

GL-16-21



COUNTY OF KENOSHA

COUNTY CLERK

Mary T. Kubicki

1010 - 56th Street
Kenosha WI 53140
(262) 653-2552
Fax: (262) 653-2564

CLAIM AGAINST KENOSHA COUNTY

FULL NAME State Farm a/s/o DANIEL C SKORUPA DATE 6/14/2021

ADDRESS PO Box 106172
Atlanta, GA 30348

TELEPHONE NUMBER: Home: _____
Work: 877-787-8276

DATE & TIME OF ACCIDENT OR LOSS 03/19/2021, 08:00 AM

LOCATION OF ACCIDENT 30th ave and 18th st
Kenosha, WI

DESCRIPTION OF ACCIDENT OR LOSS _____

Your driver, Charles Eisenberg, failed to obey traffic control and struck our insured's vehicle, causing damages.

WITNESS: Name _____
Address _____
Phone _____

AMOUNT OF CLAIM (damages) \$ 1,976.70

CLAIMANT'S SIGNATURE Pat Nguyen Digitally signed by Pat Nguyen
Date: 2021.06.14 21:03:30 -05'00'

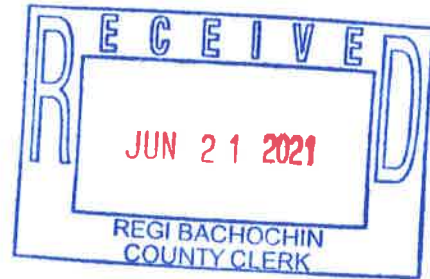
Please attach receipts, estimates, and/or other supporting data to this form.

RETURN THIS FORM TO: KENOSHA COUNTY CLERK
1010 - 56TH STREET
KENOSHA WI 53140

June 14, 2021

County Of Kenosha County Clerk
Attn: Risk Managment
1010 56th St
Kenosha WI 53140-3738

Subrogation Services
PO Box 106172
Atlanta GA 30348-6172



RE: Claim Number: 49-17P9-47H
 Our Insured: Daniel C Skorupa
 Date of Loss: March 19, 2021
 Your Insured: Kenosha Coutny Sheriff Department
 Your Insured Driver: Charles J Eisenberg
 Your Claim Number: Unknown
 Your Policy Number: Unknown

To Whom It May Concern:

We have been informed you are the liability carrier for the party involved in this loss with our insured. Our investigation indicates your insured is responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm® paid by Cause of Loss:

Total Amount Paid by State Farm:	\$1,696.33
Insured Deductible Amount:	\$500.00
Total Amount Due to State Farm:	\$1,976.70

If you have paid the deductible to our insured, please reduce the Total Amount Due to State Farm by the deductible amount.

Property Damage

042 - Uninsured Motorist PD	\$
300 series/400 - Comp/Collision	\$1,696.33
501 - Rental/Loss of Use	\$
Other Property Damage	\$
Salvage Recovery	\$
Insured Deductible Amount	\$500.00

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 90% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$1,976.70.

Fact of Loss:

Your driver, Charles Eisenberg, failed to obey traffic control and struck our insured's vehicle, causing damages.

Please remit payment of this claim, or contact us at (877) 787-8276 Ext. 6156926922 to discuss settlement. Please include our claim number on the payment. If you reimburse our insured's deductible directly, please advise us at time of payment. Thank you for your cooperation.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provided for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

If you have questions or need assistance, call us at (877) 787-8276 Ext. 6156926922.

Sincerely,

Pat Nguyen
Claim Associate
(877) 787-8276 Ext. 6156926922
Fax: (866) 231-9276

For your protection, when emailing State Farm, please do not include sensitive personal information such as Social Security Number, credit/debit card number (financial account number), driver's license number, or health/medical information in an email. Please contact us at (877) 787-8276 Ext. 6156926922 to discuss sensitive information.

State Farm Mutual Automobile Insurance Company

Enclosure(s): Claim supporting documents

Other insurance carriers with access to st8.fm/oic-self-service can check for claims and review claim status online, including some payment details such as issue date, status, and amount. They can also view principal damage information and upload documents for an open claim. All insurance carriers can file an auto claim online on statefarm.com/claims.

StateFarm

RBZ00070

State Farm Mutual Automobile Insurance Company

Auto Payments by Participant/COL

Route To: Pat Nguyen

BASIC CLAIM INFORMATION

Claim Number: 49-17P9-47H

Date of Loss: 03-19-2021

Policy Number: [REDACTED]

