpasa.				
í	First Harmful Event				First Harmi	ful Event Lo	cation		
	Motor Veh In Transport				On Road				
	Manner of Collision		·		Light Cond	ition	-	- 	
İ	08-Front To Side				Daylight				
Ì	Road Surface Condition(s)				Roadway F	actor(s)			
	Wet								
ĺ	Environment Factor(s)	,							
	None				None				
	Weather Condition(s)								
	Cloudy						-		
	Animal Type	. ,				Trafficway ay - On Ro		,	
-	Crash Classification - Location		<u> </u>			sification - J			
	Public Property				No Special Jurisdiction				
	Tribal Land		Intersection		Access Control Special Study No Control			Special Study	
	Within Interchange Area	Junction Location			on Type				
	NO	Intersection		1	y intersec	tion			
	Unit Summary	Section in well are grown of the first of	n je ka se na Nasa	maken, en elle	rain was pract			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	Unit Status		Vehicle Ope	erating As C	lassification		Unit Type		
0	In Transit		D CLASS				Automobi	le	
	Vehicle Type		-1,	•			Operating A	s Endorsements	
	Passenger Van							`	
	Total Occs 2	Train/Bus # Injured	Total # Cital	tions Issued		Total Traile	ers	Total HazMat Types 0	
	Insurance?	Direction Of Travel	Pre CrashTir		e Speed Lir		nit	Total Lanes	
	NO	Westbound	<u> </u>	Mark	25				
UNIT	Most Hamful Event: Collision V Motor Veh In Transport	Vith	Special Function No Special Function		on		Emergency Motor Vehicle Use Not Applicable		
Ù	Traffic Way		Traffic Cont		V		Traffic Control Inoperative/Missing		
	One-Way Traffic Surface Type		Road Curva				NO Road Grade		
	Concrete		Straight				Level		
	Truck Bus or HazMat No			No	rting Thresho				
	- Vehicle								
5	License Plate Number 435ZAZ		Plate Type AUT - Au			St WI	Country of Iss		
_	Vehicle Identification Num	nber	Make			Year	Model		
	ு ய 2V4RW3D1XAR2313		VOLKSW	/AGEN			ROUTAN		
	Color RED - Red		Body Style		1		Bus Use Not A Bus		
UNIT	TED - Red Initial Contact Point		Vehicle Da						
ī	12–Front		1 5,11010 154						
	, in the second	1							
	Extent Of Damage		12-Front	t		13-	医顶层横陷	F15 14E 26()244 (177)	
	Extent Of Damage Functional Damage		12-Front	t		[함] 	IS DURAMEN Britonic Po Mino proces	Pis the proposity of the ADE department a copy The Controlled the	

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9		Towed Due To Damage Not Towed	Vehicle Removed By
		What Driver Was Doing Going Straight	Vehicle Factors
		Driver Prior Action Other	Not Applicable
LINI	EHICLE	Driver Actions Failed To Yield Right-Of-Way, Wrong Side or Wron	ng Way
	100 M		
		Driver Distractions Not Distracted	
SEPTOMPOPES			
E:		Vehicle Owner	
01	OWNER	(920) 334-1040	Address 5530 COUNTY ROAD CR MANITOWOC, WI 54220 , US
i i		Sequence Of Events	
	5	Event Motor Veh In Transport	
	02	Even!	
11.02	03	Event	
	04	Event	

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Wisconsin Motor Vehicle Crash Report

