



Winnebago County

Office of the County Clerk

The Wave of the Future

NOTICE OF CLAIM

Date: March 9, 2017

To: Doug, Linda and Joan

Re: Claim received from Philips Oriaran for damage to his vehicle caused by an accident with a Winnebago County Highway Department snowplow

This claim will be presented to the County Board at their March 21, 2017 meeting.

Ertmer, Sue

From: ALLEN, KAREN <KARENALLEN3@allstate.com>
Sent: Wednesday, March 08, 2017 2:03 PM
To: Ertmer, Sue
Subject: Accident
Attachments: Accident Report 1.pdf

From: ALLEN, KAREN
Sent: Wednesday, March 08, 2017 1:46 PM
To: sertner@co.winnebago.wi.us
Cc: drtphilips.oriaran@gmail.com
Subject: Accident

Sue,

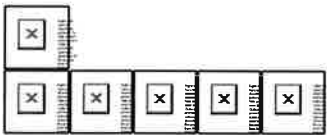
I am attaching the accident report for an accident that one of your county workers, Jeremy Butzlaff, had with one of my clients.

My Client Philips Oriaran was stopped at a stop light and the plow hit him on the drivers side.

His vehicle is damaged on the drivers side.

Please get in contact with Mr. Oriaran as soon as possible to talk about taking care of this incident. He can be reached at 920-809-8161.

Thank you,



2KL00SNQ73

17-587

Wisconsin Motor Vehicle Crash Report

MENASHA POLICE DEPARTMENT
430 FIRST STREET
MENASHA, WI 54952
(920) 967-3500

2KL00SNQ73

Document Number Override		Primary Crash Document #		Agency Crash Number 17-0587		Investigating Officer/Deputy OFFICER SARA SWENSON	
Crash Date 02/24/2017		Crash Time 08:40 AM		Date Arrived 02/24/2017		Time Arrived 08:55 AM	
Date Notified 02/24/2017		Time Notified 08:46 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 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
	Photos By
	Additional Information None

Narrative: I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.
 UNIT 2 WAS STOPPED IN THE SOUTHBOUND/STRAIGHT LANE ON RACINE ST AT NINTH ST WHEN UNIT 1 (PLOW TRUCK) WAS PASSING IN THE LEFT TURN LANE. UNIT 1 DRIVER HAD FORGOTTEN TO LIFT/RAISE THE RIGHT PLOW WING WHICH SIDE SWIPED UNIT 2 ON THE DRIVERS SIDE OF THE ENTIRE VEHICLE.

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Location

ON CTHP 66 FT N OF RACINE ST IN THE CITY OF MENASHA IN WINNEBAGO COUNTY	Latitude 44.215604567	Longitude -88.445924025
	X Coordinate 384494.69375	Y Coordinate 4896836.5
	Structure Type	

Crash Scene

First Harmful Event Motor Veh In Transport	First Harmful Event Location On Roadway	
Manner of Collision 05-Sideswipe/Same Direction	Light Condition Daylight	
Road Surface Condition(s) Snow	Roadway Factor(s) None	
Environment Factor(s) None		
Weather Condition(s) Snow		
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	Unit Status In Transit	Vehicle Operating As Classification B CLASS	Unit Type Truck		
	Vehicle Type Snow Plow	Operating As Endorsements			
	Total Occs 01	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 04
	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 Traffic Signal	Traffic Control Inoperative/Missing NO		
	Surface Type Concrete	Road Curvature Straight	Road Grade Level		
	Truck Bus or HazMat No	Reporting Threshold No			

Vehicle

01 UNIT VEHICLE	License Plate Number 66353	Plate Type MUN - Municipal	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1HTWHADT95J036724	Make INTERNATIONAL	Year 2005	Model INTL
	Color ONG - Orange	Body Style DP - DUMP TRUCK	Bus Use Not A Bus	
	Initial Contact Point 3-Right Side Middle	Vehicle Damage		
	Extent Of Damage No Damage	No Damage		

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01	Towed Due To Damage Not Towed	Vehicle Removed By OPERATOR
	What Driver Was Doing Going Straight	Vehicle Factors
	Driver Prior Action Other	Other
UNIT VEHICLE	Driver Actions Other Contributing Action	
	Driver Distractions Careless/inattention	
Vehicle Owner		
01 VEHICLE OWNER	Government WINNEBAGO COUNTY HWY COMMISSION	Address 901 W CO ROAD Y OSHKOSH, WI 54903 , US
	Sequence Of Events	
01 02 03 04	Event Motor Veh In Transport	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company GOVERNMENT	Government WINNEBAGO COUNTY HIGHWAY COMMISSION

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UNIT INDIVIDUAL	Individual				
	Driver JEREMY S BUTZLAFF (920) 203-8664		Citations Issued 0	Sex Male	
	Address 283 OAK MANOR DR OSHKOSH, WI 54904 , US		Date of Birth 01/31/1975	Race WHITE	
			Driver License Number B3244377503104 State: Wisconsin Country: UNITED STATES		
01 001	Equipment		On Duty Crash		
	Seat Position 1-Front Seat-Left Side (Driver/Motorcycle/Bicycl		Safety Equipment Shoulder & Lap Belt		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
UNIT INDIVIDUAL	Injury		Injury Severity No Apparent Injury		
	Ejected Not Ejected		Airbag Non Deployed		
	Medical Transport Not Transported		Ejection Path Not Ejected/Not Applicable	Trapped/Extricated Not Trapped	
	Hospital		EMS Agency Identifier	EMS Run #	
01 001	Non Motorist		Striking Unit #		
	Action		Prior Action		
			Location		
			To/From School		
UNIT INDIVIDUAL	Action Other				
	Drug & Alcohol		<input type="checkbox"/> Suspected Alcohol Use		
	Alcohol Test Given Test Not Given		<input type="checkbox"/> Suspected Drug Use		
	Drug Test Given Test Not Given		Alcohol Test Type		
Drug Type		Alcohol Test Results			
		Drug Test Type			
		Drug Test Results			
Individual Condition Appeared Normal					

