2022-383926

#### WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

				(000)	200 427		
Document Number Override	Primary Crash Document #	Agency Crash Number 308C+MUNI		Investigating Officer/Deputy OFFICER SYDNEY HANICK			
Crash Date	Crash Time	Date Arrived	Time Arrived				
09/19/2022	02:39 PM	09/19/2022	02:46 PM				
Date Notified	Time Notified	Total Units	Total Injured	Total Killed			
09/19/2022	02:40 PM	02	02	00			
On Emergency Hi	t and Run Lane Cl	losure Work Zone	Trailer or	Towed Repo			
Government Property	Active School Zone	School Bus Related NO	Tags	·			
<b>✓</b> Reportable	Crash Type DT4000 (STANDARD CRA	ASH)	Amended		ndary ash		
Description							
Diagram			Re	construction By			
Sea Control of the Co			Dh	otos By			



Additional Information NONE

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

ON 09-19-2022, I WAS OPERATING IN MY OFFICIAL CAPACITY AS A MADISON POLICE OFFICER, WHILE WEARING FULL MILITARY STYLE MPD UNIFORM, AND OPERATING FULLY MARKED SQUAD W582. I WAS DISPATCHED TO A CRASH IN THIS AREA NEAR THE BIKE PATH. UPON ARRIVAL, EMS WAS ASSISTING BOTH DRIVERS. UNIT #2 WAS BEING TRANSPORTED. I LATER SPOKE WITH HER AT MERITER HOSPITAL. I SPOKE WITH UNIT #1 ON SCENE WHO PROVIDED ME WITH THE DOB OF 7/27/02 WHICH I BELIEVE TO BE THE WRONG DOB. SHE STATED THAT SHE DID NOT KNOW WHAT HAPPENED AND LOOKED UP AND SAW THE VEHICLE IN FRONT OF HER HAD STOPPED SUDDENLY. SHE TOLD ME THAT THERE WERE NO BICYCLES IN THE CROSSING. SHE TOLD ME THAT SHE BELIEVED UNIT #2 WAS SLEEPING OR CONFUSED. I SHOWED HER THE WARNING SIGN FOR THE BICYCLE CROSSING AND EXPLAINED THAT THIS SHOULD BE TREATED AS A YIELD SIGN DUE TO THE NUMBER OF BICYCLISTS IN THE AREA. I TOLD HER THAT SHE SHOULD BE TAKING THESE AREAS SLOW AND PAYING CLOSE ATTENTION REGARDLESS OF IF THERE IS A BICYCLIST IN THE PATH OR NOT. THERE WAS NO INSURANCE ON THE VEHICLE AND SHE DID NOT HAVE A VALID LICENSE. I THEN WENT AND SPOKE WITH UNIT #2 WHO STATED THAT SHE WAS FULLY STOPPED FOR ABOUT 5 SECONDS WAITING FOR A BICYCLIST TO CROSS WHEN SHE WAS SUDDENLY HIT FROM BEHIND. SHE TOLD ME THAT SHE DID NOT EVER SEE ANYONE BEHIND HER AND DID NOT KNOW WHERE SHE CAME FROM. SHE BELIEVED HER SHOULDER WAS INJURED SEVERELY. UNIT #1 WAS CITED WITH TWO DIFFERENT TICKETS. NFA PO SYDNEY HANICK #5685