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

		Individual						
		Driver		Citations Issued	12 - 12 11 104	Sex	1911 (01441110), 1111 (1111 (111414)), 14	
П		AMBER MICHELLE RUPP	3		Female			
	⋖	(920) 334-1040	Date of Birth		Race			
				10/27/1983		WHITE		
LINO	Σ	Address		Driver License Nur				
	9.	5530 COUNTY ROAD CR		R100013838870			•	
		MANITOWOC, WI 54220 , US		State: Wiscons	in Country: UNITE	JSIAIES		
		On Duty Crash		Safety Equipment				
		Equipment						
		Seat Position		Shoulder & Lar	Belt			
50	100	1-Front Seat-Left Side (Driver/Mote	orcycle/Bicycl				•	
	0	Helmet Use		Helmet Compliano	e .			
,		Eye Protection		Tint Compliance				
		Injury Injury Severity No Apparent Injury		Airbag				
		Carrier of the second of the s	ıry	Non Deployed	 	- 1/2 · · · · ·		
	ਵ	Ejected Not Ejected		Ejection Path Not Ejected/No	t Applicable	Trapped/Extricated Not Trapped		
	ದ	Medical Transport				EMS Run #	···	
UNIT	DIVIDUA	Not Transported		EMS Agency Identifier		EIVIS ISU() #		
	2	Hospital				Time of Death		
				Date of Death		Time of Death		
		Striking Unit #	Prior Action		Location	Time of Death	To/From School	
		Non Motorist	Prior Action		Location	Time of Dealit	To/From School	
		Non Motorist Striking Unit # Action	Prior Action		Location	Title of Dealit	To/From School	
		Non Motorist	Prior Action		Location	Title of Dealit	To/From School	
01		Non Motorist	Prior Action		Location	Title of Dealit	To/From School	
01	1001	Non Motorist	Prior Action		Location	Title of Dealit	To/From School	
0.1		Non Motorist	Prior Action		Location	Title of Dealit	To/From School	
01		Non Motorist	Prior Action		Location	Title U Deali	To/From School	
01		Non Motorist	Prior Action		Location	Title U Dealit	To/From School	
0,1		Non Motorist	Prior Action		Location	Title U Dealit	To/From School	
01	L001	Action	Prior Action		Location	Title U Dealit	To/From School	
	L001	Non Motorist	Prior Action		Location	Title U Dealit	To/From School	
	L001	Action Other	Prior Action		Location	Title U Dealit	To/From School	
UNIT 01	VIDUAL 1007	Action Other		Suspected		Title U Deali	To/From School	
	L001	Action Other				Alcohol Test Results	To/From School	
	VIDUAL 1007	Action Other Drug & Suspected A		Suspected			To/From School	
	VIDUAL 1007	Action Other Action Other Alcohol Suspected A Alcohol Test Given Test Not Given Drug Test Given		Suspected			To/From School	
	VIDUAL 1007	Action Other Drug & Suspected A Alcohol Alcohol Test Given Test Not Given		Suspected Alcohol Test Type		Alcohol Test Results	To/From School	
	VIDUAL 1007	Action Other Action Other Alcohol Suspected A Alcohol Test Given Test Not Given Drug Test Given		Suspected Alcohol Test Type		Alcohol Test Results	To/From School	
	VIDUAL 1007	Action Other Drug & Suspected A Alcohol Suspected A Alcohol Test Given Test Not Given Test Not Given Test Not Given		Suspected Alcohol Test Type		Alcohol Test Results	To/From School	
	VIDUAL 1007	Action Other Drug & Suspected A Aicohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given Drug Type		Suspected Alcohol Test Type		Alcohol Test Results	To/From School	
	VIDUAL 1007	Action Other Prug & Suspected A Alcohol Test Given Test Not Given Drug Test Given Test Not Given Drug Type Individual Condition		Suspected Alcohol Test Type		Alcohol Test Results	To/From School	
	VIDUAL 1007	Action Other Drug & Suspected A Aicohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given Drug Type		Suspected Alcohol Test Type		Alcohol Test Results	To/From School	