Named Insured: SKORUPA, DANIEL C

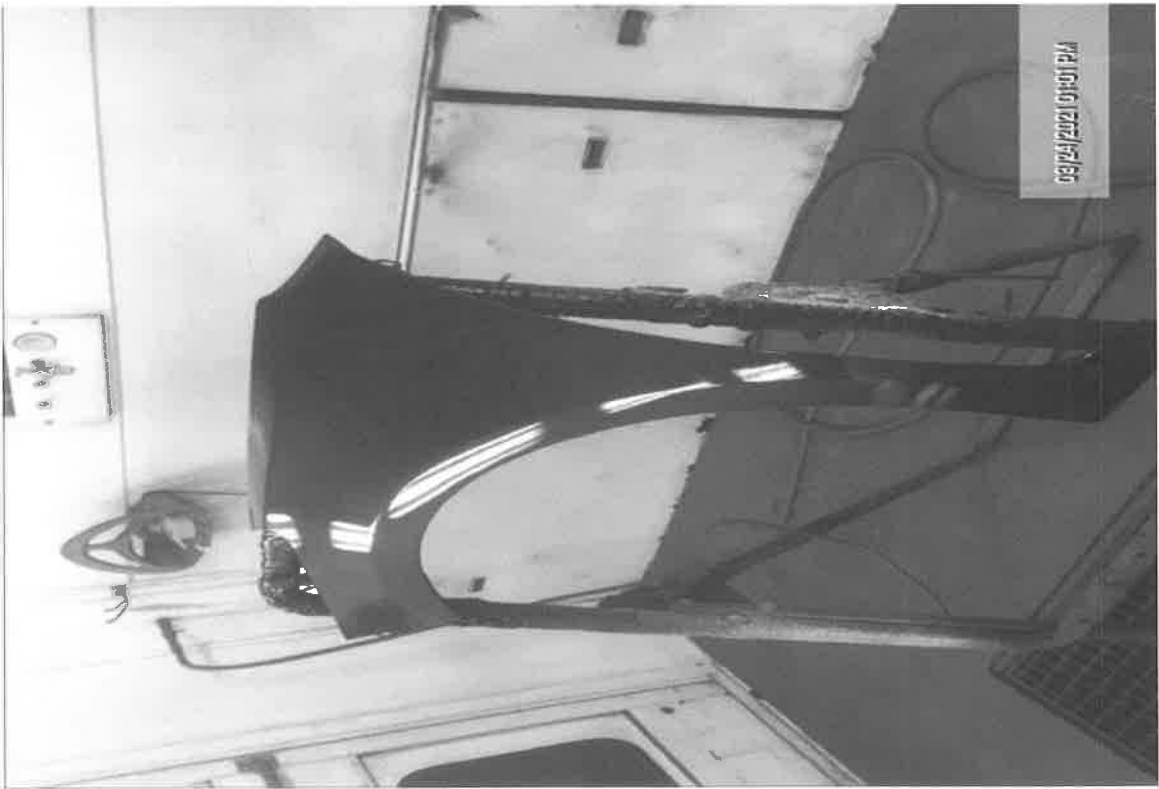
Named Insured(s) / 400 - COLL

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

<u>Payment Number</u>	<u>Issued Date</u>	<u>Payee</u>	<u>Payable COL</u>	<u>Pay Cd</u>	<u>Status</u>	<u>Amount</u>	<u>Auth Id</u>	<u>Rsn Cd</u>
105365242K E	03-26-2021	GERBER COLLISION & GLASS - KENOSHA - WASHINGTON RD	400	1	Paid	\$1,696.33	ECSAPY	
Total:						\$1,696.33		

