

01L16XM7ST

2022-388601

WISCONSIN MOTOR VEHICLE CRASH REPORT

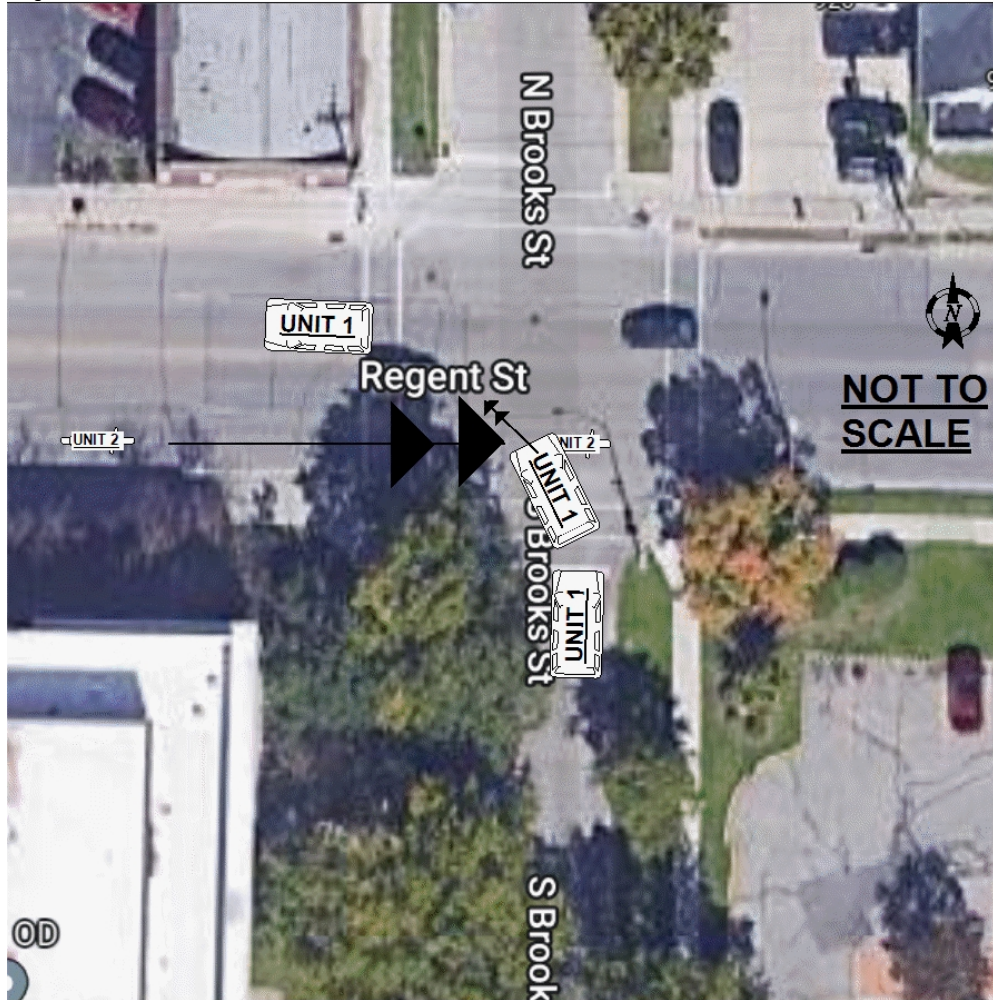
MADISON POLICE DEPARTMENT
211 S CARROLL ST
MADISON, WI 53703
(608) 266-4275

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Document Number Override		Primary Crash Document #		Agency Crash Number MUNI		Investigating Officer/Deputy OFFICER KEAGAN RABE	
Crash Date 09/22/2022		Crash Time 04:12 PM		Date Arrived 09/22/2022		Time Arrived 04:30 PM	
Date Notified 09/22/2022		Time Notified 04:12 PM		Total Units 02		Total Injured 01	Total Killed 00
<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 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
DASH CAMERA VIDEO

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

UNIT 1 STOPPED AT STOP SIGN NORTHBOUND ON S BROOKS ST AT REGENT WITH INTENT TO TURN WESTBOUND ON REGENT ST. UNIT 2 WAS TRAVELING WESTBOUND ON REGENT ST WITH A GREEN LIGHT IN THE RIGHT-MOST LANE. UNIT 1 DID NOT SEE UNIT 2 DUE TO THE SHADE FROM TREES COVERING THE ROAD AND FAILED TO YIELD TO UNIT 2 WHILE NEGOTIATING LEFT TURN.