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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 01	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 4	
	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 720VXE		Plate Type AUT - Automobile	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4JGAB54E8XA111574		Make MERCEDES BENZ	Year 1999	Model NO DATA FO
UNIT	Color BLK - Black		Body Style 4D - 4DR		Bus Use Not A Bus
	Initial Contact Point 8--Left Side Rear		Vehicle Damage 7--Left Rear Corner, 8--Left Side Rear, 9--Left Side Middle, 10--Left Side Front, 11--Left Front Corner		
02	Extent Of Damage Functional Damage		Towed Due To Damage Not Towed		
	What Driver Was Doing Stop In Traffic		Vehicle Removed By OPERATOR		
UNIT	Driver Prior Action Other		Vehicle Factors		
	Driver Actions No Contributing Action		Not Applicable		
	Driver Distractions Not Distracted				

Vehicle Owner

02	Individual TAIYE P ORIARAN (920) 731-5315		Address 1131 E FLORIDA AVE APPLETON, WI 54911 , US		

Sequence Of Events

01	Event Motor Veh In Transport
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UNIT	02	Event	
	03	Event	
	04	Event	
	Policy Holder		
	Insurance Company	Individual	
	ALLSTATE	TAIYE ORIARAN	

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Individual			
UNIT INDIVIDUAL	Driver TAIYE P ORIARAN (920) 731-6315	Citations Issued 0	Sex Male
		Date of Birth 01/20/1956	Race BLACK
	Address 1131 E FLORIDA AVE APPLETON, WI 54911 , US	Driver License Number O6658155602002 State: Wisconsin Country: UNITED STATES	
02 002	Equipment <input type="checkbox"/> On Duty Crash	Safety Equipment	
	Seat Position 1--Front Seat-Left Side (Driver/Motorcycle/Bicycl	Shoulder & Lap Belt	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
UNIT INDIVIDUAL	Injury <input type="checkbox"/> Injury Severity No Apparent Injury	Airbag 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
02 002	Non Motorist <input type="checkbox"/> Striking Unit #	<input type="checkbox"/> Prior Action	<input type="checkbox"/> Location
	<input type="checkbox"/> To/From School		
UNIT INDIVIDUAL	Action		
	Action Other		
UNIT INDIVIDUAL	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			

Witness

WITN 01 ESS	Individual ANTHONY L KISSINGER (920) 809-1299	Address 428 NICOLET BLVD MENASHA, WI 54952 , US	Date of Birth 08/05/1981

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Date: 2-24-17 Page # 1 of 1

Complaint #: 17-0587



STATEMENT FORM

City of Menasha - Police Department

Last Name: <u>Butzloff</u>	First Name: <u>Jeremy</u>	M.I. <u>S</u>	DOB: <u>1-31-75</u>
Street Address: <u>283 Oak Manor Dr</u>	City: <u>Oshkosh</u>	State: <u>WI</u>	Zip: <u>54904</u>
Home Phone:	Cell Phone: <u>(920) 203-6664</u>	Work Phone: <u>(920) 232-1715</u>	

I did not give anyone permission to cause me pain, injury, or bodily harm.	Initials:
I did not give anyone permission to enter my property or land, any building or dwelling controlled or owned by me, damage any of my property or take, carry away, or retain possession of my movable property.	Initials:

I came off Racine St Ramp with both wings down
when I was coming up to the intersection of Racine St
and 9th St I raised my left wing but not my
right wing. as I was pulling thru the intersection
my right wing side swiped the Black SUV

SIGNATURE [Signature] Date 2-24-17 Time 9:10 (A.M.) P.M.

OFFICER [Signature] Date 2-24-17 Time 9:30 (A.M.) P.M.

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Date: 2-24-17 Page # 1 of 1

Complaint #: 17-0587



Menasha

STATEMENT FORM

City of Menasha - Police Department

Last Name: <u>Kissinger</u>		First Name: <u>Anthony</u>		M.I. <u>L</u>	DOB: <u>8-5-1981</u>
Street Address: <u>428 Nicolet Blvd</u>			City: <u>Menasha</u>		State: <u>WI</u> Zip: <u>54952</u>
Home Phone: <u>920 809 1299</u>		Cell Phone: <u>920 809 1299</u>		Work Phone:	

I did not give anyone permission to cause me pain, injury, or bodily harm.	Initials:
I did not give anyone permission to enter my property or land, any building or dwelling controlled or owned by me, damage any of my property or take, carry away, or retain possession of my movable property.	Initials:

I was directly behind the Mercedes SUV at a stop light. I looked in my side mirror and noticed a city plow in the left turn lane. His plow and side plow were down as he approached. As he got closer I got a little nervous so I started to pull off to the right. The plow did not pull up his side plow. He missed me by about an inch. The Mercedes in front of me didn't have a clue he was coming I'm sure. So the side plow hit the side of the Mercedes. The plow didn't stop at first. He went down a block and parked in front of Prospera Credit Union. I stayed as a witness

SIGNATURE Anthony Kissinger Date 2-24-17 Time 9:07 (A.M.) P.M.

OFFICER J. Fullen Date 2-24-17 Time 9:30 (A.M.) P.M.

