WISCONSIN MOTOR VEHICLE CRASH REPORT

Oocument Number Overri	de Primary Crash	Primary Crash Document #		cy Crash Number		Investigating Officer/Deputy OFFICER JOEL HAAR			
Crash Date 02/07/2022	Crash Time 10:31 PM			Arrived 7/2022	Time Arrived 10:39 PM				
Date Notified 02/07/2022	Time Notified 10:31 PM		Total	Units	Total Injured 02	Total Kill	ed		
On Emergency	Hit and Run	✓ Lane Clo	sure	Work Zone	Trailer or	Towed	Reporting Threshold		
Government Property	Active S	School Zone	School NO	l Bus Related	Tags				
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRA	SH)		Amended		Secondar Crash		
escription Diagram	•					econstructio	·		
	Withwer Rd.		02		M	notos By ADISON I	PD Ormation ASH CAMERA VID		
Vé	Milwaukee St.	roximate, draw	ing not t	o scale					

WISCONSIN MOTOR VEHICLE CRASH REPORT

MADISON POLICE DEPARTMENT 211 S CARROLL ST MADISON, WI 53703 (608) 266-4275

Locati										
	SECTION					Latitude			Longitud	
ON MILWAUKEE ST						43.098583996			-89.310	272095
	TWER RD	NI.				X Coordinate			Y Coord	linate
	CITY OF MADISOI E COUNTY	N				311991.40625 4774353				53
IN DAIN	E COUNTY					Structure :	Type			
						NO STR		=		
Crock	Coope									
_	Scene					T				
	First Harmful Event						nful Event	Location		
	R VEH IN TRANSPO	ORT				ON ROA				
	of Collision					Light Cond				
01 - AN	-					DARK/L				
Road Sui	rface Condition(s)					Roadway	Factor(s)			
DRY										
Environm	nent Factor(s)									
NONE						NONE				
Weather	Condition(s)									
CLEAR										
Animal T	vpe					Relation T	o Traffica	ıav.		
7),,,							ON ROAD		
Crash Cla	assification - Location					Crash Cla	ssification	- Jurisdiction		
PUBLIC	PROPERTY					NO SPECIAL JURISDICTION				
Tribal Lar	nd					Access Control Special Study				
						NO CONTROL				
Within Int	terchange Area	Junction Location			Intersectio	n Type				
NO		NON-JUNCTION			NOT AN	INTERSE	CTION			
Closure 7	• •			Reaso	ons for Closi	ıre				
FULL C	LOSURE									
Date Initia	al Lane/Rd Closed	Time Initial Lane/Rd Closed	t	LAW	ENFORC	EMENT				
02/07/20	022	10:31 PM								
Date All L	Lanes Open	Time All Lanes Open		Date S	Date Scene Cleared Time Scene Cleared					
02/07/20	022	11:02 PM		02/07/2022 1			1:02 PM			
Unit S	ummary —									
Unit Statu			Vehi	cle Ope	erating As C	Classification Unit Type				
IN TRAI	NSIT		DC	LASS				TRUCK		
Vehicle T	Гуре							Operating A	Operating As Endorsements	
UTILITY	TRUCK/PICKUP	TRUCK								
Total Occ	CS	Train/Bus # Recorded	Tota	l # Citat	tions Issued		Total Tr	ailers	Total Haz	Mat Types
1			0			0			0	
Insurance	e?	Direction Of Travel		Pre CrashTire		Speed L		imit	Total Lanes	
YES		EASTBOUND		Mark			25		4	
Most Har	rmful Event: Collision \	Vith		ial Fun			I.	Emergency		
MOTOR	R VEH IN TRANSPO	ORT	NO	SPEC	IAL FUNC	TION		NOT APP	LICABLE	
Traffic W	'ay		Traff	ic Cont	rol			Traffic Cont	Traffic Control Inoperative/Missing	
TWO-W	AY, NOT DIVIDED		NO	CONT	ROL			NO	,	
Surface 1	Туре		Road	d Curva	ture			Road Grade		
BLACK	TOP (BITUMINOU	S)	STR	AIGH	Т			LEVEL		
Truck Bu	s or HazMat		L					l		
NO										
	hicle									
	ense Plate Number			е Туре			St	Country of Is		
RC	6891		LTI	K - LIG	HT TRUC	K	WI	UNITED ST	TATES	
	hicle Identification Nur	nber	Mal	е			Year	Model		
5 5T	FUY5F18LX870632	2	ТО	YOTA			2020	TUNDRA		