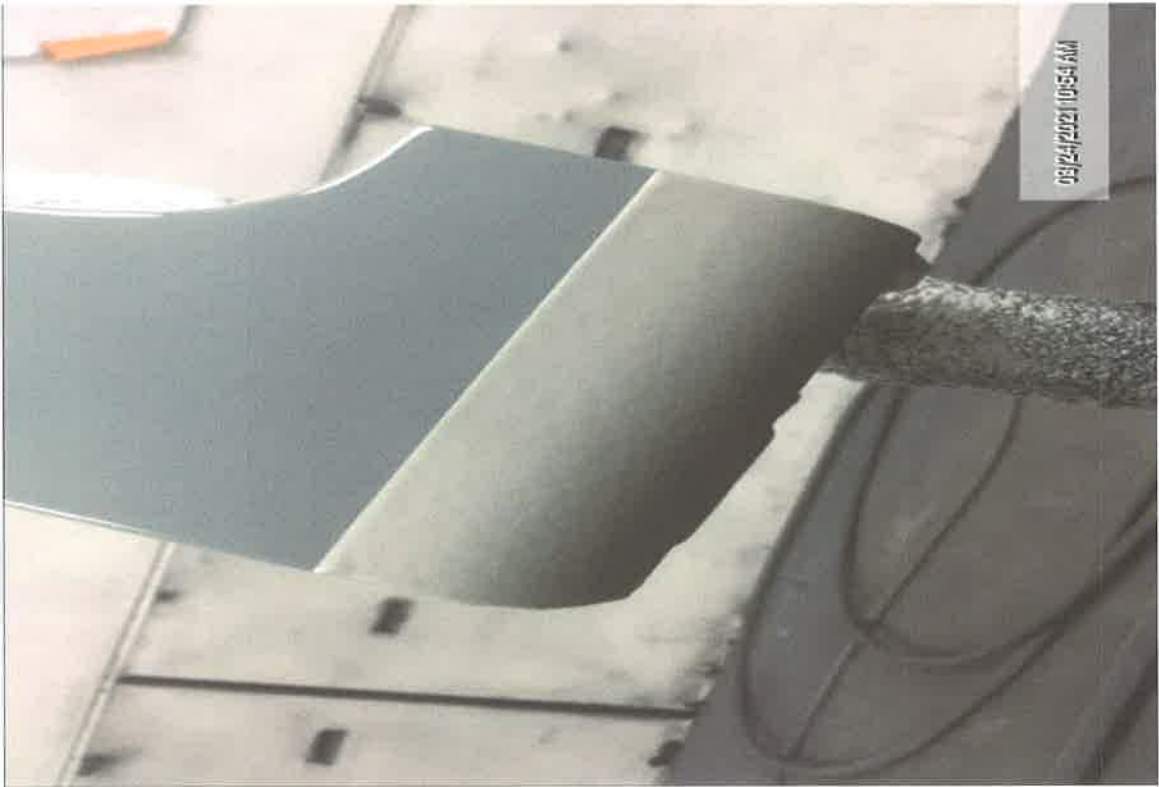
















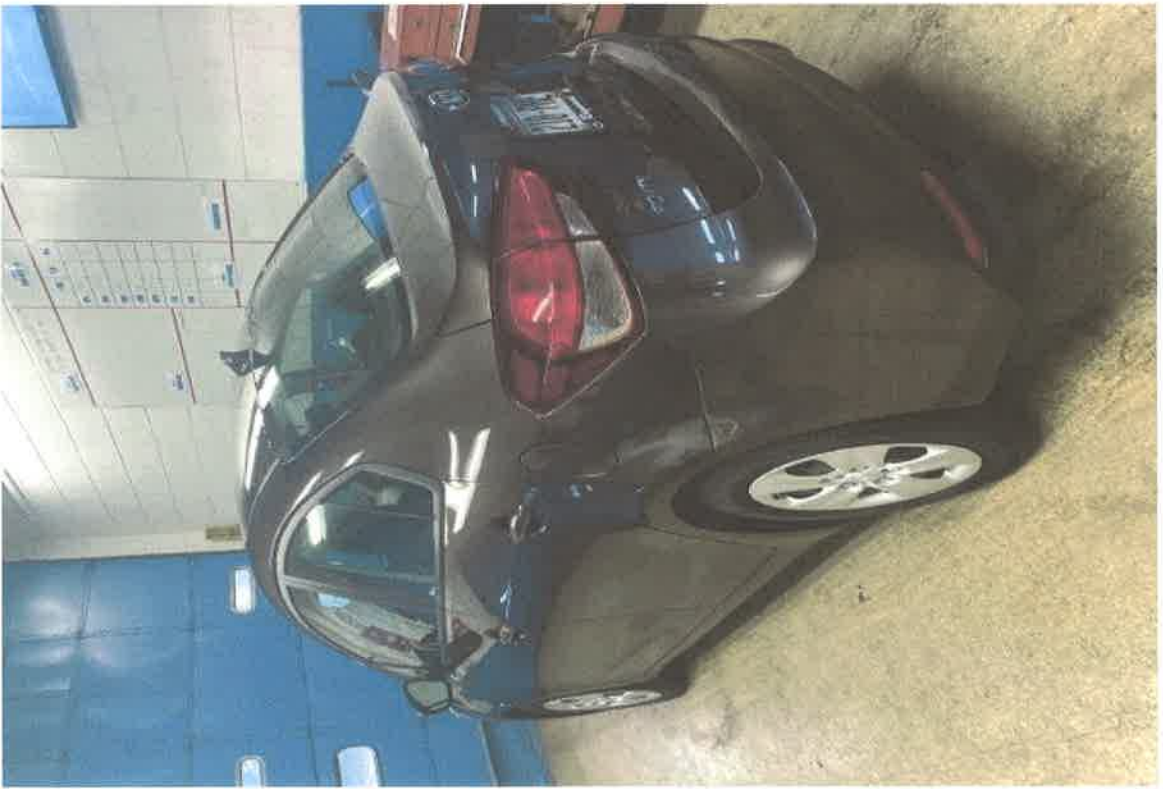








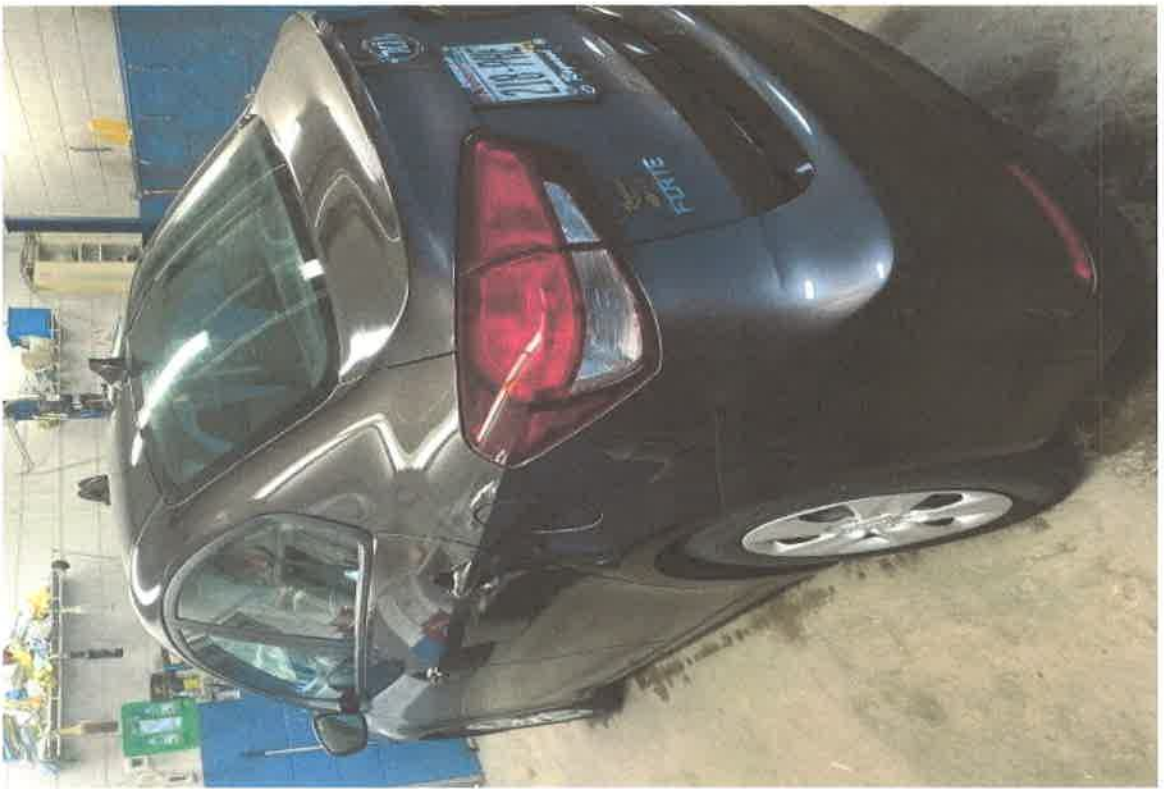


























LOADING INFORMATION

LES RÈGLES D'ÉCHARGEMENT

TOTAL	FRONT	REAR
WEIGHT	1000	1000
HIGH CENTER	50	50

SEE OWNER'S MANUAL FOR
ADDITIONAL
INFORMATION

FOR LUMBER
CARRYING
PASSENGERS

WEIGHT

WEIGHT

WEIGHT

WEIGHT

