01L1KBZLXT 2022-509563

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	е	Primary Crash Document #		Agency Crash Number CRIM		Investigating Officer/Deputy OFFICER E. MCKINLEY Time Arrived 12:57 PM		
BZLXT	12/16/2022 Date Notified		Crash Time 12:57 PM Time Notified 12:57 PM		Date Ai				
					Total Units 04		Total Injured 02	•	
<u>Z</u>			and Run 🔽 Lane Closu		ure Work Zone		Trailer or	Γowed	Reporting Threshold
2	Government Property		Active Sc	hool Zone	School NO	Bus Related	Tags		
	✓ Reportable		Crash Type DT4000 (STA	NDARD CRASH	1)	I Amended I		Secondary Crash	
	Description =								

Degram Photos By Additional information NONE Additional information NONE ALLIMEASUREMENTS ARE APPROXIMATE AND NOT TO EXACT SCALE

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

TIMOTHY J. BAUMANN WAS DRIVING NORTHBOUND ON EAST SPRINGS DR. ATTEMPTING TO FLEE FROM EMS. BAUMANN DROVE THROUGH A SOLID RED TRAFFIC STOP, WHILE RAYMOND A. YOUNG WAS DRIVING EASTBOUND ON HWY 151. YOUNG HAD A SOLID GREEN LIGHT GIVING HIM THE RIGHT OF WAY AS HE WAS DRIVING WITH THE FLOW OF TRAFFIC NOT VIOLATING ANY TRAFFIC LAWS. YOUNG COLLIDED WITH BAUMANN DUE TO BAUMANN UNLAWFULLY DRIVING THROUGH THE SOLID RED LIGHT. BAUMANN'S ACTIONS RESULTED IN HIS VEHICLE ALSO COLLIDING WITH NICHOLAS B. KRUEGER, AND CAUSING KRUEGER TO UNINTENTIONALLY COLLIDE WITH CHARLES H. HARMON. THIS ACCIDENT RESULTING FROM BAUMANN DRIVING THROUGH THE SOLID RED LIGHT CAUSED YOUNG, BAUMANN, AND KRUEGER'S VEHICLE TO BE INOPERABLE, YOUNG NEEDING TO BE TRANSPORTED BY EMS DUE TO INJURIES, AND 4 SEPARATE VEHICLES BEING DAMAGED. AFTER CONDUCTING FURTHER INVESTIGATION BAUMANN WAS IDENTIFIED AS BEING UNDER THE INFLUENCE WHILE DRIVING THE GMC ENVOY HE WAS OPERATING.

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WISCONSIN MOTOR VEHICLE CRASH REPORT

