

01L1Q45WRN

2022-511105

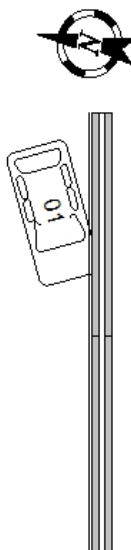
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

01L1Q45WRN

Document Number Override <b>01L0C4K15Q</b>		Primary Crash Document #		Agency Crash Number <b>CRIM</b>		Investigating Officer/Deputy <b>OFFICER B. MORTENSON</b>	
Crash Date <b>12/17/2022</b>		Crash Time <b>03:58 PM</b>		Date Arrived <b>12/17/2022</b>		Time Arrived <b>06:00 PM</b>	
Date Notified <b>12/17/2022</b>		Time Notified <b>03:58 PM</b>		Total Units <b>01</b>		Total Injured <b>05</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram  DIAGRAM NOT TO SCALE  	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.

CRAWFORD WAS TRAVELING WESTBOUND ON HWY 30 APPROACHING THE UNDERPASS FOR HWY 151 IN THE CITY OF MADISON, COUNTY OF DANE. SHE STATED SHE WAS TRAVELING APPROXIMATELY 80 MPH IN A 45 MPH ZONE WHEN A CAR IN FRONT OF HER BRAKED CAUSING HER TO SWERVE. SHE THEN STRUCK THE MEDIATION CONCRETE TRAFFIC BARRIER AND THE VEHICLE EVENTUALLY ROLLED BEFORE COMING TO A REST ON IT'S ROOF. CRAWFORD ADMITTED TO RACING ANOTHER VEHICLE PRIOR TO THE CRASH. BYSTANDERS CONFIRMED THAT CRAWFORD WAS TRAVELING AT A HIGH RATE OF SPEED WEAVING IN AND OUT OF TRAFFIC RACING ANOTHER VEHICLE BEFORE CRASHING. THE OTHER 5 OCCUPANTS IN THE VEHICLE WERE ALL MINORS AND NO ONE IN THE VEHICLE WAS WEARING A SEAT BELT AT THE TIME OF THE CRASH.

UPDATED INFORMATION



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01	UNIT	01	VEHICLE	License Plate Number <b>AGX7441</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
				Vehicle Identification Number <b>5XYPGDA58HG198912</b>	Make <b>KIA MOTORS CORPORA</b>	Year <b>2017</b>	Model <b>SORENTO</b>
				Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
				Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage		
				Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>		
				Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By		
01	UNIT	01	VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
				Driver Prior Action Other	<b>NOT APPLICABLE</b>		
				Driver Actions <b>EXCEED SPEED LIMIT, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, RACING</b>			
				Owner Name <b>JASMINE MONIQUE CRAWFORD</b>	Owner Address <b>1148 MORRAINE VIEW DR # 305 MADISON, WI 53719 , US</b>		
				<b>Sequence Of Events</b>			
				Event <b>MOTOR VEH IN TRANSPORT</b>			
01	UNIT	01	VEHICLE	Event <b>RUN OFF ROADWAY LEFT</b>			
				Event <b>CONCRETE TRAFFIC BARRIER</b>			
				Event			
				Event			
01	UNIT	01	INDIVIDUAL	<b>Individual</b>			
				Driver <b>JASMINE MONIQUE CRAWFORD</b>	Citations Issued <b>4</b>	Sex <b>FEMALE</b>	
					Date of Birth <b>05/24/1990</b>	Race <b>BLACK/AFRICAN AMERICAN</b>	
				Address <b>1148 MORRAINE VIEW DR # 305 MADISON, WI 53719 , US</b>	Driver License Number <b>C6164339068415</b> STATE: WISCONSIN COUNTRY: UNITED STATES		
				<b>Safety Equipment</b>			
				On Duty Crash	Safety Equipment		
01	UNIT	001	VEHICLE	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>	
				Helmet Use	Helmet Compliance		
				Eye Protection	Tint Compliance		
				<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>	
				Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	

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UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>YES</b>	
Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>PENDING</b>		
Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>		Drug Test Results <b>PENDING</b>		
Drug Type						
Individual Condition  <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>						
UNIT INDIVIDUAL	<b>Individual</b>					
	Passenger <b>ANTHONY K TAYLOR JR</b> <b>(708) 973-9355</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
			Date of Birth <b>10/09/2013</b>		Race <b>BLACK/AFRICAN AMERICAN</b>	
	Address <b>1148 MORRAINE VIEW DR # 305</b> <b>MADISON, WI 53719 , US</b>		Driver License Number			
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
	<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>		Airbag <b>DEPLOYED-FRONT</b>	
	Ejected <b>NOT EJECTED</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 #		