WEIGHT

WEIGHT

MANUFACTURED BY
KIA MOTORS MEXICO S.A. DE C.V.
07/17 DATE 3880 LB PAINT MEN
GAW 2161 LB GAW 2006 LB TRIM WK
FRONT REAR
THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S.A. FEDERAL
MOTOR VEHICLE SAFETY, BUMPER, AND THEFT PREVENTION STANDARDS
IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE.

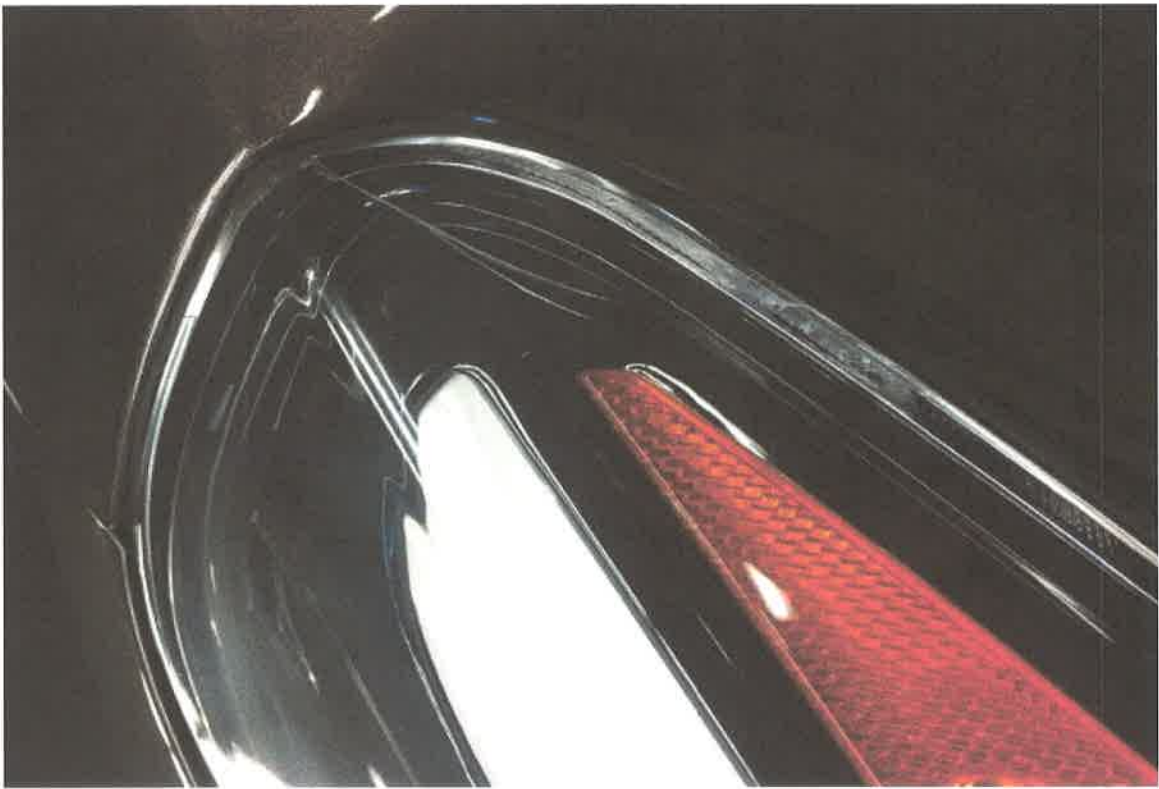
PASSENGER CAR

V.I.N.



