

5VL04R690H

20-004237

# Wisconsin Motor Vehicle Crash Report

WHITEFISH BAY POLICE DEPT  
5300 NORTH MARLBOROUGH DRIVE  
WHITEFISH BAY, WI 53217  
(414) 962-3830

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>20045</b>		Investigating Officer/Deputy <b>OFFICER R. MAY</b>	
Crash Date <b>07/31/2020</b>		Crash Time <b>05:22 PM</b>		Date Arrived <b>07/31/2020</b>		Time Arrived <b>05:27 PM</b>	
Date Notified <b>07/31/2020</b>		Time Notified <b>05:24 PM</b>		Total Units <b>01</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Location

ON LAKE DR/ STH32 NB 36 FT N OF N NEWHALL ST IN THE VILLAGE OF WHITEFISH BAY IN MILWAUKEE COUNTY	Latitude <b>43.10772238</b>	Longitude <b>-87.8897254</b>	Lat/LongSource <b>TLT/ILT</b>	Access Control
	X Coordinate <b>427606.5625</b>	Y Coordinate <b>4773161.5</b>	On Roadway Link ID# <b>4514892</b>	On Roadway Link Offset <b>36</b>
	Override <input type="checkbox"/>	Tribal Land		Structure Type

## Crash Scene

First Harmful Event <b>OVERTURN/ROLLOVER</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>GRAVEL</b>		Environment Factor(s) <b>NONE</b>	
Roadway Factor(s) <b>LOOSE GRAVEL</b>		Weather Condition(s) <b>CLEAR</b>	
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>T-INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT, FIRE/EMS</b>	
Date Initial Lane/Road Closed <b>07/31/2020</b>	Time Initial Lane/Road Closed <b>05:28 PM</b>		
Date All Lanes Open <b>07/31/2020</b>	Time All Lanes Open <b>05:50 PM</b>	Date Scene Cleared <b>07/31/2020</b>	Time Scene Cleared <b>05:50 PM</b>

## Unit Summary

Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>M CLASS</b>		Unit Type <b>MOTORCYCLE</b>	
Vehicle Type <b>MOTORCYCLE</b>		Operating As Endorsements			
Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>30</b>	Total Lanes <b>2</b>	
Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	

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01	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRI</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
01	Truck Bus or HazMat <b>NO</b>					
UNIT 01 INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>0</b>		<input type="checkbox"/> Use Driver Address	
	Last Name <b>SCHUBERT</b>		First Name <b>CAITLYN</b>		Middle Initial <b>MARIE</b>	Suffix
	Street Address <b>226 E PIER ST</b>		Street Address 2		PO Box	
	City <b>PORT WASHINGTON</b>		State <b>WI</b>	Zip Code <b>53074</b>		Country of Residence <b>UNITED STATES</b>
	DOB <b>04/17/1995</b>	Sex <b>F</b>	Race <b>W</b>	Hair <b>BLOND</b>	Eyes <b>BLUE</b>	Height <b>500</b>
	Weight <b>125</b>		Phone Number <b>(920) 642-3194 EXT.</b>			
	Driver's License Number <b>S1631139563701</b>		State <b>WI</b>	License Jursidiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>		DL Expire Year <b>2022</b>	
	<b>Equipment</b>	On Duty Accident		Protective Gear		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>GLOVES</b>		
	Helmet Use <b>FULL-FACE</b>		Helmet Compliance <b>APPROVED</b>			
	Eye Protection <b>YES: WORN</b>		Tint Compliance <b>UNKNOWN</b>			
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	MedicalTransport <b>EMS GROUND</b>		EMS Agency Identifier <b>6001352</b>		EMS Run # <b>20004730</b>	
Hospital <b>COLUMBIA ST MARYS HOSP-OZAUKEE</b>		Date of Death		Time of Death		
<b>Non Motorist</b>	Striking Unit #		Location		To/FromSchool	
Prior Action		Action				
Distracted By Action <b>NOT DISTRACTED</b>						
Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other				
<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</b>					
Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>				

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UNIT 01	INDIVIDUAL	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results		
		Drug Type						
		License Plate Number <b>877RJ</b>		Plate Type <b>CYC - CYCLE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>JS1NP41A0V2101092</b>				Year <b>1997</b>	Make <b>SUZUKI</b>	
		Model <b>LS650</b>		Body Style <b>MC - MOTORCYCLE</b>		Color <b>BLK - BLACK</b>		
		Initial Contact Point <b>00 - NON-COLLISION</b>		Vehicle Damage				
		Extent Of Damage <b>MINOR DAMAGE</b>		<b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>				
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors				
		Vehicle Removed By		<b>NOT APPLICABLE</b>				
UNIT 01	VEHICLE	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Driver Prior Action Other		Bus Use		
		Driver Actions <b>NO CONTRIBUTING ACTION</b>						
		<input checked="" type="checkbox"/> Vehicle Owner Same As Operator				<input checked="" type="checkbox"/> Use Operator Address		
		Organization Type <b>INDIVIDUAL</b>		Company Name				
		Last Name <b>SCHUBERT</b>		First Name <b>CAITLYN</b>		Middle <b>MARIE</b>	Suffix	Date of Birth <b>04/17/1995</b>
		Street Address <b>226 E PIER ST</b>		Street Address2		PO Box		
		City <b>PORT WASHINGTON</b>		St <b>WI</b>	Zip Code <b>53074</b>		Country of Residence <b>UNITED STATES</b>	
		Telephone Number <b>(920) 642-3194 EXT.</b>						
		01	Event <b>MOTOR VEH IN TRANSPORT</b>					
		02	Event					
03	Event							
04	Event							