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2022-47998

WISCONSIN MOTOR VEHICLE CRASH REPORT

		0.1			In 1 0/1		In II	` ,			
		Color			Body Style		Bus Use				
		WHI - WHITE			PK - PICKUP						
	Щ	Initial Contact Point			Vehicle Damage			7 8 9 10 11			
UNIT	VEHICL	12 - FRONT						6 7 12			
5	표	Extent Of Damage			12 - FRONT			5 4 3 2 1			
	VE	DISABLING DAMAG	E					5 4 5 2 1			
		Towed Due To Damage			Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE			SCHMIDT'S						
		What Driver Was Doing			Vehicle Factors						
		ACCELERATING IN ROAD									
		Driver Prior Action Other			NOT APPLICABLE						
		Driver Actions									
	ш	EXCEED SPEED LIN	IIT, OPE	RATED MOTOR VEH	HICLE IN AGGRESSIV	E/RECKLESS MAI	NNER, OTHER CO	NTRIBUTING ACTION			
_	VEHICLE										
UNIT	¥										
)	Ē										
	>										
		Owner Name			Owner Address						
		COREY BRIAN SAN	DERSO	N	329 S WALBRII	OGE AVE					
01	01	(608) 228-5528			MADISON, WI 5						
		, ,									
	3	Sequence Of Events									
	01	Event MOTOR VEH IN TRA	NSPOR	PT.							
)			· ·							
	02	Event									
	0										
	03	Event									
	0										
	04	Event									
	0										
_	1	Policy Holder									
UNIT		Insurance Company			Individual	Individual					
)		FARMERS-AUTOMO	BILE-IN	NS-ASSOC,-THE	COREY SANDERSON						
		Individual									
	Ī	Driver			Citations Issued	Sex					
		COREY BRIAN SAN	DERSO	N	0	MALE					
	Αl	(608) 228-5528			Date of Birth	Race					
	JUAI				06/07/1992	WHITE					
UNIT	INDIVIE	Address			Driver License Numb	ner					
Б	D	329 S WALBRIDGE	AVE		S5361029220701						
	Z	MADISON, WI 53714			STATE: WISCONSIN COUNTRY: UNITED STATES						
		10	n Duty Cı	rach	Safety Equipment	Codeta Faciliana est					
	Sat	fety Equipment	ii Duty Oi	aon	Salety Equipment						
				Cont Donition	SHOULDER & LA	ND REI T					
		Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOOLDER & LA	AF BELT					
		Helmet Use		O7 - LEFT							
		Heimet Ose			Helmet Compliance						
		Eye Protection			Tint Compliance						
		Lye i lotection			Tilli Compilance						
	_	In.	iury Seve	ritv	Airbag						
0	5 8 Injury Severity NO APPARENT INJURY					IRINATION					
0	Ò	IIIJUI VI KI			DEPLOYED-COMBINATION						
0	90	9 9					Tranned/Extricated				
0	00	Ejected	E	ection Path	I		Trapped/Extricated				
0	00	9 9	E		I	er.	NOT TRAPPED EMS Run #				

WISCONSIN MOTOR VEHICLE CRASH REPORT

MADISON POLICE DEPARTMENT 211 S CARROLL ST MADISON, WI 53703 (608) 266-4275

Crash Date 02/07/2022

Crash Time 10:31 PM

		Hospital			Date of Death			Time of Death					
	,	Distracted By No	stracted By Source OT APPLICABL	E (NOT DISTRA	CTED)								
		Distracted By Action NOT DISTRACTED											
		Non Motorist Str	riking Unit #	Location									
		Prior Action											
		Action											
_	UAL												
INDIVIDUAL													
	N												
		Action Other								To/From School			
	L	Orug & Alcohol No	ispected Alcohol U O	se	Suspected Drug Use NO								
		Alcohol Test Given TEST NOT GIVEN			е			Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN Drug Test Ty			pe Drug Test Results			3					
10	001	Drug Type											
		Individual Condition											
	APPEARED NORMAL												
	Uni	Summary =											
		Status			ehicle Operating As Class	ification		Unit Type					
		RANSIT		D	D CLASS			AUTOMOBILE Operating As Endorsements					
02		cle Type SSENGER CAR						oporating the Emacroomeric					
	Tota 2	Occs	Train/Bus # Re	corded To	Total # Citations Issued Total Trail 0 0			ilers Total HazMat Types 0		flat Types			
		ance?	Direction Of Tra				Speed Lim			S			
╘		KNOWN	NORTHBOU		Mark 25		25	2					
LINO		: Harmful Event: Collision \ FOR VEH IN TRANSP			pecial Function O SPECIAL FUNCTION	N		Emergency Motor Vehicle Use NOT APPLICABLE					
		ic Way		Tı	raffic Control			Traffic Cont	ol Inoperati	ve/Missing			
		D-WAY, NOT DIVIDED			O CONTROL			NO					
	Surface Type				oad Curvature TRAIGHT			Road Grade					
	BLACKTOP (BITUMINOUS) Truck Bus or HazMat				TRAIGHT		LEVEL						
	NO												
		Vehicle											
		License Plate Number AMH5705			Plate Type AUT - AUTOMOBILE		St VI	Country of Issuance UNITED STATES					
02	02	Vehicle Identification Nur WVWDB7AJ6CW298			Make		rear 2012	Model GOLF					
	0	Color	1113		OLKSWAGEN Body Style		2012	Bus Use					
		BLK - BLACK			HB - HATCHBACK			240 000					