B760









**Gerber Collision & Glass -
Kenosha/Washington Rd.**

Highly Wreck-ommended
5419 Washington Rd, Kenosha, WI 53144
Phone: (262) 657-8028

Workfile ID: 36ac1eb6
Federal ID: 51-0394062
State ID: 0040000230032-01
Federal EPA: N/A
State EPA: N/A

Supplement of Record 1 with Summary

RO Number: 6200012526

Written By: Robert Thomas, 3/26/2021 2:51:24 PM
Adjuster: AGENT INITIATED REPAIR FAC

Insured: SKORUPA, DANIEL
Type of Loss: Collision
Point of Impact: 10 Left Front Pillar

Policy #:
Date of Loss: 3/19/2021 8:00 AM

Claim #: 49-17P9-47H01
Days to Repair: 0

Owner:
SKORUPA, DANIEL

1872 22ND AVE APT 710
KENOSHA, WI 53140
(262) 705-3795 Cell
(262) 551-7754 Evening

Inspection Location:
Gerber Collision & Glass -
Kenosha/Washington Rd.
5419 Washington Rd
Kenosha, WI 53144
Repair Facility
(262) 657-8028 Business

Insurance Company:
STATE FARM INSURANCE COMPANIES

STATE FARM - WI
MIDDLETON

Vehicle Drop Off Date: 03/23/2021
Repair Completion Date: 03/26/2021

Promise Date: 03/26/2021
Vehicle Pick Up/Return Date: 03/26/2021

Repair Start Date: 03/23/2021

VEHICLE

2018 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI BROWN

VIN: [REDACTED]	Interior Color:	Mileage In: 14,369	Vehicle Out: 3/26/2021
License: 218PHE	Exterior Color: BROWN	Mileage Out: 14,370	
State: WI	Production Date: 7/2017	Condition:	Job #: joe /team

TRANSMISSION

Automatic Transmission

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors

DECOR

Dual Mirrors
Tinted Glass
Console/Storage

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Steering Wheel Touch Controls
Telescopic Wheel

RADIO

AM Radio
FM Radio

Stereo

Search/Seek
CD Player
Auxiliary Audio Connection
Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS

Wheel Covers

PAINT

Clear Coat Paint

OTHER

Traction Control
Stability Control
Power Trunk/Liftgate

Supplement of Record 1 with Summary

RO Number: 6200012526

2018 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI BROWN

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE					
2	*	R&I <u>R&I bumper cover DROP</u>				0.6	
3		FRONT LAMPS					
4	S01	Repl RT Headlamp assy w/o LED to 07/04/2017	92102B0700	1	750.00	0.3	
5	S01	Aim headlamps				0.5	
6		RADIATOR SUPPORT					
7	S01	R&I Sight shield				0.2	
8		FENDER					
9	S01	Repl LT Fender	66311A7000	1	233.34	1.5	1.8
10	S01	Add for Clear Coat					0.7
11	S01	Add for Edging					0.5
12	*	S01 R&I <u>RT Fender liner-LOOSEN</u>				0.2	
13		R&I LT Fender liner				Incl.	
14	S01	R&I LT Mud guard				0.4	
15		WHEELS					
16	S01	Repl LT/Front Wheel cover	52960-A7000	1	75.75		
17	*	S01 Repl RCY LT/Front Wheel, steel +25%	52910B0000	1	112.50 m	0.3	
18		FRONT DOOR					
19		Blnd LT Outer panel					1.0
20		R&I LT Belt molding black				0.2	
21		R&I LT Mirror assy w/o power folding, w/o signal lamp				0.3	
22		R&I LT Door glass Kia w/anti-theft				0.5	
23		R&I LT Handle, outside w/o chrome from 11/27/13				0.5	
24		R&I LT R&I trim panel				0.5	
25	#	Subl Hazardous Waste		1	3.50 T		
26	#	S01 Subl Mount and balance		1	Incl. T		
27	#	S01 Subl 4 Wheel Alignment -Sublet		1	83.11 T		
28		VEHICLE DIAGNOSTICS					
29	*	Rpr Pre-repair scan			m	0.5 M	
30	*	Rpr Post-repair scan			m	0.5 M	
31	#	COVID CLEAN UP		1	25.00	1.0	
32	#	S01 Cover Car		1	5.00 T		
33	#	S01 Refn Corrosion Protection					0.3
34	#	S01 Repl Retainer		7	20.72		
35	#	S01 Repl Gravel Guard		1			0.3
36	#	S01 FINAL BILL		1			
37	#	S01 AUTHORIZATION TO PAY SECURED		1			
SUBTOTALS					1,308.92	8.0	4.6

Supplement of Record 1 with Summary

RO Number: 6200012526

2018 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI BROWN

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				1,217.31
Body Labor	7.0 hrs	@	\$ 52.00 /hr	364.00
Paint Labor	4.6 hrs	@	\$ 52.00 /hr	239.20
Mechanical Labor	1.0 hrs	@	\$ 65.00 /hr	65.00
Paint Supplies	4.6 hrs	@	\$ 32.00 /hr	147.20
Miscellaneous				91.61
Pre-Tax Discount			-2.0 %	-42.49
Subtotal				2,081.83
Sales Tax	\$ 2,081.83	@	5.5000 %	114.50
Grand Total				2,196.33
Deductible				500.00
CUSTOMER PAY				500.00
INSURANCE PAY				1,696.33

For more information regarding State Farm's promise of satisfaction relating to new non-original equipment manufacturer (non-OEM) and recycled parts, please visit: <http://st8.fm/7X4> or QR code.



Register online to check the status of your claim and stay connected with State Farm®. To register, go to <http://www.statefarm.com/> and select Check the Status of a Claim. If you are already registered, thank you!