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MADISON POLICE DEPARTMENT  
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UNIT INDIVIDUAL	Hospital <b>AMERICAN FAMILY CHILDRENS HOSP</b>		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source			
	Distracted By Action					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		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	
01 002	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>DAIYONA MILES-BUCKINGHAM (313) 465-2175</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
			Date of Birth <b>03/07/2009</b>		Race <b>BLACK/AFRICAN AMERICAN</b>	
	Address <b>3834 WHITMAN LN 219 MADISON, WI 53704 , US</b>		Driver License Number			
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>02 - SECOND ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 003	<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>		Airbag <b>DEPLOYED-SIDE</b>	
	Ejected <b>NOT EJECTED</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>ST MARYS HOSP</b>		Date of Death		Time of Death	

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UNIT 01	INDIVIDUAL 003	<b>Distracted By</b>		Distracted By Source			
		Distracted By Action					
		<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other		To/From School			
		<b>Drug &amp; Alcohol</b>		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>APPEARED NORMAL</b>							
UNIT 01	INDIVIDUAL 004	<b>Individual</b>					
		Passenger <b>AVA A JONES (608) 438-4420</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth <b>01/05/2009</b>	Race <b>BLACK/AFRICAN AMERICAN</b>		
		Address <b>533 MOOSE TRL MADISON, WI 53704 , US</b>		Driver License Number			
		<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
		Row <b>06 -UNKNOWN ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-SIDE</b>	
		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		Time of Death			
<b>Distracted By</b>		Distracted By Source					

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UNIT	Distracted By Action					
	<b>Non Motorist</b>	Striking Unit #	Location			
		Prior Action				
	<b>INDIVIDUAL</b>	Action				
		Action Other				
		To/From School				
		<b>Drug &amp; Alcohol</b>	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		
	01	004	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
Individual Condition <b>APPEARED NORMAL</b>						
<b>Individual</b>						
Passenger <b>AMYRIA S TAYLOR (608) 628-5957</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
UNIT	<b>INDIVIDUAL</b>	Date of Birth <b>01/07/2009</b>	Race <b>BLACK/AFRICAN AMERICAN</b>			
		Address <b>2940 TRACEWAY DR MADISON, WI , US</b>	Driver License Number			
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		01	005	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-SIDE</b>
				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	Time of Death
<b>Distracted By</b>	Distracted By Source					
Distracted By Action						

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UNIT INDIVIDUAL	01	005	<b>Non Motorist</b>	Striking Unit #	Location			
			Prior Action					
			Action					
			Action Other					
			To/From School					
			<b>Drug &amp; Alcohol</b>	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>APPEARED NORMAL</b>					
UNIT INDIVIDUAL	01	006	<b>Individual</b>					
			Passenger <b>MAYAH L JOHNSON (414) 202-5705</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
					Date of Birth <b>11/07/2008</b>	Race <b>BLACK/AFRICAN AMERICAN</b>		
			Address <b>214 KENNEDY HEIGHTS MADISON, WI , US</b>		Driver License Number			
			<b>Safety Equipment</b>	On Duty Crash		Safety Equipment		
			Row <b>02 - SECOND ROW</b>	Seat Position <b>08 - MIDDLE</b>	<b>NONE USED - VEHICLE OCCUPANT</b>			
			Helmet Use		Helmet Compliance			
			Eye Protection		Tint Compliance			
			<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-SIDE</b>		
			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		Time of Death				
<b>Distracted By</b>	Distracted By Source							
	Distracted By Action							
	<b>Non Motorist</b>	Striking Unit #	Location					



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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
		<b>Drug &amp; Alcohol</b>	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>APPEARED NORMAL</b>				
		<b>Violations</b>				
		01	006	01	UTC Number <b>BF811269</b>	Issue To? <b>001</b>
02		02	UTC Number <b>BF211270</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(a)</b>	Description <b>OPERATING WHILE SUSPENDED</b>
03		03	UTC Number <b>BF811271</b>	Issue To? <b>001</b>	Statute Number <b>341.04(1)</b>	Description <b>NON-REGISTRATION OF AUTO, ETC</b>
04		04	UTC Number <b>BF811272</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>

The Following Pages Show Earlier Versions of  
this Report.