Lc	ocation											
IN	NTERSECTION						Latitude			Longitud	de	
0	N EAST SPRING	GS DR					43.13162	23401		-89.302	2844563	
	T E WASHINGTO		SH151 NB				X Coordina	ate		Y Coord	linate	
	N THE CITY OF N						312696.7			477800		
IN	N DANE COUNT	Y					Structure 7	Tyne				
							NO STR					
Cr	rash Scene											
Fi	irst Harmful Event						First Harm	ıful Event Lo	cation			
J	ACKKNIFE						ON ROA	DWAY				
M	lanner of Collision						Light Cond	dition				
00	0 - NO COLLISIO	ON W/VEH	ICLE IN TRANSPORT				DAYLIGI	HT				
R	oad Surface Condit	ion(s)					Roadway	Factor(s)				
w	VET, SNOW, SLU	JSH, ICE										
Er	nvironment Factor(s	s)										
N	IONE						NONE					
W	/eather Condition(s))					1					
S	NOW											
Ar	nimal Type						Relation T	o Trafficway				
C	rash Classification -	Location						TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction				
	UBLIC PROPER			NO SPECIAL JURISE Access Control								
	ribal Land						Special Study		Special Study			
	nibar Land						FULL CO				Special Study	
W	/ithin Interchange A	rea J	unction Location			Intersection	n Type					
N	NO INTERSECTION Closure Type					Y-INTER	SECTION					
CI					Reaso	ns for Clos	ure					
L	ANE CLOSURE											
Da	ate Initial Lane/Rd (Closed	Time Initial Lane/Rd Closed		LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS			S				
12	2/16/2022		12:57 PM									
Da	ate All Lanes Open		Time All Lanes Open		Date S	Scene Clear	ed	Tim	e Scene Clear	red		
12	2/16/2022		03:30 PM		12/16	/2022		03:	30 PM			
Ur	nit Summary	v —	<u> </u>									
	nit Status	,		Vehi	cle Ope	rating As C	lassification		Unit Type			
IN	N TRANSIT			DС	LASS	-			TRUCK			
Ve	ehicle Type								Operating As	s Endorse	ments	
	SPORT) UTILITY	VEHICLE										
	otal Occs		Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Traile	ers	Total Haz	:Mat Types	
1				0				0		0		
In	surance?		Direction Of Travel		Prο	CrashTire		Speed Lim	nit	Total Lan	es	
Υ	ES		EASTBOUND		110	Mark	•	40		4		
M	lost Harmful Event:	Collision Wi	th	Spe	cial Fun				Emergency I			
	IOTOR VEH IN T	RANSPOR	रा			IAL FUNC	TION		NOT APPL			
	raffic Way	ED LINDR	OTECTED (PAINTED > 4		fic Cont	rol SIGNAL			Traffic Contro	ol Inopera	tive/Missing	
	Surface Type				d Curva				Road Grade			
	BLACKTOP (BITUMINOUS)				RAIGH				LEVEL			
	ruck Bus or HazMat		<u>'</u>			<u>- </u>			1			
N	10											
	Vehicle	dumbor		Dic	te Type		St Country of Issuance					
	License Plate Number 50239DS				ABLED		WI	UNITED ST				
	Vehicle Identification Number		ner	Ma				Year	Model	LJ		
2	_					LFT		2011		N		
5 1GNSKJE34BR318107				CHEVROLET		2011 SUBURBAN						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color	E	Body Style		Bus Use			
		SIL - SILVER (ALUMINUM)		TK - TRUCK					
_	LE	Initial Contact Point	V	/ehicle Damage			7 8 9 10 11		
LIND	∥C	12 - FRONT Extent Of Damage		01 - RIGHT FRONT C	ORNER, 11 - LEF	T FRONT	6 Pg 12		
n	VEHICLI	DISABLING DAMAGE	•	CORNER, 12 - FRON	Т		5 4 3 2 1		
	_	Towed Due To Damage	V	/ehicle Removed By					
		TOWED DUE TO DISABLING	G DAMAGE S	SCHMIDTS					
		What Driver Was Doing	V	Vehicle Factors					
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE					
		Divert not Action Other							
		Driver Actions	<u></u>						
	LE	NO CONTRIBUTING ACTIO	N						
UNIT	VEHICL								
1	/Eŀ								
		Owner Name		Owner Address					
10	01	RAYMOND ALVORD YOUNG (608) 577-2221	j	181 AMBER TRL SUN PRAIRIE, WI	53590 , US				
		,		· ·	,				
		Sequence Of Events							
		Event							
	01	MOTOR VEH IN TRANSPOR	KT						
	02	Event							
	03	Event							
	04	Event							
		Policy Holder							
UNIT		Policy Holder Insurance Company		Individual					
5		CINCINNATI-INS-CO,-THE		RAYMOND YOUNG	ì				
		Individual							
		Driver		Citations Issued	Sex				
	۱L	RAYMOND ALVORD YOUNG (608) 577-2221	3	0	MALE				
.	DUAI	(000) 011 ===1		Date of Birth 03/30/1933	Race WHITE				
LINO	VIC	Address		Driver License Number					
	INDIVI	181 AMBER TRL		Y5207213311003 STATE: WISCONSI		TED STATES			
	=	SUN PRAIRIE, WI 53590 , U	3	STATE. WISCONSI	N COUNTRY. UNI	IED STATES			
		On Duty Cr	rach	Cofety Favinment					
	Sat	ety Equipment	asii	Safety Equipment					
		Row	Seat Position	SHOULDER & LAP	BELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
	Injury Severity			Airbag					
01	00	Injury SUSPEC	TED SERIOUS INJUR						
		NOT EJECTED N				Trapped/Extricated NOT TRAPPED			
		Medical Transport EMS GROUND	- I		EMS Agency Identifier EMS Run # 6000358				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/16/2022

