

OSHKOSH, WISCONSIN 54903-2808 OSHKOSH (920) 236-4890

415 JACKSON STREET, P.O. BOX 2808

FOX CITIES (920 727-2880 FAX (920) 303-3025 E-mail: countyclerk@co.winnebago.wi.us

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: To: Wednesday, March 08, 2017 2:03 PM

Subject:

Ertmer, Sue 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,

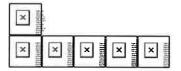
I am attaching the accident report for an accident that one of your county workers, Jeremy Butzlaff, had with one of my clients.

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,



17-587

Wisconsin Motor Vehicle Crash Report

Document Number Override	Primary Crash Document #	Agency 17-058	Crash Number 7	Investigating C		SON			
Crash Date	Crash Time	Date An		Time Arrived					
02/24/2017 Date Notified	08:40 AM	02/24/2	2017	08:55 AM					
	Time Notified 08:46 AM	Total Un 02	ilts	Total Injured 00	Total Killer	d			
02/24/2017 On Emergency Hit Government	and Run Lane Closu		Work Zone	Traller o	r Towed				
Government Property	Active School Zone	School E No	Bus Related	Tags					
Reportable	Crash Type DT4000 (Standard Crash)			Amende	ď	Secondary Crash			
Description -					1123				
					Photos By				
	Additional Information None								
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Wisconsin Motor Vehicle Crash Report

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Wisconsin Motor Vehicle Crash Report

	Ariesto.		
_		Towed Due To Damage Not Towed	Vehicle Removed By
2			OPERATOR
		What Driver Was Doing Going Straight	Vehicle Factors
		Driver Prior Action Other	Other
		Billydi Filos Acutori Curies	
LIND	VEHICLE	Driver Actions Other Contributing Action	
		Driver Distractions Careless/Inattention	
2		Vehicle Owner Government WINNEBAGO COUNTY HWY COMMISSION	Address 901 W CO ROAD Y OSHKOSH, WI 54903 , US
1	50		
	one	Sequence Of Events	
	2	Event Motor Veh in Transport	
	05	Event	
	8	Event	H
	2	Event	
اح	B	Policy Holder	
LNO		Insurance Company GOVERNMENT	Government WINNEBAGO COUNTY HIGHWAY COMMISSION

