

01L01Z7RDW  
2022-285263


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 <b>CLOSED</b>		Investigating Officer/Deputy <b>OFFICER JEFFREY HAYES</b>	
Crash Date <b>07/18/2022</b>		Crash Time <b>05:27 PM</b>		Date Arrived <b>07/18/2022</b>		Time Arrived <b>05:34 PM</b>	
Date Notified <b>07/18/2022</b>		Time Notified <b>05:29 PM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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 <b>NO</b>	Tags			
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON JULY 18, 2022 AT APPROXIMATELY 5:27 PM UNIT 1 AND UNIT 2 WERE NORTHBOUND ON THE OUTER LOOP OF THE WEST TOWNE MALL PROPERTY. THE RIDER OF UNIT 1 STATED THAT HE WAS GOING STRAIGHT ON THE ROAD WHEN HE WAS STRUCK BY UNIT 2. THE DRIVER OF UNIT 2 STATED THAT UNIT 1 VEERED FROM THE FAR RIGHT OF THE ROAD IN FRONT OF UNIT 2. WHILE THE DAMAGE TO UNIT 2 TENDS TO SUPPORT THE STATEMENT BY THE DRIVER OF UNIT 2 COMPARED TO THAT OF UNIT 1 THERE WERE NO OTHER WITNESSES AND NO SECURITY CAMERAS IN THE AREA TO SUPPORT EITHER STATEMENT. THE RIDER OF UNIT 1 WAS TRANSPORTED TO UW HOSPITAL FOR A POSSIBLE BROKEN CLAVICLE AND/OR SEPARATED SHOULDER. DUE TO THE INABILITY TO DETERMINE WHO MAY HAVE CAUSED THE CRASH AND FURTHER WITH IT OCCURRING ON PRIVATE PROPERTY I DID NOT FIND PROBABLE CAUSE FOR A CITATION.

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**Location**

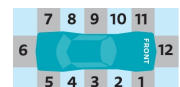
ON S GAMMON RD 496 FT S OF ODANA RD IN THE CITY OF MADISON IN DANE COUNTY	Latitude <b>43.05522756</b>	Longitude <b>-89.502996649</b>
	X Coordinate <b>296163.1875</b>	Y Coordinate <b>4769988.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>PEDALCYCLE</b>		First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>		Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>BICYCLE</b>		
	Vehicle Type <b>BICYCLE</b>				Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>NO</b>	Direction Of Travel <b>UNKNOWN</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>20</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE 01	<b>Vehicle</b>					
		License Plate Number		Plate Type	St	Country of Issuance	
Vehicle Identification Number		Make	Year	Model			
Color		Body Style <b>BI - BICYCLE</b>		Bus Use			
Initial Contact Point <b>99 - UNKNOWN</b>		Vehicle Damage					
Extent Of Damage <b>NO DAMAGE</b>		<b>00 - NO DAMAGE</b>					



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By	
	What Driver Was Doing		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions			
01 01	Owner Name <b>BLAZE H HENRY (608) 490-2269</b>		Owner Address <b>6716 JACOBS WAY MADISON, WI 53711 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>PEDALCYCLE</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Bicyclist <b>BLAZE H HENRY (608) 490-2269</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>10/25/2004</b>	Race <b>WHITE</b>
	Address <b>6716 JACOBS WAY MADISON, WI 53711 , US</b>		Driver License Number	
	<b>Safety Equipment</b>			
01 001	On Duty Crash		Safety Equipment	
	Row <b>98 - NOT APPLICABLE</b>	Seat Position	<b>HELMET</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NOT APPLICABLE</b>	
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000358</b>	EMS Run #	
Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				
<b>Non Motorist</b>		Striking Unit # <b>02</b>	Location <b>NON-TRAFFICWAY AREA</b>	

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UNIT 01	INDIVIDUAL 001	Prior Action <b>WALKING/CYCLING ALONG ROADWAY WITH TRAFFIC (IN OR ADJACENT TO TRAVEL LAN</b>			
		Action <b>UNKNOWN</b>			
		Action Other			To/From School <b>NO</b>
		Drug & Alcohol		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition <b>OTHER</b>			

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>20</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>PEDALCYCLE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 02	VEHICLE 02	<b>Vehicle</b>					
		License Plate Number <b>NFR2L8</b>		Plate Type <b>HEM - HIGHER EDUCATI</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>5UXTY5C04L9B69924</b>		Make <b>BMW</b>	Year <b>2020</b>	Model <b>X3</b>	
		Color <b>WHI - WHITE</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use	
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER</b>			
		Extent Of Damage <b>MINOR DAMAGE</b>					
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing <b>NEGOTIATING CURVE</b>					

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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>JUDITH A RUBIN (608) 338-3636</b>		Owner Address <b>11 BAILEY WAY FITCHBURG, WI 53711 , US</b>	
	<b>Sequence Of Events</b>			
UNIT 01	Event <b>PEDALCYCLE</b>			
	Event			
	Event			
	Event			
UNIT 02	<b>Policy Holder</b>			
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		Individual <b>JUDITH RUBIN</b>	
	<b>Individual</b>			
	Driver <b>JUDITH A RUBIN (608) 338-3636</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
UNIT INDIVIDUAL	Date of Birth <b>12/17/1941</b>		Race <b>WHITE</b>	
	Address <b>11 BAILEY WAY FITCHBURG, WI 53711 , US</b>		Driver License Number <b>R1504214195704 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
UNIT 02	Helmet Use		SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag <b>NON DEPLOYED</b>	
	Injury Severity <b>NO APPARENT INJURY</b>		Injury <b>INJURY</b>	
UNIT 002	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>NOT TRANSPORTED</b>	
	EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death	
UNIT 002	Time of Death		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b>			
	Striking Unit #		Location	

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
02	002	Drug & Alcohol				
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				