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Form DT4000

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LIND	INDIVIDUAL	Passanger Address	On Duty Grash		Chations Jasi Date of Birth Driver Licens Safety Equip	ie Number	Sex Pace			
01	002	Equipment Seat Position 3—Front Seat-Righ Helmet Use Eye Protection	at Side (Train E	Engineers/Right	Shoulder I Helmel Com Tint Complia	\$ Lap Belt pliance				
HNO	INDIVIDUAL		Injury Severity No Apparent	njury	Airbag Non Deplo Ejection Path Not Ejecte EMS Agency Date of Deat	d/Not Applicable	Trapped/E Not Trap EMS Run Time of Di	ped #		
04	002	Non Motorist The latter service Action	Striking Unit#	Prior Action		Location			TalFrom Schoo	
TIND	INDIVIDUAL:	Action Other Prug & Algorinol Alcohol Test Given Test Not Given Drug Test Rot Given Drug Type Individual Condition	Suspecte	d Alcohol Use	Suspe Alcohol Test Drug Test Ty		Alcohof Ta Drug Test	st Results Results		
	5	Appeared Normal Violations UTC Number E641735 UTC Number E641736 UTC Number E641737	Jesue To? OD1 Jesue To? OD1 Jesue To? OD1	Statute Number 343.44(1)(a) Statute Number 343.44(1)(a) Statute Number 344.62(1)	Sen Num 008 See Num 001 See Num 001	Description OPERATE MOTOR VEHI	PENSION	NSURANCE		

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	Unit Summary	until e er 1906 fill skille i firme met ferbedd	i jew z wygyoù	n Machine and Mary		2000年第5年	京李州等。1941年1月20日 (1941年1月2日) - 1941年 (1941年1月1日) - 1941年 (1941年1月1日) - 1941年 (1941年1月1日) - 1941年 (1941年1月1日)		
	Unit Status	***	Vehicle	Vehicle Operating As Classification			Unit Type		
02	in Transit		D CLA	D CLASS			Automobile		
1	Vehicle Type			·			Operating As Endorsements		
ŀ	Passenger Car		•				+		
	Total Occs	Train/Bus # Injured	Total # (Citations Issued	Total Trali	ers	Total HazMat Types		
	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O		0		0 "		
	Insurance?	Direction Of Travel		re CrashTire	Speed Lin	nit	Total Lanes		
	YES	Southbound		Mark	25		2		
	Most Harmful Event: Collision W	1	Special	Function		Emergency	Motor Vehicle Use		
LIND	Motor Veh In Transport	740)	No Sp	ecial Function		Not Appli	Motor Vehicle Use cable		
5	Traffic Way		Traffic C	control		Traffic Cont	rol Inoperative/Missing		
}	Two-Way, Not Divided		No Coi			NO	•		
	Surface Type		Road Cu	ırvature		Road Grade	2		
1	Concrete		Straigh	nt		Level			
1	Truck Bus or HazMat		. L . . .	Reporting Tin	reshold				
ļ	No .			No					
I	Vehicle								
	License Plate Number	Table to the control of the control	Plate T	voe	St	Country of Is	suance		
02	735LZV			Automobile	WI	UNITED S			
_	Vehicle Identification Num	ber	Make		Year	Mode			
	19UUA56883A022689		ACUR	A	2003	3.2 TL TYP	•		
	Color		Body S	tyle	•	Bus Use			
Η.	GRY - Gray		4D - 4	4D - 4DR			Not A Bus		
LIND	Initial Contact Point		Vehicle	Damage					
_	Pricing /-Left Real Collies			5-Right Rear Corner, 7-Left Rear Corner, 8-Left Side Rear					
	Extent Of Damage								
	Disabling Damage								
~	Towed Due To Damage Towed Due To Disabling Damage			Vehicle Removed By					
02	135. Tug:	ing Damage		HI-WAY 42 GARAGE					
	What Driver Was Doing Going Straight		Verilloie	Vehicle Factors .					
	Driver Prior Action Other			Not Applicable					
	FEE								
_	Driver Actions				······································				
UNIT	Driver Actions O No Contributing Action	on		•					
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	1869) 1870: 1870:		•						
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	Driver Distractions Not Distracted								
	With			•					
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	E/2 21:			•			·		
	17.40 17.40						ľ		
	19645 6045 1937:18								
	Parties of the Control of the Contro								
				THE STATE OF THE S		arduroeni.			
•	Vehicle Owner		Page Til		naforkā <u>n</u> iji		至于自己建筑与李章等的 含为军程之实际是		
02	加美 Individual 新 MICHAEL J. KARBON			Address 1305 S 12TH					
0	무를 (920) 860-0823		PC	PO BOX 1712					
	III Individual III MICHAEL J KARBON IX (920) 860-0823		M	ANITOWOC, WI 54	221 , US				
	1. 1FC+		Takirin a sele	ya jiya agazana	· 图:想色整理的发展	# N. V. 1 . N			
	Sequence Of Eve		<u> projectiva i nariko</u>	rgangspolyanská mísna Migi	<u> </u>	en n emili			
	S Motor Veh In Transpo	ort			. 4.	IS DOCUMEN	I IS THE PROPERTY OF A 1		
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	C)	Event		
	6	Curb		
	接頭壁			•
	to.	Event		····
	9	Tree		
	13 X 4		<u> </u>	
	4	Event		
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			stikining til om estik finde i stig men – de stigt i det begræfen tuden. De til texte for	eledaja dalakteringana
<u> </u>	701	Policy Holder		
S		Insurance Company	Individual	
5		, -		
_		ERIE-INS-CO	MICHAEL KARBON	-
		The state of the s		