Wisconsin Motor Vehicle Crash Report

Individual						
Driver JEREMY S BUTZ (920) 203-6664	<u>CLAFF</u>		Citations Issued 0		Sex Male	
		Date of Birth 01/31/1975		Race WHITE		
Address 283 OAK MANOF OSHKOSH, WI 5			B32443775031	104	ED STATES	
Equipment	On Duty Crash		Safety Equipmen			
Seat Position 1Front Seat-Left Side (Oriver/Motorcycle/Bicycl		Shoulder & Lap Belt Helmet Compliance				
Helmet Use						
Eye Protection			Tint Compliance			
Injury	Injury Severity No Apparent In	ijury	Axoag Non Deployed			
Ejected Not Ejected		Ejection Path Not Ejected/Not Applicable		Trapped/Extricated Not Trapped		
Not Transported			EMS Agency Iden	tifier	EMS Run#	
нозриві			Date of Death		Time of Death	
Non Motorist	Striking Unit #	Prior Action		Location		To/Fram School
Action	2					
15						
Action Other		7-				
Action Other Drug & Alcohol	Suspected	Alcohol Use	Suspected	Drug Use		
	Suspected	Alcohol Use	Suspected		Alcohol Test Results	
Alcohol Test Given	Suspected	Alcohol Use	1-1		Alcohol Test Results Drug Test Results	
Test Not Given Drug Test Given	Suspected	Alcohol Use	Alcohol Test Type			
Test Not Given Drug Test Given Test Not Given	Suspected	Alcohol Use	Alcohol Test Type			
	Driver JEREMY S BUTZ (920) 203-8664 Address 283 OAK MANOF OSHKOSH, WI S Equipment Seat Position 1—Front Seat-Lef Helmet Use Eye Protection Injury Ejected Medical Transport Not Transported Hospital Non Motorist Action	JEREMY S BUTZLAFF (920) 203-6664 Address 283 OAK MANOR DR OSHKOSH, WI 54904 , US Equipment Seat Position 1—Front Seat-Left Side (Driver/Mot Helmet Use Eye Protection Injury Injury Injury No Apparent In Ejected Medical Transport Not Transported Hospital Non Motorist Action	JEREMY S BUTZLAFF (920) 203-8664 Address 283 OAK MANOR DR OSHKOSH, WI 54904 , US Equipment Seat Position 1—Front Seat-Left Side (Driver/Motorcycle/Bicycl Helmet Use Eye Protection Injury No Apparent Injury Ejected Not Ejected Medical Transport Not Transported Hospital Non Motorist Striking Unit # Prior Action	Driver JEREMY S BUTZLAFF (920) 203-8664 Citations Issued 0 Date of Birth 01/31/1975 Address 283 OAK MANOR DR OSHKOSH, WI 54904 , US Equipment Seat Position 1—Front Seat-Left Side (Driver/Motorcycle/Bicycl Helmet Use Eye Protection Injury Injury No Apparent Injury Ejected Not Ejected Not Ejected Medical Transport Not Transported Hospital Non Motorist Siriking Unit # Prior Action Citations Issued 0 Date of Birth 01/31/1975 Safety Equipmen Safety Equipmen Shoulder & La That Compliance Ejected Non Deployed Ejected Not Ejected/Not Not Transport Not Transport Not Transport Not Transport Not Motorist Siriking Unit # Prior Action	Driver JEREMY S BUTZLAFF (920) 203-8664 Citations Issued 0 Date of Birth 01/31/1975 Address 283 OAK MANOR DR OSHKOSH, WI 54904 , US Equipment On Duty Crash Safety Equipment Seat Position 1—Front Seat-Left Side (Oriver/Motorcycle/Bicycl Helmet Use Eye Protection Injury Injury No Apparent Injury Ejected Not Ejected Not Ejected Not Ejected/Not Applicable Medical Transport Not Transported Hospital Non Motorist Non Motorist Striking Unit # Prior Action Citations Issued 0 Citations Issued 0 Citations Issued 0 Date of Birth 01/31/1975 Safety Equipment Safety Equipment Safety Equipment Shoulder & Lap Belt Helmet Compliance Finity Non Deployed Ejected Not Ejected/Not Applicable EMS Agency Identifier Not Transported Hospital Non Motorist Non Motorist Action	Driver JEREMY S BUTZLAFF (920) 203-8664 Citations Issued Date of Birth O1/31/1975 Address 283 OAK MANOR DR OSHKOSH, WI 54904 , US Driver License Number B3244377503104 State: Wisconsin Country: UNITED STATES Equipment Seat Position 1—Front Seat-Left Side (Driver/Motorcycle/Bicycl Helmet Use Eye Protection Tint Compliance Eye Protection Injury Injury Seventy No Apparent Injury No Apparent Injury Seventy Not Ejected Not Ejected Not Ejected/Not Applicable Not Trapped Hospital Not Medical Transported Hospital Non Motorist Non Motorist Striking Unit # Prior Action Citations Issued Sex Male Race WHITE Shoulder & Lap Belt Tint Compliance Tint Compliance Eye Protection Tint Compliance Location Not Trapped/Extricated Not Trapped Hospital Location

Wisconsin Motor Vehicle Crash Report

	Uni	it Summary 📟	****		NAME OF THE PARTY			The second second
62	Unit	t Status			ng As Classification		Unit Type	-
9		Transit		D CLASS		_	Automob	lle
l		nicle Type					Operating A	As Endorsements
ı		ssenger Car		-	444			
	01	al Occs	Train/Bus # Injured	Total # Citations 0	s Issued	Total Trail	ers	Total HazMat Types 0
		nsurance? Direction Of Travel /ES Southbound		Pre Cra Ma		Speed Lin	nit	Total Lanes 4
FNS		st Harmful Event: Collision Wi tor Veh In Transport	Special Function No Special F	n unction		Emergency Not Appli	Motor Vehicle Use cable	
-	Traffic Way Two-Way, Not Divided Surface Type Concrete			Traffic Control No Control			Traffic Conf	Irol Inoperative/Missing
				Road Curvature Straight			Road Grade	
	Truc	ck Bus or HazMat			Reporting Threshold			
		Vehicle			N. Daniel Co.			
	100	License Plate Number		Plate Type		St	Country of Is	suance
02	100	720VXE		AUT - Auton	nobile	WI	UNITED S	
	щ	Vehicle Identification Numb 4JGAB54E8XA111574	er	Make MERCEDES	BENZ	Year 1999	Model NO DATA	FO
_	VEHICLE	Color BLK - Black		Body Style 4D - 4DR			Bus Use Not A Bus	
FNO	K	8Left Side Rear Extent Of Damage Functional Damage Towed Due To Damage		Vehicle Damage 7Left Rear Corner, 8Left Side Rear, 9Left Side Middle, 10Left Side Front 11Left Front Corner				
								e Middle, 10Left Side Front,
				Vehicle Removed By				
02		Not Towed		OPERATOR				
		What Driver Was Doing Stop In Traffic		Vehicle Factors				
	In	Driver Prior Action Other		Not Applical	DIE		100	
TIND	VEHICLE	Driver Actions No Contributing Action	n					
		Driver Distractions Not Distracted						
		Vehicle Owner					. Was	
		Individual	***	Address	12 12 12 12 12 12 12 12 12 12 12 12 12 1	-		The same of the sa
05	VEHICL	TAIYE P ORIARAN		1131 E F	LORIDA AVE ON, WI 54911 , I	us		
		Sequence Of Even	ts	Night Court				
	5	Event Motor Veh In Transpor						