		Hospital ST MARYS EMERG	GENCY CTR-SUN	PRAIRIE	Date of Death			Time of Dea	th		
	,	Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRA	CTED)						
		Distracted By Action NOT DISTRACTED)								
		Non Motorist	Striking Unit #	Location							
		Prior Action									
		Action									
	JAL										
LNO	INDIVIDUAL										
٦	INDI										
		Action Other								To/From School	
	Ĺ	Orug & Alcohol	Suspected 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 Tes	st Results				
07	001	Drug Type		1							
		Individual Condition									
		APPEARED NORMAL									
	Uni	t Summary ■									
	Unit	Status		Ve	ehicle Operating As Classif	ication		Unit Type			
	IN T	RANSIT		D	D CLASS			TRUCK			
	Vehi	cle Type		I	7 02.100			Operating As Endorsements			
02	(SP	ORT) UTILITY VEHI	CLE								
		Occs	Train/Bus # Re	corded I To	otal # Citations Issued	Т	otal Traile	rs	Total HazM	Nat Tynes	
	1	0003	Train/Bao // Tto	100	otal # Citations issued	0			0	iat Typoo	
		0	Direction Of Tr					4			
		rance?	Direction Of Tra		Pre CrashTire		peed Limi	l	Total Lane	5	
╘╽	YES		NORTHBOU		Mark	4	0	_	3		
UNIT		Harmful Event: Collision			pecial Function O SPECIAL FUNCTIO	NI.		Emergency NOT APPI		le Use	
_		TOR VEH IN TRANS	SPORT	IN	O SPECIAL FUNCTION	IN .					
		ic Way			raffic Control			Traffic Conti	ol Inoperativ	ve/Missing	
		D-WAY, NOT DIVIDE	ĒD	T	RAFFIC SIGNAL			NO			
	Surfa	асе Туре		R	oad Curvature			Road Grade	!		
	BLACKTOP (BITUMINOUS)				TRAIGHT			LEVEL			
	Truc NO	k Bus or HazMat									
		Vehicle									
		License Plate Number		In	Plate Type	St	t I	Country of Is:	suance		
		673RJC			AUT - AUTOMOBILE	v v		UNITED ST			
		Vehicle Identification N	Jumbor		Make				AILU		
05	02	1GKDT13S852215			Jake SENERAL MOTORS C			Model ENVOY			
		Color			Body Style	- '	Bus Use				
		RED - RED			JT - SPORT UTILITY V	EHICLE		22 230			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	VEHICLE	Initial Contact Point 09 - LEFT SIDE MIDDLE Extent Of Damage DISABLING DAMAGE		/ehicle Damage 01 - RIGHT FRONT CO 09 - LEFT SIDE MIDDI FRONT			7 8 9 10 11 6 2 2 1 12 5 4 3 2 1		
		Towed Due To Damage TOWED DUE TO DISABLIN		/ehicle Removed By SCHMIDTS					
		What Driver Was Doing GOING STRAIGHT Driver Prior Action Other		Vehicle Factors NOT APPLICABLE					
LIND	VEHICLE	Driver Actions SPEED TOO FAST/COND, I AGGRESSIVE/RECKLESS		-OF-WAY, DISREGARI	DED RED LIGHT,	OPERATED MOT	OR VEHICLE IN		
02	05	Owner Name APRIL ANN GOSS (608) 444-4615		Owner Address N2860 TREVOR RDG LODI, WI 53555 , US					
	;	Sequence Of Events							
	5	MOTOR VEH IN TRANSPO	RT						
	05	Event							
	03	Event							
	4	Event							
		Policy Holder							
UNIT	'	Insurance Company		Individual					
\supset		COUNTRY-CASUALTY-INS	URANCE-CO	APRIL GOSS					
	l	Individual							
		Driver TIMOTHY J BAUMANN		Citations Issued Sex					
	AL	(608) 000-0000		4 Date of Birth	MALE Race				
⊢	2			08/01/1985	WHITE				
LINO	INDIVIDUAL	Address 342 SIBLEY ST FOND DU LAC, WI 54935 ,	us	Driver License Number B5508108528103 STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sa	On Duty C	Crash	Safety Equipment					
	Sai	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT				
		Helmet Use	_	Helmet Compliance					
		Eye Protection		Tint Compliance					
02	002	Injury Sev	=	Airbag					
	0	7 7 666. 26	TED MINOR INJURY	NON DEPLOYED		Trapped/Extricated			
			NOT EJECTED/NOT APPL	ICABLE		TRAPPED/NOT	EXTRICATED		
		Medical Transport		EMS Agency Identifier		EMS Run #			
		LAW ENFORCEMENT Hospital		Date of Death Time of Death					
		UNITYPOINT HEALTH-MER	RITER	Date of Death		THIS OF DEALIT			