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Crash Date 09/19/2022

Crash Time 02:39 PM

I	_oc	ation ====									
ſ	ON	POST RD				Latitude			Longitue	de	
		TW				43.02652	22958		-89.423	-89.423897107	
		LEOPOLD WAY				X Coordin	ate		Y Coord	dinate	
		HE CITY OF MADISO ANE COUNTY	N			302513			4766611.5		
	IIN D	ANE COUNTY				Structure	Туре		II.		
				NO STR	UCTURE						
(	Cra	sh Scene									
Ī	First	Harmful Event				First Harm	nful Event Lo	ocation			
	MOTOR VEH IN TRANSPORT						DWAY				
Ī	Manı	ner of Collision				Light Cond					
		FRONT TO REAR				DAYLIG	HT				
ſ	Road Surface Condition(s)  DRY						Factor(s)				
-	Envi	ronment Factor(s)									
	МОИ	NE				NONE					
ŀ	Wea	ther Condition(s)				1					
	CLE	AR									
ŀ	Animal Type						o Trafficway	/			
ļ		L Olassie, et al.					CWAY - OI				
	Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
ŀ		al Land				Access Control Special Study					
						NO CONTROL				Special Glady	
		in Interchange Area	Junction Location		Intersection	n Type					
L	NO		INTERSECTION-RELATE	ĒD	OTHER	<u>₹</u>					
Į		t Summary 👅									
T	Unit	Status		Vehicle Ope	erating As C	Classification Unit Type					
		RANSIT		D CLASS		AUTOMOBILE					
		cle Type					Operating A	s Endorse	orsements		
ļ		SENGER CAR	TT: /D // D	T=				ilers Total HazMat Types		M · T	
		Occs	Train/Bus # Recorded		Total # Citations Issued					Mat Types	
ļ	1		D: // O/T	2		0		0			
		rance?	Direction Of Travel	Pre CrashT						es	
ļ	NO	Hamstell Free 1 O W. 1	WESTBOUND	Chasial F	☐ Mark		25		2 Emergency Motor Vehicle Use		
		: Harmful Event: Collision '		•	Special Function NO SPECIAL FUNCTION				RGENCY, NON-TRANSPORT		
ŀ		ic Way	Traffic Cont	trol			Traffic Control Inoperative/Missing				
	TWC	D-WAY, NOT DIVIDED	)		WARNING SIGN			NO	, ,		
F		ace Type		Road Curva	ature			Road Grade			
	CON	NCRETE		STRAIGH	IT						
ŀ		k Bus or HazMat		1				1			
4	NO.										
		Vehicle License Plate Number		Plate Type			St	Country of le	suance		
		AHC7586			; JTOMOBIL			Country of Issuance UNITED STATES			
		Vehicle Identification Number					Year	Model Model			
ı	01				Make HONDA		2009	ACCORD			
					)			Bus Use			
		GRY - GRAY		SD - SED							
					Vehicle Damage						
	Щ				01 - RIGHT FRONT		CORNED OS - PIG			7 8 0 10 11	
		12 - FRONT			HT FRONT					7 8 9 10 11	
;		12 - FRONT Extent Of Damage		FRONT,	HT FRONT 10 - LEFT	SIDE FRO		HT SIDE EFT FRON	г	6 R <sub>QI</sub> 12	
	VEHICLE	12 - FRONT	E	FRONT,	HT FRONT	SIDE FRO			г		

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		Towed Due To Damage  TOWED DUE TO DISABLING DAMAGE			Vehicle Removed By				
		What Driver Was Doing GOING STRAIGHT		Veh	nicle Factors				
		Driver Prior Action Other		NO	OT APPLICABLE				
LINO	VEHICLE	Driver Actions FOLLOWING TOO CLOSE		<u> </u>					
70	01	Owner Name VIVIANA DAYELI LOPEZ RI (608) 960-3751	VERA		Owner Address 2404 HIGH RIDGE FITCHBURG, WI 5				
		Sequence Of Events							
	01	Event MOTOR VEH IN TRANSPOR	RT						
	02	Event MOTOR VEH IN TRANSPOR	RT						
	03	Event							
	04	Event							
	i	Individual							
		Driver			Citations Issued	Sex			
	٩L	VIVIANA DAYELI LOPEZ RIVERA (608) 960-3751			2 Date of Birth	FEMALE Race			
_	חם				)7/27/1997	HISPANIC			
LIND	INDIVIDUAL	Address 2404 HIGH RIDGE TRL FITCHBURG, WI 53713 , US				Driver License Number L1268649776701 STATE: WISCONSIN COUNTRY: UNITED STATES			
	Saf	On Duty C	crash	5	Safety Equipment				
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT				
		Helmet Use				Helmet Compliance			
		Eye Protection		٦	Tint Compliance				
5	004	Injury Seve	•	F	Airbag				
0	8		LE INJURY	ı	DEPLOYED-FRONT				
		•	jection Path	OT APPLIC	CABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport	10. 2020.25/.10		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
		Distracted By NOT API	By Source PLICABLE (NOT I	DISTRACT	ΓED)				
		NOT DISTRACTED							
		Non Motorist	nit # Location						

