

01L1Q45WRK

2022-417022

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

01L1Q45WRK

Document Number Override 01L0TS2F6R		Primary Crash Document #		Agency Crash Number CLOSED		Investigating Officer/Deputy OFFICER BRANDON MORTENSON	
Crash Date 10/11/2022		Crash Time 06:37 PM		Date Arrived 10/11/2022		Time Arrived 06:43 PM	
Date Notified 10/11/2022		Time Notified 06:39 PM		Total Units 02		Total Injured 00	Total Killed 01
<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 checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By
	Additional Information PHOTOS, FATAL CRASH SUPPLEMENT

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

DRIVER 1 OF VEHICLE 1 ADVISED THEY WERE TRAVELING WB ON MINERAL POINT RD, INITIALLY STOPPED WAITING TO TURN SB ONTO HIGH POINT RD. DRIVER 1 ADVISED THEY HAD A GREEN LIGHT AND BEGAN MAKING THE TURN WHEN THEY SAW A PEDESTRIAN NOW CROSSING THE STREET FROM WEST TO EAST. DRIVER 1 ADVISED THEY WERE UNABLE TO STOP PRIOR TO STRIKING THE PEDESTRIAN. THE PASSENGER OF VEHICLE 1 ADVISED THEY WERE SEATED IN THE FRONT PASSENGER SEAT WHEN DRIVER BEGAN MAKING THE TURN FROM A STOPPED POSITION AT MINERAL POINT ONTO SB HIGH POINT RD. THE PASSENGER ADVISED THEY DID NOT SEE THE PEDESTRIAN UNTIL THE VEHICLE WAS ALREADY IN THE TURN AND TRIED TO TELL DRIVER BUT WAS UNABLE TO DO SO IN TIME.

INJURY UPDATE

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01	UNIT	01	VEHICLE	License Plate Number 59154E	Plate Type END - ENDANGERED RE	St WI	Country of Issuance UNITED STATES
				Vehicle Identification Number JTDKARFU8G3507340	Make TOYOTA	Year 2016	Model PRIUS
				Color BLK - BLACK	Body Style HB - HATCHBACK	Bus Use	
				Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT, 13 - TOP		
				Extent Of Damage FUNCTIONAL DAMAGE			
				Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By		
What Driver Was Doing LEFT TURN	Vehicle Factors						
		Driver Prior Action Other UNKNOWN					
01	UNIT	01	VEHICLE	Driver Actions UNKNOWN			
01		01		Owner Name AMANDA RAE CABLE (253) 691-5735	Owner Address 7802 BIG SKY DR APT 223 MADISON, WI 53719 , US		
Sequence Of Events							
01	UNIT	01	01	Event PEDESTRIAN			
				Event PEDESTRIAN			
				Event			
				Event			
04	UNIT	04	03	Event			
				Event			
Policy Holder							
				Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual AMANDA CABLE		
Individual							
01	UNIT	001	INDIVIDUAL	Driver AMANDA RAE CABLE (253) 691-5735		Citations Issued 0	Sex FEMALE
						Date of Birth 06/22/1992	Race
				Address 7802 BIG SKY DR APT 223 MADISON, WI 53719 , US		Driver License Number C1400169272205 STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment				On Duty Crash		Safety Equipment	
				Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
				Helmet Use		Helmet Compliance	
				Eye Protection		Tint Compliance	
01		001		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	

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UNIT 01	INDIVIDUAL 001	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
		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
UNIT 01	INDIVIDUAL 002	Alcohol Test Given TEST GIVEN	Alcohol Test Type BLOOD	Alcohol Test Results PENDING
		Drug Test Given TEST GIVEN	Drug Test Type BLOOD	Drug Test Results PENDING
		Drug Type		
		Individual Condition APPEARED NORMAL		
		Individual		
		Passenger CAELLIUGH IRENE OLSON (608) 572-9935	Citations Issued 0	Sex FEMALE
			Date of Birth 04/15/1993	Race WHITE
		Address 7802 BIG SKY DR APT 223 MADISON, WI 53719 , US	Driver License Number 04251099363501 STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
UNIT 01	INDIVIDUAL 002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED

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MADISON POLICE DEPARTMENT
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UNIT INDIVIDUAL 01 002	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source			
	Distracted By Action					
	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						

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification O CLASS		Unit Type PEDESTRIAN	
	Vehicle Type PEDESTRIAN				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2	
	Most Harmful Event: Collision With PEDESTRIAN		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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Sequence Of Events					
	01	Event PEDESTRIAN				
02	Event PEDESTRIAN					

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UNIT	03	Event		
	04	Event		
INDIVIDUAL	Individual			
	Pedestrian DENNIS D JONES		Citations Issued 0	Sex MALE
			Date of Birth 07/26/1954	Race WHITE
	Address NPA , ,		Driver License Number	
	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 98 - NOT APPLICABLE	Seat Position	NONE	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	003	Injury	Injury Severity FATAL INJURY	Airbag NOT APPLICABLE
02	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND		EMS Agency Identifier 7	EMS Run #
	Hospital UW HEALTH-AMERICAN CENTER		Date of Death 10/26/2022	Time of Death 16:24
	Distracted By		Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN			
	Non Motorist	Striking Unit # 01	Location AT INTERSECTION-IN MARKED CROSSWALK	
	Prior Action UNKNOWN			
	Action DARK CLOTHING			
	Action Other			To/From School NO
	Drug & Alcohol		Suspected Alcohol Use	
		Suspected Drug Use		
003	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			

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Individual Condition

NOT OBSERVED

The Following Pages Show Earlier Versions of
this Report.