## Description

Diagram

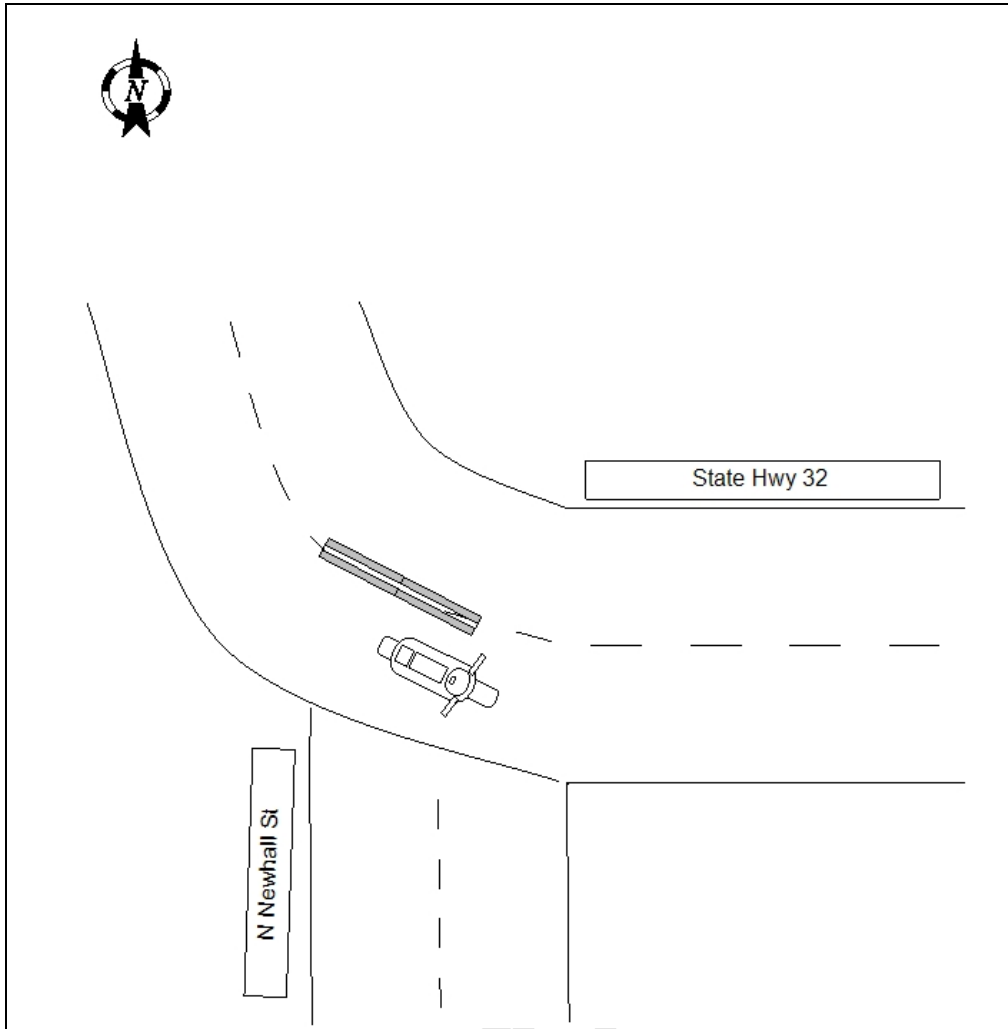
Reconstruction By

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Photos By

Additional Information  
**NONE**

## Narrative

DRIVER 1 WAS OPERATING HER MOTORCYCLE SOUTHBOUND ON STATE HWY 32 (E FAIRMOUNT AVE) AT N NEWHALL ST, NEGOTIATING THE CURVE LEFT WHEN SHE LOST CONTROL OF MOTORCYCLE. MOTORCYCLE TIPPED OVER AND DRIVER 1 FELL OFF OF THE MOTORCYCLE. DRIVER 1 SUSTAINED MINOR INJURIES TO HER LEFT KNEE AND LEFT HAND. DRIVER 1 WAS WEARING A HELMET. THE AREA OF THE ROADWAY WHERE THE ACCIDENT OCCURRED WAS A FRESHLY PAVED SURFACE WHICH CONTAINED LOOSE GRAVEL. THE LOOSE GRAVEL APPEARED TO HAVE BEEN A FACTOR IN THE ACCIDENT.

## Signature

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

## Law Enforcement Agency

Agency Space				
Officer Rank <b>OFCR</b>	Officer Last Name <b>MAY</b>	Officer First Name <b>RYAN</b>	Officer Middle Name <b>P</b>	Suffix
DOT Officer ID <b>126</b>		DNR Officer ID	Officer Badge Number <b>126</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>WHITEFISH BAY</b>		Law Enforcement Agency type <b>VILLAGE POLICE</b>	
Law Enforcement Agency Name <b>WHITEFISH BAY POLICE DEPT</b>			TAS Agency Name <b>WHITEFISH BAY POLICE DEPT</b>	
Law Enforcement Agency Street Address <b>5300 NORTH MARLBOROUGH DRIVE</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City		LEA State	Law Enforcement Agency Zip Code	

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Law Enforcement Agency Phone Number <b>(414) 962-3830 EXT.</b>	ORI Number <b>WI0411800</b>	BFUNC Agency <b>4055</b>	TraCS Agency Number <b>176</b>

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