01L0C713V6

2022-47998

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Щ	Initial Contact Point		Vehicle Damage								
╘	VEHICLE	09 - LEFT SIDE MIDDLE				7 8 9 10 11						
UNIT	Ĭ	Extent Of Damage		09 - LEFT SIDE MIDDLE								
ر	Æ	DISABLING DAMAGE		5 4 3 2 1								
		Towed Due To Damage		Vehicle Removed By	Vehicle Removed By							
		TOWED DUE TO DISABLI	NG DAMAGE									
		What Driver Was Doing		Vehicle Factors								
		LEFT TURN										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions										
	ш	NO CONTRIBUTING ACTI	ON									
 												
UNIT	¥											
→	VEHICL											
	>											
		Owner Name		Owner Address								
		CHRISTOPHER JARAMIA	H GUNDLACH	225 W EXCHANG	E ST							
02	02			VIOLA, WI 54664								
	•	Sequence Of Events Event										
	2	MOTOR VEH IN TRANSPO	ORT									
		Fuent										
	02	Event										
		Frank										
	93	Event										
		F										
	9	Event										
			ndividual									
		Driver		Citations Issued	Sex							
	ᆜ	LANCE GERALD OTT		0	MALE							
	Ž			Date of Birth	Race WHITE							
╘	INDIVIDUAL			12/25/1988								
L	\geq	Address		Driver License Number O3005278846509								
	Ħ	2034 RINDEN RD COTTAGE GROVE, WI 535	327 US	STATE: WISCONSIN COUNTRY: UNITED STATES								
			,									
	Sat	On Duty fety Equipment	Crash	Safety Equipment								
	Ou.											
		Row	Seat Position	NONE USED - VEHI	CLE OCCUPANT							
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Compliance								
		F Double ation		T								
		Eye Protection		Tint Compliance								
	~ !	Injury Se	vority									
02	002	Injury Se	CTED SERIOUS INJUR	Airbag DEPLOYED-COMBI	INATION							
	_	Ejected	Ejection Path	DEFECTED-COMB	Trapped/Extricated							
		·	NOT EJECTED/NOT API	PLICABLE	TRAPPED/EXTR	ICATED						
		Medical Transport	TO LULUI LUMOT AF	EMS Agency Identifier	EMS Run #	IVATED						
		EMS GROUND		6000358	047997							
		Hospital		Date of Death	Time of Death							
		UW HEALTH-AMERICAN	CENTER		3. 234.41							
		Distracte	d Bv Source		<u> </u>							
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)										

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action									
		NOT DISTRACTED									
	ļ	Striking	Unit#	Location							
		Non Motorist									
		Prior Action									
		A -4:									
		Action									
	ب										
_	INDIVIDUAL										
UNIT	/ID										
n	≧										
	Z										
		Action Other						To/From School			
		Suspec	ted Alcohol Us	se .	Suspected Drug Use						
	L	Drug & Alcohol No			NO		1				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results				
		Drug Test Given		Drug Test Type		Drug Test Results					
		TEST NOT GIVEN		3 33 71		Jug root roound					
05	002	Drug Type									
0	0										
		Individual Condition									
		APPEARED NORMAL									
		Individual									
		Passenger RONDA MAE GRANJA			Citations Issued	Sex					
	Ţ				0	FEMALE					
	NΑ				Date of Birth	Race WHITE					
UNIT	INDIVIDUAL	Address			05/23/1979 WHITE Driver License Number						
5	D	2401 POST RD # 4			G6527337968300 STATE: WISCONSIN COUNTRY: UNITED STATES						
	Z	FITCHBURG, WI 53713,	US								
	Sai	On Dut	y Crash		Safety Equipment						
	Jai	fety Equipment	1		CHOILI DED 8 I AD	DELT					
		Row 01 - FRONT ROW	Seat Pos 09 - RIO		SHOULDER & LAP BELT						
		Helmet Use	00 1110	, ,,,	Helmet Compliance						
		Eye Protection			Tint Compliance						
		Linitime C	a carit		Airbox						
02	003	Injury S	-	IOUS INJUR	Airbag DEPLOYED-COMB	INATION					
		Ejected	Ejection Patl		DEI 20125 001115		Trapped/Extricated				
		NOT EJECTED	NOT EJEC	TED/NOT APPL	ICABLE		TRAPPED/EXTRICA	TED			
		Medical Transport	•		EMS Agency Identifier		EMS Run #				
		EMS GROUND			6000358		047997				
		Hospital UW HEALTH-AMERICAN	CENTER		Date of Death		Time of Death				
		Distrac	ted By Source		<u> </u>		1				
		Distracted By									
		Distracted By Action									

WISCONSIN MOTOR VEHICLE CRASH REPORT

MADISON POLICE DEPARTMENT 211 S CARROLL ST MADISON, WI 53703 (608) 266-4275

Crash Date 02/07/2022

Crash Time 10:31 PM

		Non Motorist Striking	Unit #	Location				
		Prior Action		1				
TINO	INDIVIDUAL	Action						
		Action Other						To/From School
	1	Drug & Alcohol NO	ted Alcohol U	Jse	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		
05	003	Drug Type						
		Individual Condition APPEARED NORMAL						