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1		ndividual							
		Driver		Citations Issued		Sex			
	3	MICHAEL J KARBON (920) 860-0823	0		Male				
H	INDIVIDUA	(0.0) 0.00		Date of Birth 05/19/1977 Race WHITE					
LIND	\mathbf{z}	Address		Driver License Nun K615550771790	nber N				
Î	불	1305 S 12TH PO BOX 1712			in Country: UNITE	D STATES			
İ		MANITOWOC, WI 54221, US							
ļ		On Duly Crash Equipment		Safety Equipment					
į		Seat Position		Shoulder & Lap	Belt				
N	m	1-Front Seat-Left Side (Driver/Motor	rcycle/Bicycl						
02	8	Helmet Use		Helmet Compliance	3				
				Tint Compliance					
ļ		Eye Protection		This Compliance					
:		Injury Severity		Airbag	1.0				
		Injury No Apparent Injur	у	Deployed-Side		Trapped/Extricated			
	INDIVIDUAL	Ejected Not Ejected		Ejection Path Not Ejected/No	t Applicable	Not Trapped			
	≦	Medical Transport	-	EMS Agency Ident		EMS Run #			
UNIT	⋛	Not Transported							
	Ź,	Hospital	· · · · · · · · · · · · · · · · · · ·	Date of Death		Time of Death			
		AND THE PROPERTY OF THE PARTY O	Prior Action		Location		To/From School		
		Striking Unit #	Prior Action		Localidi		701, July Consol		
. !		Action							
~ 1	es:								
05	8		•	•					
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_	Vibual	Action Other			· .				
INO	ē	977687 MP 21 12 12 13 14 17 14 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18		· T					
>	á	Drug & ☐ Suspected Al	cohol Use	Suspected	Drug Use		·		
	Z	Alcohol Test Given		Alcohol Test Type		Alcohol Test Results	· · · · · · · · · · · · · · · · · · ·		
		Test Not Given	·						
	i i i i i i i i i i i i i i i i i i i	Drug Test Given Test Not Given		Drug Test Type		Drug Test Results			
		Drug Type	···-						
		Individual Condition							
		Appeared Normal			•				
		7,550					· · · · · · · · · · · · · · · · · · ·		
	Pro	perty Owner	(V., D.) 102 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	This said the said of the said					
10	Go)	remment Y OF MANITOWOC		Address 900 QUAY ST					
		0) 686-6900		MANITOWOC, V	VI 54220 , US				
PROP						THE RELEASED TO THE	PSEETS (1972) 1973		
	<u> </u>	and the Changle of the Control of th	J. 1987 N. S. S. S. S. S. S. S.	P. 2 T. S.	Antario di marini	THE GRANNING THREE DE	Poleman we distribute Property		

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Striking Unit	Struck Object	Damage Tag Number
O 02	Curb	
Striking Unit	Struck Object	Damage Tag Number
Striking Unit	Tree	·

modelication or and an executive property of the control of the co