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Location

INTERSECTION ON REGENT ST AT S BROOKS ST IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.06758006	Longitude -89.402452838
	X Coordinate 304390.8125	Y Coordinate 4771121
	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 09/22/2022	Time Initial Lane/Rd Closed 04:12 PM	LAW ENFORCEMENT, FIRE/EMS	
Date All Lanes Open 09/22/2022	Time All Lanes Open 04:30 PM	Date Scene Cleared 09/22/2022	Time Scene Cleared 04:45 PM

Unit Summary

UNIT 01	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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire 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 STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number ADK2535		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 4S4BRCLCXD3286185		Make SUBARU	Year 2013	Model OUTBACK 2.		

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UNIT	VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style SW - STATIONWAGON	Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT	
		Extent Of Damage MINOR DAMAGE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing LEFT TURN	Vehicle Factors NOT APPLICABLE	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions LOOKED BUT DID NOT SEE		
		Owner Name CARYN LEA OLYVER (608) 345-5659	Owner Address 6705 CENTURY AVE # 13 MIDDLETON, WI 53562 , US	
UNIT	VEHICLE	Sequence Of Events		
		Event MOTOR VEH IN TRANSPORT		
		Event LEFT TURN		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual CARYN OLYVER	
		Individual		
		Driver CARYN LEA OLYVER (608) 345-5659	Citations Issued 1	Sex FEMALE
		Date of Birth 12/11/1947	Race	
UNIT	INDIVIDUAL	Address 6705 CENTURY AVE # 13 MIDDLETON, WI 53562 , US	Driver License Number 04161124795108 STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	
		Helmet Use	Helmet Compliance	
UNIT	INDIVIDUAL	Eye Protection	Tint Compliance	
		Injury	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 #

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UNIT INDIVIDUAL 01 001	Hospital		Date of Death		Time of Death	
	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						
Violations						
UTC Number BG244593		Issue To? 001	Statute Number 346.18(2)	Description FAIL/YIELD WHILE MAKING LEFT TURN		

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification M CLASS		Unit Type MOTORCYCLE	
	Vehicle Type MOTORCYCLE				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 EASTBOUND	<input type="checkbox"/> Pre CrashTire 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 TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number ZP803		Plate Type CYC - CYCLE	St WI	Country of Issuance UNITED STATES	

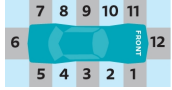
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02	UNIT	VEHICLE	Vehicle Identification Number JKAVN2B1X8A035444		Make KAWASAKI	Year 2008	Model VN900B	
			Color BLK - BLACK		Body Style RS - ROAD-STREET		Bus Use	
			Initial Contact Point 04 - RIGHT SIDE REAR		Vehicle Damage			
			Extent Of Damage VEHICLE NOT AT SCENE		16 - VEHICLE NOT AT SCENE			
			Towed Due To Damage NOT TOWED		Vehicle Removed By MADISON FD			
			What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
02	UNIT	VEHICLE	Driver Prior Action Other		NOT APPLICABLE			
			Driver Actions NO CONTRIBUTING ACTION					
			Owner Name TIMOTHY J SOLDNER (608) 217-1039		Owner Address 6417 BRIDGE RD # 102 MADISON, WI 53713 , US			
Sequence Of Events								
02	UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT					
			Event					
			Event					
			Event					
Policy Holder								
02	UNIT	Insurance Company AMERICAN-FAMILY-INS-CO			Individual TIMOTHY SOLDNER			
		Individual						
02	UNIT	INDIVIDUAL	Driver TIMOTHY J SOLDNER (608) 217-1039		Citations Issued 0	Sex MALE		
					Date of Birth 04/18/1979	Race WHITE		
			Address 6417 BRIDGE RD # 102 MADISON, WI 53713 , US		Driver License Number S4358107913802 STATE: WISCONSIN COUNTRY: UNITED STATES			
02	UNIT	INDIVIDUAL	Safety Equipment		On Duty Crash			
			Row 01 - FRONT ROW		Seat Position 07 - LEFT		Protective Gear UNKNOWN	
			Helmet Use NO		Helmet Compliance UNKNOWN			
			Eye Protection NO		Tint Compliance UNKNOWN			
			Injury		Injury Severity SUSPECTED SERIOUS INJUR		Airbag NOT APPLICABLE	
			Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	

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UNIT	INDIVIDUAL	Medical Transport	EMS Agency Identifier	EMS Run #
		EMS GROUND	6000358	
		Hospital	Date of Death	Time of Death
		ST MARYS HOSP		
		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	Suspected Drug Use
		NO	NO	
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
		Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
		Drug Type		
		Individual Condition		
		APPEARED NORMAL		