01L0TS2F6R

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(608) 266-4275

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Document Number Override		Primary Crash Document #		Agency Crash Number CLOSED		Investigating Officer/Deputy OFFICER TYLER HESS	
Crash Date 10/11/2022		Crash Time 06:37 PM		Date Arrived 10/11/2022		Time Arrived 06:43 PM	
Date Notified 10/11/2022		Time Notified 06:39 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 PHOTOS

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

DRIVER 1 OF VEHICLE 1 ADVISED THEY WERE TRAVELING WB ON MINERAL POINT RD, INITIALLY STOPPED WAITING TO TURN SB ONTO HIGH POINT RD. DRIVER 1 ADVISED THEY HAD A GREEN LIGHT AND BEGAN MAKING THE TURN WHEN THEY SAW A PEDESTRIAN NOW CROSSING THE STREET FROM WEST TO EAST. DRIVER 1 ADVISED THEY WERE UNABLE TO STOP PRIOR TO STRIKING THE PEDESTRIAN. THE PASSENGER OF VEHICLE 1 ADVISED THEY WERE SEATED IN THE FRONT PASSENGER SEAT WHEN DRIVER BEGAN MAKING THE TURN FROM A STOPPED POSITION AT MINERAL POINT ONTO SB HIGH POINT RD. THE PASSENGER ADVISED THEY DID NOT SEE THE PEDESTRIAN UNTIL THE VEHICLE WAS ALREADY IN THE TURN AND TRIED TO TELL DRIVER BUT WAS UNABLE TO DO SO IN TIME.

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Location

INTERSECTION ON S HIGH POINT RD AT MINERAL POINT RD IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.060487327	Longitude -89.517498388
	X Coordinate 294999.6875	Y Coordinate 4770608
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DARK/LIGHTED	
Road Surface Condition(s) WET		Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) RAIN			
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-RELATED	Intersection Type FOUR-WAY INTERSECTION	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure	
Date Initial Lane/Rd Closed 10/11/2022	Time Initial Lane/Rd Closed 06:43 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 10/11/2022	Time All Lanes Open 08:16 PM	Date Scene Cleared 10/11/2022	Time Scene Cleared 08:16 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 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2	
	Most Harmful Event: Collision With PEDESTRIAN		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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number 59154E		Plate Type END - ENDANGERED RE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number JTDKARFU8G3507340		Make TOYOTA	Year 2016	Model PRIUS		

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UNIT	VEHICLE	Color BLK - BLACK	Body Style HB - HATCHBACK	Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT, 13 - TOP	
		Extent Of Damage FUNCTIONAL DAMAGE		
		Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By	
		What Driver Was Doing LEFT TURN	Vehicle Factors UNKNOWN	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions UNKNOWN		
01	01	Owner Name AMANDA RAE CABLE (253) 691-5735	Owner Address 7802 BIG SKY DR APT 223 MADISON, WI 53719 , US	
		Sequence Of Events		
01	01	Event PEDESTRIAN		
	02	Event PEDESTRIAN		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual AMANDA CABLE		
UNIT	Individual			
	Driver AMANDA RAE CABLE (253) 691-5735	Citations Issued 0	Sex FEMALE	
01	001	Date of Birth 06/22/1992	Race	
		Address 7802 BIG SKY DR APT 223 MADISON, WI 53719 , US	Driver License Number C1400169272205 STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury NO APPARENT 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	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 GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING	
	Drug Test Given TEST GIVEN		Drug Test Type BLOOD		Drug Test Results PENDING	
01 001	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger CAELLIIEGH IRENE OLSON (608) 572-9935		Citations Issued 0		Sex FEMALE	
			Date of Birth 04/15/1993		Race WHITE	
	Address 7802 BIG SKY DR APT 223 MADISON, WI 53719 , US		Driver License Number 04251099363501 STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 002	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 #	
	Hospital		Date of Death		Time of Death	

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UNIT INDIVIDUAL 01 002	Distracted By		Distracted By Source	
	Distracted By Action			
	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				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification O CLASS		Unit Type PEDESTRIAN	
	Vehicle Type PEDESTRIAN				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 2	
	Most Harmful Event: Collision With PEDESTRIAN		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 BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Sequence Of Events

UNIT 01 02 03 04	01	Event PEDESTRIAN
	02	Event PEDESTRIAN
	03	Event
	04	Event

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MADISON POLICE DEPARTMENT
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UNIT INDIVIDUAL	Individual			
	Pedestrian DENNIS D JONES		Citations Issued 0	Sex MALE
			Date of Birth 07/26/1954	Race WHITE
	Address NPA , ,		Driver License Number	
	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 98 - NOT APPLICABLE	Seat Position	NONE	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	02 003	Injury		Injury Severity SUSPECTED SERIOUS INJUR
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND		EMS Agency Identifier 7	EMS Run #	
Hospital UW HEALTH-AMERICAN CENTER		Date of Death	Time of Death	
Distracted By		Distracted By Source UNKNOWN		
Distracted By Action UNKNOWN				
Non Motorist		Striking Unit # 01	Location AT INTERSECTION-IN MARKED CROSSWALK	
Prior Action UNKNOWN				
Action DARK CLOTHING				
Action Other			To/From School NO	
02 003	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 NOT OBSERVED			