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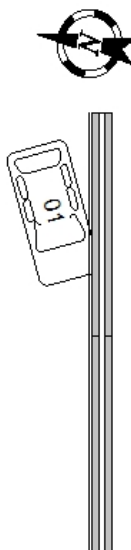
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Document Number Override		Primary Crash Document #		Agency Crash Number <b>CRIM</b>		Investigating Officer/Deputy <b>OFFICER MORGAN YOUNGQUIST</b>	
Crash Date <b>12/17/2022</b>		Crash Time <b>03:58 PM</b>		Date Arrived <b>12/17/2022</b>		Time Arrived <b>06:00 PM</b>	
Date Notified <b>12/17/2022</b>		Time Notified <b>03:58 PM</b>		Total Units <b>01</b>		Total Injured <b>02</b>	Total Killed <b>00</b>
<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 <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 DIAGRAM NOT TO SCALE 	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.

CRAWFORD WAS TRAVELING WESTBOUND ON HWY 30 APPROACHING THE UNDERPASS FOR HWY 151 IN THE CITY OF MADISON, COUNTY OF DANE. SHE STATED SHE WAS TRAVELING APPROXIMATELY 80 MPH IN A 45 MPH ZONE WHEN A CAR IN FRONT OF HER BRAKED CAUSING HER TO SWERVE. SHE THEN STRUCK THE MEDIATION CONCRETE TRAFFIC BARRIER AND THE VEHICLE EVENTUALLY ROLLED BEFORE COMING TO A REST ON IT'S ROOF. CRAWFORD ADMITTED TO RACING ANOTHER VEHICLE PRIOR TO THE CRASH. BYSTANDERS CONFIRMED THAT CRAWFORD WAS TRAVELING AT A HIGH RATE OF SPEED WEAVING IN AND OUT OF TRAFFIC RACING ANOTHER VEHICLE BEFORE CRASHING. THE OTHER 5 OCCUPANTS IN THE VEHICLE WERE ALL MINORS AND NO ONE IN THE VEHICLE WAS WEARING A SEAT BELT AT THE TIME OF THE CRASH.

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**Location**

ON ABERG AVE/ STH30 WB 45 FT E OF E WASHINGTON AVE/ USH151 SB IN THE CITY OF MADISON IN DANE COUNTY	Latitude <b>43.107251246</b>	Longitude <b>-89.338397802</b>
	X Coordinate <b>309729.3125</b>	Y Coordinate <b>4775379</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>OVERTURN/ROLLOVER</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DUSK</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>SNOW</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>PARTIAL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>12/17/2022</b>	Time Initial Lane/Rd Closed <b>04:00 PM</b>	<b>LAW ENFORCEMENT, FIRE/EMS</b>	
Date All Lanes Open <b>12/17/2022</b>	Time All Lanes Open <b>05:37 PM</b>	Date Scene Cleared <b>12/17/2022</b>	Time Scene Cleared <b>05:37 PM</b>

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>6</b>	Train/Bus # Recorded	Total # Citations Issued <b>4</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>6</b>	
	Most Harmful Event: Collision With <b>CONCRETE TRAFFIC BARRIER</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	01	License Plate Number <b>AGX7411</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>5N1AA0NE7DN602503</b>		Make <b>NISSAN</b>	Year <b>2013</b>	Model <b>ARMADA</b>		

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UNIT	VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use
		Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage	
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>	
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By	
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>EXCEED SPEED LIMIT, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, RACING</b>		
		Owner Name <b>TARANISHA DELORES THOMAS</b>	Owner Address <b>1148 MORRAINE VIEW DR # 305 MADISON, WI 53719 , US</b>	
01	01	<b>Sequence Of Events</b>		
		Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event <b>RUN OFF ROADWAY LEFT</b>		
		Event <b>CONCRETE TRAFFIC BARRIER</b>		
		Event		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>JASMINE MONIQUE CRAWFORD</b>	Citations Issued <b>4</b>	Sex <b>FEMALE</b>
			Date of Birth <b>05/24/1990</b>	Race <b>BLACK/AFRICAN AMERICAN</b>
		Address <b>1148 MORRAINE VIEW DR # 305 MADISON, WI 53719 , US</b>	Driver License Number <b>C6164339068415</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>		
		On Duty Crash	Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	001	<b>Injury</b>		
		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>	
		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	Time of Death