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WISCONSIN MOTOR VEHICLE CRASH REPORT MADISON POLICE DEPARTMENT 211 S CARROLL ST MADISON, WI 53703 (608) 266-4275

Crash Date 12/16/2022

		Distracted By	Distra NOT	acted By S F APPLIC	ource ABLE	(NOT DIST	RAC	CTED)					
		Distracted By Action NOT DISTRACTED)										
		Non Motorist	Striki	ing Unit #		Location							
		Prior Action											
! 		Action											
	۱۹۲												
TIN D	INDIVIDUAL												
-	N												
	_												
		Action Other					To/From School						To/From School
	ı	Drug & Alcohol	Susp NO	ected Alco	hol Us	e	Suspected Drug Use YES						<u> </u>
		Alcohol Test Given				Alcohol Test Ty	ype				Alcohol Tes	t Results	
•		Drug Test Given				Drug Test Type	е		Drug	Test Results			
~	TEST REFUSED Drug Type												
05	005												
Ì		Individual Condition											
		UNDER THE INFL	UEN	CE OF M	EDIC	ATIONS/DRU	IGS	/ ALCOHOL					
	,	Violations											
	5	UTC Number BI341629	1ssu 002	e To?		ite Number 67(1)		Description HIT AND RUN-INVO	LVE I	NJURY			
	05	UTC Number BI341628	Issu 002	e To?		ite Number 37(1)(c)1	Description OPERATOR VIOLATE RED TRAFFIC LIGHT						
	03	UTC Number BI341630	Issu 002	e To?	Statu 346.	ite Number 63(2)(a)1		Description CAUSE INJURY/OP	ERAT	E WHILE U	NDER INFI	LUENCE 1	ST
	8	UTC Number BI341631	Issu 002	e To?		ite Number 05(3)(a)		Description OPERATE W/OUT V	ALID	LICENSE -	CAUSE GI	REAT BOD	DILY HARM
	Uni	t Summary											
	Unit	Status					Ve	hicle Operating As Class	ificatio	n	Unit Type		
		RANSIT					D	CLASS			TRUCK		
03		cle Type LITY TRUCK/PICKU	IP TF	RUCK							Operating A	s Endorsem	ents
•	Tota 1	l Occs		Train/Bus	# Rec	orded	To 0	tal # Citations Issued		Total Traile	rs	Total HazM	fat Types
•		rance?		Direction (Of Tra	/el	Ť	Pre CrashTire		Speed Limi	t	Total Lane	S
 	YES	3		WESTBO	OUNE)		Mark		40		5	
L		t Harmful Event: Collision						ecial Function O SPECIAL FUNCTIO	N	1	Emergency NOT APP	Motor Vehic	le Use
		ic Way					Tra	affic Control			Traffic Cont	rol Inoperativ	ve/Missing
		DED HWY W/O TRA	AFFI	C BARRII	ER		TF	RAFFIC SIGNAL			NO		
		ace Type ACKTOP (BITUMINO	วบรา					ad Curvature			Road Grade	•	
	Truck Bus or HazMat												
	NO												

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/16/2022

	,	Vehicle								
		License Plate Number		Plate Type	St	Country of Issuance				
		KU7767		LTK - LIGHT TRUCK	WI	UNITED STATES				
~		Vehicle Identification Number		Make	Year	Model				
03	03	3TMLU4EN7EM158448		TOYOTA	2014	TACOMA				
		Color		Body Style		Bus Use				
		GRY - GRAY		TK - TRUCK						
	ш	Initial Contact Point		Vehicle Damage						
╘	占	10 - LEFT SIDE FRONT					7 8 9 10 11			
UNIT	Ī	Extent Of Damage		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER						
_ ر	VEHICL	DISABLING DAMAGE					5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING	DAMAGE	,						
		What Driver Was Doing		Vehicle Factors						
		LEFT TURN								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	ш	NO CONTRIBUTING ACTION	I							
_	긌									
UNIT	VEHICLE									
\supset	亩									
	>									
		Owner Name		Owner Address						
		NICHOLAS BENJAMIN KRU	EGER	910 MACK LN						
03	03	(608) 219-8212		DEFOREST, WI 53	532 , US					
•										
		Sequence Of Events								
	2	Event MOTOR VEH IN TRANSPOR	Т							
			-							
	02	Event								
		Fund								
	03	Event								
		Fund								
	9	Event								
╘		Policy Holder								
UNIT		Insurance Company		Individual						
		WEST-BEND-MUTUAL-INS-0		NICHOLAS KRUEG	ER					
		Individual								
		Driver		Citations Issued	Sex					
	ب	NICHOLAS BENJAMIN KRU	EGER	0	MALE					
	▼	(608) 219-8212		Date of Birth	Race					
⊨	ቯ			04/09/1983	WHITE					
UNIT	NDIVIDUAL	Address		Driver License Number						
_		910 MACK LN DEFOREST, WI 53532, US		K6266228312903 STATE: WISCONSIN	I COUNTRY: II	NITED STATES				
	=	DEFORES 1, WI 33332 , US		OTATE: WICCONON		MILDOIAILO				
	Sa	On Duty Cra fety Equipment	ash	Safety Equipment						
	Jai			CHOIL DED & LAD DELT						
		Row	Seat Position	SHOULDER & LAP BELT						
		01 - FRONT ROW	07 - LEFT	Haland Constitues						
		Helmet Use		Helmet Compliance						
		Fue Dratection	Tint Compliance							
		Eye Protection		Tint Compliance						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