Supplement of Record 1 with Summary

RO Number: 6200012526

2018 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI BROWN

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Changed Items							
9		R&I LT Fender liner				-0.3	
13	S01	R&I LT Fender liner				Incl.	
20	#	Subl Mount and balance		1	-10.00 T		
26	#	S01 Subl Mount and balance		1	<u>Incl.</u> T		
21	#	Subl 4 Wheel Alignment -Sublet		1	-70.00 T		
27	#	S01 Subl 4 Wheel Alignment -Sublet		1	83.11 T		
Deleted Items							
3	FRONT LAMPS						
4	*	Repl LKQ LT Headlamp assy w/o LED to 07/04/2017 +30%	92101B0700	1	-705.90	-0.3	
6	*	Repl LKQ LT fender assy +30%	66311A7000	1	-197.60	-1.3	-1.8
7		Add for Clear Coat					-0.7
8		Refn edges					-0.5
9	~	Clean or recondition parts or assemblies				-1.0	
Added Items							
3	FRONT LAMPS						
4	S01	Repl RT Headlamp assy w/o LED to 07/04/2017	92102B0700	1	750.00	0.3	
5	S01	Alm headlamps				0.5	
6	RADIATOR SUPPORT						
7	S01	R&I Sight shield				0.2	
9	S01	Repl LT Fender	66311A7000	1	233.34	1.5	1.8
10	S01	Add for Clear Coat					0.7
11	S01	Add for Edging					0.5
12	*	S01 R&I <u>RT Fender liner-LOOSEN</u>				<u>0.2</u>	
14	S01	R&I LT Mud guard				0.4	
17	*	S01 Repl RCY LT/Front Wheel, steel +25%	52910B0000	1	112.50 m	<u>0.3</u>	
32	#	S01 Cover Car		1	5.00 T		
33	#	S01 Refn Corrosion Protection					0.3
34	#	S01 Repl Retainer		7	20.72		
35	#	S01 Repl Gravel Guard		1			0.3
36	#	S01 FINAL BILL		1			
37	#	S01 AUTHORIZATION TO PAY SECURED		1			
SUBTOTALS					221.17	0.5	0.6

Supplement of Record 1 with Summary

RO Number: 6200012526

2018 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI BROWN

TOTALS SUMMARY

Category	Basis			Rate	Cost \$
Parts					213.06
Body Labor	0.5 hrs	@		\$ 52.00 /hr	26.00
Paint Labor	0.6 hrs	@		\$ 52.00 /hr	31.20
Paint Supplies	0.6 hrs	@		\$ 32.00 /hr	19.20
Miscellaneous					8.11
Pre-Tax Discount				-2.0 %	-5.95
Subtotal					291.62
Sales Tax	\$ 291.62	@		5.5000 %	16.04
Total Supplement Amount					307.66
NET COST OF SUPPLEMENT					307.66

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	1,888.67	Robert Thomas
Supplement S01	307.66	Robert Thomas
Job Total:	\$ 2,196.33	
CUSTOMER PAY:	\$ 500.00	
INSURANCE PAY:	\$ 1,696.33	

THIS FACILITY'S ESTIMATES ARE BASED UPON A COMBINATION OF INDUSTRY STANDARD FLAT RATE (TIME) MANUALS, ACTUAL TIME, OR CONDITION OF THE MOTOR VEHICLE TO DETERMINE COSTS. WE OFFER NEITHER A WARRANTY NOR GUARANTEE ON OR FOR RUST REPAIRS. ALL PART PRICES ARE SUBJECT TO CHANGE. THERE IS A POSSIBILITY THAT ADDITIONAL DAMAGES MAY BE DISCOVERED AFTER REPAIRS BEGIN. IF THE COST OF THESE ADDITIONAL DAMAGES EXCEEDS TEN PERCENT OF THE ORIGINAL ESTIMATE DOLLAR AMOUNT, YOU WILL BE CONTACTED AND ADVISED OF THE INCREASED COSTS.

WITHIN THIS ESTIMATE, A/M IS AN ABBREVIATION FOR AFTERMARKET. THIS FACILITY'S ESTIMATES ARE BASED UPON A COMBINATION OF INDUSTRY STANDARD FLAT RATE (TIME) MANUALS, ACTUAL TIME, OR CONDITION OF THE MOTOR VEHICLE TO DETERMINE COSTS. WE OFFER NEITHER A WARRANTY NOR GUARANTEE ON OR FOR RUST REPAIRS. ALL PART PRICES ARE SUBJECT TO CHANGE. THERE IS A POSSIBILITY THAT ADDITIONAL DAMAGES MAY BE DISCOVERED AFTER REPAIRS BEGIN. IF THE COST OF THESE ADDITIONAL DAMAGES EXCEEDS TEN PERCENT OF THE ORIGINAL ESTIMATE DOLLAR AMOUNT, YOU WILL BE CONTACTED AND ADVISED OF THE INCREASED COSTS.

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATPC 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

WITHIN THIS ESTIMATE, A/M IS AN ABBREVIATION FOR AFTERMARKET.

RO Number: 6200012526

2018 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI BROWN

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARY2471, CCC Data Date 03/17/2021, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2021 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Supplement of Record 1 with Summary

RO Number: 6200012526

2018 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI BROWN

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
4	Rosen Kia Milwaukee 5505 S 27th St Milwaukee WI 53221	#92102B0700 RT Headlamp assy w/o LED to 07/04/2017 Quote: 839652034 Expires: 04/24/21	\$ 750.00
9	Rosen Kia Milwaukee 5505 S 27th St Milwaukee WI 53221	#66311A7000 LT Fender Quote: 839654141 Expires: 04/24/21	\$ 233.34
16	Rosen Kia Milwaukee 5505 S 27th St Milwaukee WI 53221	#52960-A7000 LT/Front Wheel cover Quote: 835187025 Expres: 04/18/21	\$ 75.75
17	Morrison's Auto, Inc 6307 State Road 59 West. Edgerton WI 53534 (800) 866-2277	#20G0593 RCY LT/Front Wheel, steel +25% 8/16,15X6",STEEL,A GRADE,SPUN Quote: CCC-60222256 Expires: 04/02/21	\$ 90.00