Wisconsin Motor Vehicle Crash Report

3	Event		
e 🛗	Policy Holder		
5	Insurance Company ALLSTATE	Individual TAIYE ORIARAN	

Wisconsin Motor Vehicle Crash Report

		Individual						Control of the last of the las	
	7	Driver TAIYE P ORIARA (920) 731-5315	N		Citations Issued 0		Sex Male		
╘	DUA	(020) 101-0015		Date of Birth Race BLACK					
LNS	INDIVIDUAL	Address 1131 E FLORIDA APPLETON, WI 5			Driver License Num O665815560200 State: Wisconsi	2	ED STATES	-41	
		Equipment On Duty Crash Seat Position			Safety Equipment Shoulder & Lap	Belt		-	
05	005	1Front Seat-Left Helmet Use	t Side (Driver/Mo	torcycle/Bicycl	Helmet Compliance				
		Eye Protection			Tint Compliance				
		Injury	Injury Seventy No Apparent Injury		Airbag Non Deployed				
_	UAL			Ejection Path		Trapped/Extricated Not Trapped			
FNO	INDIVIDUAL	Medical Transport Not Transported			EMS Agency Identifier EMS Run #		EMS Run #		
	Z	Hospital	-		Date of Death		Time of Death		
		Non Motorist Action	Striking Unit #	Prior Action		Location		To/From School	
02	005								
	F								
LNO	JOE V	Action Other							
5	INDIVIDUAL	Drug & Alcohol	Suspected	Alcohol Use	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	l		545		11/2		
1	Vit	ness -					Harana W		
ESS 01	India AN (92	vidua) THONY L KISSINGI 0) 809-1299	ER		Address 428 NICOLET BL\ MENASHA, WI 54			Date of Birth 08/05/1981	



Date: 2-24-17 Page # (of / Complaint #: 17-0587

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City of Menasha * Police Department

Last Name: BUT2LAFF	First Name: Jeceny	M.I.	DOB: /-31-75
Street Address: 283 Oak M.	ance Dr City: Oshkosh		State: Zip: S4904
Home Phone:	Cell Phone: (920) 203-6664	Work F (920)	Phone: 232-1715

I did not give anyone permission to enter my proby me, damage any of my property or take, carry	operty or land, any building or dwelling controlled or owned lnitial y away, or retain possession of my movable property.
when I was coming up	It Rapp with both wings down to the intersection of Racine Stissed my left wing bot not my was pulling through the intersection swiped the Black SUV
IGNATURE JODO	Date 2-24-17 Time 9: 10 A.M P.M

10-50



STATEMENT FORM

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

Complaint #: 17-0587

City of Warrasha - Polyne Terrormont

Last Name: Kissinger	First Name: Anthony	1			: 5-1981
Street Address: 428 Nicolet Blue		City: MenaSha		State:	Zip: 54952
Home Phone: 920 809 /299	Cell Phone: 720 801 /2	99	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 Sehined the Mercedes SUV at a stop light I looked my side mirror and noticed a city plow in the left two lane. His ping and side plan were down as he approached. As he got closer I go a little nervous so I started to pull off to the right. The plans of pull up his side plow. He missed me by about an inch. The Mercedes of me didn't have a clue he was coming I'm sure. So the side plow he side of the Mercedes. The plow didn't stop at Sirst upt He went down in his and packed infront of prospers (redit union. I stayed as a withing the and packed infront of prospers (redit union. I stayed as a withing	tow the front the
GRATURE July Date 2 34-17 Time 9:30 A.M. DEFFICER Date 2-24-17 Time 9:30 A.M.) P.M.