ဗ	003	I	ry Severity APPARENT II	N IIIDV	Airbag							
	0	Ejected	Ejection Pa		NON DEPLOYED			Trapped/Ex	tricated			
		NOT EJECTED	1 '	 CTED/NOT APP	LICABLE			NOT TRA				
		Medical Transport	1		EMS Agency Identifier			EMS Run #				
		NOT TRANSPORTED										
		Hospital			Date of Death			Time of Dea	ath			
		Dist	racted By Source	 e								
		Distracted By NO	T APPLICABL	E (NOT DISTRA	ACTED)							
		Distracted By Action NOT DISTRACTED										
		Non Motorist Stril	king Unit #	Location								
		Prior Action										
		Action										
	_											
_	INDIVIDUAL											
N L	₽											
П	\geq											
	Z											
		Action Other								To/From School		
		Action Other								TO/FIGHT SCHOOL		
		Sus	pected Alcohol U	Jse	Suspected Drug Use							
		Drug & Alcohol No			NO							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	e			Alcohol Tes	t Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug 7	Test Results					
03	003	Drug Type		l								
0	8											
		Individual Condition										
		APPEARED NORMAL										
	Uni	t Summary										
		Status			ehicle Operating As Classi	fication		Unit Type				
		RANSIT		[O CLASS			TRUCK				
9		cle Type LITY TRUCK/PICKUP T	DIICK					Operating A	s Endorserr	ients		
		l Occs	Train/Bus # Re	corded	Total # Citations Issued		Total Traile	ers	Total Hazl	Mat Types		
	2	. 0000		')		0		0			
	Insu	rance?	Direction Of Tra	avel	Pre CrashTire		Speed Lim	it	Total Lane	S		
⊨	YES		WESTBOUN		Mark		40		5			
EN D		t Harmful Event: Collision W			Special Function NO SPECIAL FUNCTIO	. N.I		NOT APP		cle Use		
_		TOR VEH IN TRANSPO	RT			'IN				(NA: i		
		fic Way IDED HWY W/O TRAFF	IC DADDIED		Traffic Control			Traffic Cont	roi inoperati	ve/Missing		
		ace Type	IO DANKIEK		RAFFIC SIGNAL Road Curvature			NO Road Grade)			
		ACKTOP (BITUMINOUS		STRAIGHT			LEVEL					
		k Bus or HazMat	•					l				
	NO											
	,	Vehicle										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		License Plate Number		Plat	е Туре	St	Country of Issuan	ce		
		GQ4314		LTI	K - LIGHT TRUCK	WI	UNITED STATE	ES .		
_		Vehicle Identification Number		Mak	æ	Year	Model			
04	04	1GCUYEED6MZ359020		СН	EVROLET	2021	SILVERADO			
		Color			y Style		Bus Use			
		GRY - GRAY			- TRUCK		240 000			
	Ш	Initial Contact Point			icle Damage					
-		10 - LEFT SIDE FRONT			g-			7 8 9 10 11		
LIND	=	Extent Of Damage		10	- LEFT SIDE FRON	T 11.1 FFT	FRONT CORNER	6 Roy 12		
-	VEHICL	FUNCTIONAL DAMAGE		10	- LLI I SIDL I KON	I, II - LLI I	TRONT CORNER	5 4 3 2 1		
	>	Towed Due To Damage		Voh	icle Removed By					
		NOT TOWED			ERATOR					
		What Driver Was Doing								
		LEFT TURN		Vehicle Factors						
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Prior Action Other		"	I AI I LIOADEL					
		Driver Actions								
		NO CONTRIBUTING ACTION	1							
_	LE	NO CONTRIBUTING ACTION	•							
UNIT	IC									
5	VEHICL									
	>									
		Owner Name	SNI .		Owner Address					
9	04	CHARLES HENRICK HARMO (608) 846-4852	N		7431 REDBIRD RD DEFOREST, WI 535					
0	0	(600) 646 4662			DEI OILEOI, WI OOL	, 00				
	9	Sequence Of Events								
	01	Event	-							
	0	MOTOR VEH IN TRANSPOR	<u> </u>							