For Customer Support refer to the appropriate platform below:

OrderPoint

800-934-9698

Orderpoint.support@lexisnexis.com

Accurint for Insurance

866-277-8407

Accurint.support@lexisnexis.com

Lexis.com

Law Firm accounts

800-543-6862

PAGE COUNT: 7

CLIENT : 6625
DIVISION :
ADJUSTER : ET8N
CLAIM : 4917P947H

TRANSACTION # : 1309283512
DATE : 04/21/2021

DATE OF LOSS : 03/19/2021 TIME OF LOSS : 0:0:0
STREET : 30TH AVE AND 18TH ST
CITY : KENOSHA
COUNTY : KENOSHA
STATE : WI

INVESTIGATING AGENCY : WI HQ DMV
REPORT NUMBER : 0000178-7033
REPORT TYPE : Auto Accident
PARTY 1 : DANIEL C SKORUPA
PARTY 2 :
PARTY 3 :

CAR : FORTE MAKE : KIA YEAR : 2018
TAG :

DRIVER LICENSE :
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!

KRLOG0ZM0N
000178-7033

WISCONSIN MOTOR VEHICLE CRASH REPORT

WI STATE PATROL SER/WKE
21115 HWY 18
WAUKESHA, WI 53186 2985
(262) 785-4700

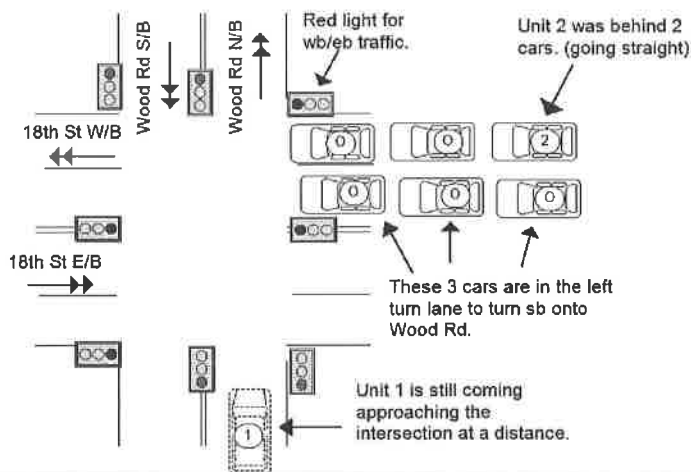
KRLOG0ZM0N

Document Number Override		Primary Crash Document #		Agency Crash Number 000178-7033		Investigating Officer/Deputy TROOPER L. LEE	
Crash Date 03/19/2021		Crash Time 07:45 AM		Date Arrived 03/19/2021		Time Arrived 08:20 AM	
Date Notified 03/19/2021		Time Notified 07:54 AM		Total Units 02		Total Injured 00	Total Killed 00
<input checked="" 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	

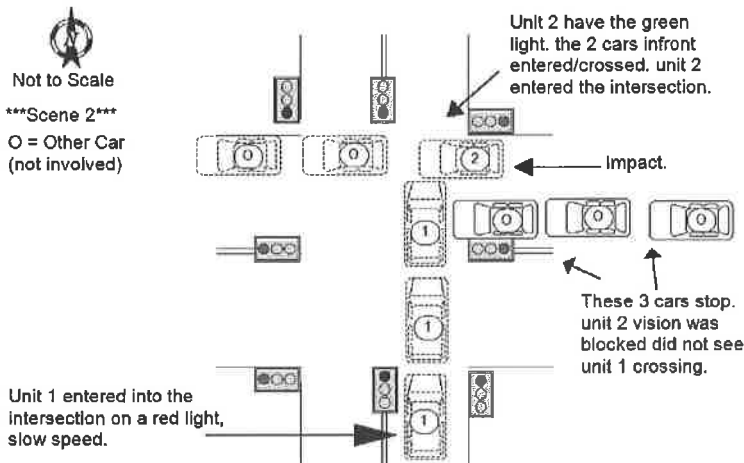
Description

Diagram

Not to Scale
Scene 1
O = Other Car
(not involved)



Not to Scale
Scene 2
O = Other Car
(not involved)



Reconstruction By

Photos By
TPR LEE

Additional Information
PHOTOS, OTHER DOCUMENTS

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

ACCIDENT OCCURRED AT THE CONTROL INTERSECTION OF WOOD RD AND 18TH STREET IN THE CITY OF KENOSHA, WI. ALL CONTROL LIGHTS ARE OPERATING FULLY. UNIT 1 IS LAW ENFORCEMENT RESPONDING TO A CALL. UNIT 1 TRAVELING NB ON WOOD ROAD WITH EMERGENCY LIGHTS ON, NO SIREN, TO A BURGLARY CALL, APPROACHING THE CONTROL INTERSECTION. UNIT 2 TRAVELING WB ON 18TH ST STOP AT THE CONTROL INTERSECTION. THERE WAS TWO CARS IN FRONT OF UNIT 2. THERE WAS A FEW CARS TO UNIT 2 LEFT SIDE (IN THE LEFT TURN LANE TO TURN SB ON WOOD RD). UNIT 2 HAVE THE GREEN LIGHT. THE TWO CARS IN FRONT OF UNIT 2 ENTERED INTO THE INTERSECTION. UNIT 2 DID THE SAME. UNIT 1 APPROACHED THE CONTROL INTERSECTION. UNIT 1 HAVE THE RED LIGHT. UNIT 1 SLOWED AND ENTERED THE INTERSECTION. UNIT 1 EMERGENCY LIGHTS WAS ON, NO SIREN. UNIT 1 USED AND HONKED HIS VEHICLE HORN WHICH AT THIS TIME ACTIVATED THE SIREN ONLY WHEN PRESS. UNIT 1 FRONT END PUSH BUMPER HIT UNIT 2 FRONT LEFT TIRE/FENDER AREA. UNIT 2 DID NOT SEE UNIT 1 BECAUSE THE CARS TO HIS LEFT WHO WAS TURNING SB ONTO WOOD RD BLOCKED HIS VIEW. UNIT 2 DID NOT HEAR A SIREN. NO INJURIES. EMS REFUSED. UNIT 1 - NO DAMAGE. UNIT 2 - MINOR DAMAGE.