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Crash Date 09/19/2022

Crash Time 02:39 PM

		Prior Action										
		Action										
_	UAL											
UNIT	INDIVIDUAL											
	Z											
		Action Other										To/From School
		Action Other										10/FIOIII SCHOOL
	1	Drug & Alcohol NO					Suspected Drug Use <b>NO</b>					
•		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Ty	ype				Alcohol Test	Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type	Э		Drug 7	Test Results			
2	001	Drug Type										
		Individual Condition										
		APPEARED NORM	MAL									
	,	L Violations										
	70	UTC Number BI996808	Issue To? 001		te Number <b>14(1m)</b>	Description AUTOMOBILE FOLLOWING TOO CLOSELY						
	05	UTC Number BI996809	Issue To? <b>001</b>		te Number <b>62(1)</b>		Description OPERATE MOTOR \	/EHIC	LE W/O IN	SURANCE		
		t Summary Status				17-	hiele On earting A. Olevei	£: £:		L =		
		RANSIT				Vehicle Operating As Classification  D CLASS				Unit Type AUTOMOE	BILE	
05		√ehicle Type PASSENGER CAR								Operating A	s Endorsen	nents
•	Tota <b>1</b>	I Occs	Train/Bus	s # Rec	orded	To <b>0</b>	tal # Citations Issued		Total Trailers Total 0 0			Mat Types
	Insu	rance?	Direction WESTB			Г	Pre CrashTire Mark	Speed Limit		it	Total Lane	es
L N	Most	t Harmful Event: Collision	on With	OONE	<u> </u>		Special Function E		Emergency Motor Vehicle Use NOT APPLICABLE		cle Use	
		TOR VEH IN TRANS	SPORT				affic Control			Traffic Control Inoperative/Missing		
		O-WAY, NOT DIVID	ED				ARNING SIGN			NO Road Grade		
		**	Surface Type									
ļ	Truck Bus or HazMat						STRAIGHT LEVEL					
		k Bus or HazMat				31	TKAIOIII					
	NO	k Bus or HazMat				31	TAIOIII					
	NO	k Bus or HazMat	r			P	late Type		St	Country of Iss		
	NO	Vehicle License Plate Number				P	late Type UT - AUTOMOBILE		WI	Country of Iss		
02	NO	k Bus or HazMat  Vehicle  License Plate Number	Number			P  <b>A</b>   M	late Type UT - AUTOMOBILE ake			Country of Iss		
02	NO	Vehicle License Plate Number APM9880 Vehicle Identification I	Number			P   <b>A</b>   M   <b>F</b>   B	late Type UT - AUTOMOBILE ake ORD ody Style		WI Year 2020	Country of Iss UNITED ST Model		
02	NO	Vehicle License Plate Number APM9880 Vehicle Identification I 1FMCU9J94LUA00	Number			P   <b>A</b>   M   <b>F</b>   B	late Type UT - AUTOMOBILE ake ORD	/EHICI	WI Year 2020	Country of Iss UNITED ST Model ESCAPE		

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	Щ	[		Vehicle Damage						
LINO	VEHICLE			AE DICHT BEAD CO	DNED OF DEAD	0.07 LEET	7 8 9 10 11			
5	포	Extent Of Damage		05 - RIGHT REAR CO REAR CORNER	KNEK, UG - KEAP	K, U/ - LEFI	6 8 12			
	VE	FUNCTIONAL DAMAGE		NEZAN GONNEN			5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		TOWED BUT NOT DUE TO D	DISABLING DAMAG							
		What Driver Was Doing		Vehicle Factors						
		STOP IN TRAFFIC								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions NO CONTRIBUTING ACTION								
_	LE	NO CONTRIBUTING ACTION	1							
UNIT	IIC									
5	VEHICL									
	>									
		Owner Neme		Owner Address						
		Owner Name PATTI ANN HECHEL		Owner Address 714 W HUBERT S	т					
02	02	(779) 772-2681		EDGERTON, WI 53						
		. ,		, , , ,						
		Saguence Of Events								
		Sequence Of Events Event								
	01	MOTOR VEH IN TRANSPOR	Т							
		Event								
	02	MOTOR VEH IN TRANSPORT	Т							
		Event								
	03									
	_	Event								
	04									
		Policy Holder								
UNIT		Insurance Company		Individual						
5		AMERICAN-FAMILY-INS-CO		PATTI HECHEL						
		Individual								
		Driver		Citations Issued	Sex					
		PATTI ANN HECHEL		0	FEMALE	MALE				
	ΑL	(779) 772-2681		Date of Birth	Race					
_	J			11/19/1969	WHITE					
LINO	DIVIDUAL	Address		Driver License Number						
)		714 W HUBERT ST		H2406616991907 STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	EDGERTON, WI 53534 , US								
		On Duty Cra	ash	Safety Equipment						
	Sai	fety Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
	61	Injury Sever	rity	Aidea						
02	005		TED SERIOUS INJUR	Airbag NON DEPLOYED						
		2 2 0001 201	ection Path	HOW DEFECTED	1	Trapped/Extricated				
		-	OT EJECTED/NOT APPI	LICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		EMS GROUND		6		6				
		Hospital		Date of Death		Time of Death				
		UNITYPOINT HEALTH-MERI								

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		Distracted By Distracted NOT AF	d By Source	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist Striking L	Jnit #	Location				
		Prior Action						
		Action						
_	NAL							
UNIT	INDIVIDUAL							
	Z							
		Action Other						To/From School
			d Alachal I	lo o	L Supported Drug Hoo			
	L	Drug & Alcohol NO	ed 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	005	Drug Type						
		Individual Condition						
		APPEARED NORMAL						
		THE HORMAL						