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2022-511105

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			
	To/From School			
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>YES</b>
	Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>
	Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>BLOOD</b>	Drug Test Results <b>PENDING</b>
01 001	Drug Type			
	Individual Condition <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>			
	<b>Individual</b>			
	Passenger <b>ANTHONY TAYLOR</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>10/09/2013</b>	Race <b>BLACK/AFRICAN AMERICAN</b>
	Address <b>1148 MORRAINE VIEW DR # 305 MADISON, WI 53719 , US</b>		Driver License Number	
	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	
	Helmet Use		Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>	
	Eye Protection		Helmet Compliance	
01 002	<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>DEPLOYED-FRONT</b>
	Ejected <b>NOT EJECTED</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>AMERICAN FAMILY CHILDRENS HOSP</b>		Date of Death	Time of Death
	<b>Distracted By</b>		Distracted By Source	

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	Distracted By Action					
	<b>Non Motorist</b>	Striking Unit #	Location			
		Prior Action				
	<b>INDIVIDUAL</b>	Action				
		Action Other				
		To/From School				
		<b>Drug &amp; Alcohol</b>	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		
	01	002	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
Individual Condition <b>APPEARED NORMAL</b>						
<b>Individual</b>						
Passenger <b>DAIYONA MILES-BUCKINGHAM</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
UNIT	<b>INDIVIDUAL</b>	Date of Birth <b>03/07/2009</b>	Race <b>BLACK/AFRICAN AMERICAN</b>			
		Address <b>MADISON, WI 53713 , US</b>	Driver License Number			
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>		
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		01	003	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>DEPLOYED-SIDE</b>
				Ejected <b>NOT EJECTED</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>ST MARYS HOSP</b>	Date of Death	Time of Death
<b>Distracted By</b>	Distracted By Source					
Distracted By Action						

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	003	<b>Drug &amp; Alcohol</b>		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>APPEARED NORMAL</b>					
		<b>Individual</b>					
		Passenger <b>AVON A JONES</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
					Date of Birth <b>01/05/2009</b>	Race <b>BLACK/AFRICAN AMERICAN</b>	
		Address <b>, , US</b>			Driver License Number		
		01	004	<b>Safety Equipment</b>		On Duty Crash	
Row <b>06 -UNKNOWN ROW</b>				Seat Position <b>09 - RIGHT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>	
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>DEPLOYED-SIDE</b>	
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		Time of Death	
<b>Distracted By</b>				Distracted By Source			
Distracted By Action							
01	004	<b>Non Motorist</b>		Striking Unit #	Location		



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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		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>APPEARED NORMAL</b>			
	<b>Individual</b>			
	Passenger <b>MYRIA SB TAYLOR</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth <b>01/07/2009</b>	Race <b>BLACK/AFRICAN AMERICAN</b>	
Address , ,		Driver License Number		
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	<b>NONE USED - VEHICLE OCCUPANT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-SIDE</b>	
		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	Time of Death
	<b>Distracted By</b>			
	Distracted By Source			
Distracted By Action				
<b>Non Motorist</b>	Striking Unit #	Location		
	Prior Action			

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT 01	INDIVIDUAL 005	Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>		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>APPEARED NORMAL</b>			
		<b>Individual</b>			
		Passenger <b>MIA L JOHNSON</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth <b>11/07/2008</b>	Race <b>BLACK/AFRICAN AMERICAN</b>		
Address , ,		Driver License Number			
UNIT 01	INDIVIDUAL 006	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
		Row <b>02 - SECOND ROW</b>		Seat Position <b>08 - MIDDLE</b>	<b>NONE USED - VEHICLE OCCUPANT</b>
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-SIDE</b>
		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	Time of Death
		<b>Distracted By</b>		Distracted By Source	
		Distracted By Action			
<b>Non Motorist</b>		Striking Unit #	Location		
Prior Action					

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		<b>Drug &amp; Alcohol</b>		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>APPEARED NORMAL</b>					
		<b>Violations</b>					
		01 02 03 04	01	UTC Number <b>BF811269</b>	Issue To? <b>001</b>	Statute Number <b>346.63(2)(a)1</b>	Description <b>OWI CAUSE INJURY (PASSENGER &lt; 16 YRS) (2+)</b>
			02	UTC Number <b>BF211270</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(a)</b>	Description <b>OPERATING WHILE SUSPENDED</b>
03	UTC Number <b>BF811271</b>		Issue To? <b>001</b>	Statute Number <b>341.04(1)</b>	Description <b>NON-REGISTRATION OF AUTO, ETC</b>		
04	UTC Number <b>BF811272</b>		Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>		