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

WI STATE PATROL SER/WKE
21115 HWY 18
WAUKESHA, WI 53186 2985
(262) 785-4700

Location

ON 18TH ST 16 FT E OF 18TH ST/ CTHL NB IN THE TOWN OF SOMERS IN KENOSHA COUNTY	Latitude 42.624562855	Longitude -87.845826686
	X Coordinate 430639.59375	Y Coordinate 4719471
	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 DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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 03/19/2021	Time Initial Lane/Rd Closed 07:45 AM	LAW ENFORCEMENT	
Date All Lanes Open 03/19/2021	Time All Lanes Open 08:48 AM	Date Scene Cleared 03/19/2021	Time Scene Cleared 08:48 AM

Unit Summary

01 UNIT	Unit Status ON EMERGENCY		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type POLICE EMERGENCY				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 NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function POLICE		Emergency Motor Vehicle Use EMERGENCY OPERATOR, EMERGENC	
	Traffic Way DIVIDED HWY W/O 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					
	Vehicle					
	License Plate Number E6251		Plate Type OFF - MUNICIPAL OFFICI	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number [REDACTED]		Make FORD	Year 2016	Model EXPLORER		

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

WI STATE PATROL SER/WKE
21115 HWY 18
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UNIT	VEHICLE	Color	WHI - WHITE	Body Style	UT - SPORT UTILITY VEHICLE	Bus Use		
		Initial Contact Point	12 - FRONT	Vehicle Damage				
		Extent Of Damage	NO DAMAGE	00 - NO DAMAGE				
		Towed Due To Damage	NOT TOWED	Vehicle Removed By	OPERATOR			
		What Driver Was Doing	GOING STRAIGHT	Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
UNIT	VEHICLE	Driver Actions	FAILED TO YIELD RIGHT-OF-WAY					
01	01	Owner Name	KENOSHA COUNTY SHERIFF DEPARTMENT (262) 605-5100		Owner Address	1000 55TH STREET KENOSHA, WI 53140 , US		
		Sequence Of Events						
UNIT	01	Event	MOTOR VEH IN TRANSPORT					
		Event						
		Event						
		Event						
UNIT	04	Policy Holder						
		Insurance Company	EMPLOYERS-MUTUAL-CASUALTY-CO		Government	KENOSHA COUNTY SHERIFF DEPARTMENT		
UNIT	INDIVIDUAL	Driver	CHARLES JAMES EISENBERG		Citations Issued	0	Sex	MALE
					Date of Birth		Race	WHITE
		Address	1000 55TH STREET KENOSHA, WI 53140 , US		Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Safety Equipment	On Duty Crash	POLICE		Safety Equipment	SHOULDER & LAP BELT	
		Row	01 - FRONT ROW	Seat Position	07 - LEFT			
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
		Injury	Injury Severity	NO APPARENT INJURY		Airbag	NON DEPLOYED	
		Ejected	NOT EJECTED		Ejection Path	NOT EJECTED/NOT APPLICABLE		Trapped/Extricated
Medical Transport	NOT TRANSPORTED		EMS Agency Identifier			EMS Run #		

**WI STATE PATROL SER/WKE
21115 HWY 18
WAUKESHA, WI 53186 2985
(262) 785-4700**

UNIT INDIVIDUAL	Hospital	Date of Death	Time of Death
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action	NOT DISTRACTED	
	<i>Non Motorist</i>	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other	To/From School	
	<i>Drug & Alcohol</i>	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	001	Drug Type	
		Individual Condition	APPEARED NORMAL

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 # 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/O 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 218PHE		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES		
		Vehicle Identification Number [REDACTED]		Make KIA MOTORS CORPORA	Year 2018	Model FORTE		
		Color BRZ - BRONZE		Body Style SD - SEDAN		Bus Use		

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

WI STATE PATROL SER/WKE
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UNIT VEHICLE	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT	
	Extent Of Damage MINOR DAMAGE		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
02 02	Owner Name DANIEL C SKORUPA (262) 705-3795	Owner Address 1872 22ND AVE # 710 KENOSHA, WI 53140 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual DANIEL SKORUPA	
02 002	Individual		
	Driver DANIEL C SKORUPA (262) 705-3795	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 1872 22ND AVE # 710 KENOSHA, WI 53140 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
02 002	Safety Equipment		On Duty Crash
	Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Airbag NON DEPLOYED
	Injury Severity NO APPARENT INJURY		
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
Hospital		Date of Death	
		EMS Run #	
		Time of Death	

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

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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				