	02	Event								
		Event								
	03									
	_	Event								
	04									
_		Policy Holder								
UNIT		Insurance Company		Ir	ndividual					
n		ACUITY,-A-MUTUAL-INSURA	ANCE-CO	C	HARLES HARMON					
		Individual								
		Driver		Ic	itations Issued	Sex				
		CHARLES HENRICK HARMO	ON	o		MALE				
	AL	(608) 846-4852			ate of Birth	Race				
_	INDIVIDUAL				4/28/1948	WHITE				
L N		Address			Priver License Number					
–		7431 REDBIRD RD			16551484814800					
	Z	DEFOREST, WI 53532 , US		S	STATE: WISCONSIN	COUNTRY	UNITED STATES			
		On Duty Cra	ash	S	afety Equipment					
	Sat	fety Equipment								
		Row	Seat Position	s	HOULDER & LAP E	BELT				
		01 - FRONT ROW 07 - LEFT								
		Helmet Use	<u> </u>	Helmet Compliance						
				· ·						
	Eye Protection				Tint Compliance					
4	4 Injury Severity			Airbag						
9	00	<i>Injury</i> NO APPA	RENT INJURY	N	ION DEPLOYED					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Ejected	Ejection Path				Trapped/Extricated		
		NOT EJECTED	NOT EJECT	ED/NOT APPL	ICABLE		NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital			Date of Death		Time of Death		
	ļ	Distracted By NOT A	ed By Source	NOT DISTRAC	TED)				
		Distracted By Action	ITLICABLE	(NOT DISTINAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		NOT DISTRACTED Striking	Unit # L	ocation					
		Non Motorist Prior Action							
		Action							
	۱AL								
	ם								
5	INDIVIDUAL								
	Z								
		Action Other						To/From School	
	L	Drug & Alcohol NO	ted Alcohol Use		Suspected Drug Use NO				
		Alcohol Test Given	A	Icohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN Drug Test Given		rug Test Type		Drug Test Results			
		TEST NOT GIVEN		rug rest rype		Drug Test Results			
8	004	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
	ı	Individual							
		Passenger MARY KAY HARMON			Citations Issued 0	Sex FEMALE			
	AL	(608) 846-4852			Date of Birth	Race			
∟l	INDIVIDUAL				10/16/1948	WHITE			
	≥	Address 7431 REDBIRD RD			Driver License Number H6555914887609				
	Ξ	DEFOREST, WI 53532 , U	JS		STATE: WISCONSIN	I COUNTRY: UNI	TED STATES		
	Saf	On Duty	/ Crash		Safety Equipment				
		Row Seat Position			SHOULDER & LAP	BELT			
	01 - FRONT ROW 09 - RIGHT Helmet Use			''	Helmet Compliance				
	Eye Protection				Tint Compliance				
	Injury Severity								
6	002	Injury NO AP	PARENT INJ	URY	Airbag NON DEPLOYED				
Ejected Ejection Path					Trapped/Extricated				
		NOT EJECTED	NOI EJECT	ED/NOT APPL	ICABLE NOT TRAPPED				

Crash Date 12/16/2022
Crash Time 12:57 PM

2022-509563

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/16/2022

		Medical Transport NOT TRANSPORT	red .		EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death		Time of Death			
		Distracted By	Distracted By Source	9						
		Distracted By Action								
		Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	UAL									
LNO	INDIVIDUAL									
	N N									
		Action Other						To/From School		
	1	Drug & Alcohol	Suspected Alcohol U NO	lse	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				
0	002	Drug Type								
		Individual Condition								
		APPEARED NORM	MAL							