

01L09LVN1H

2022-35523

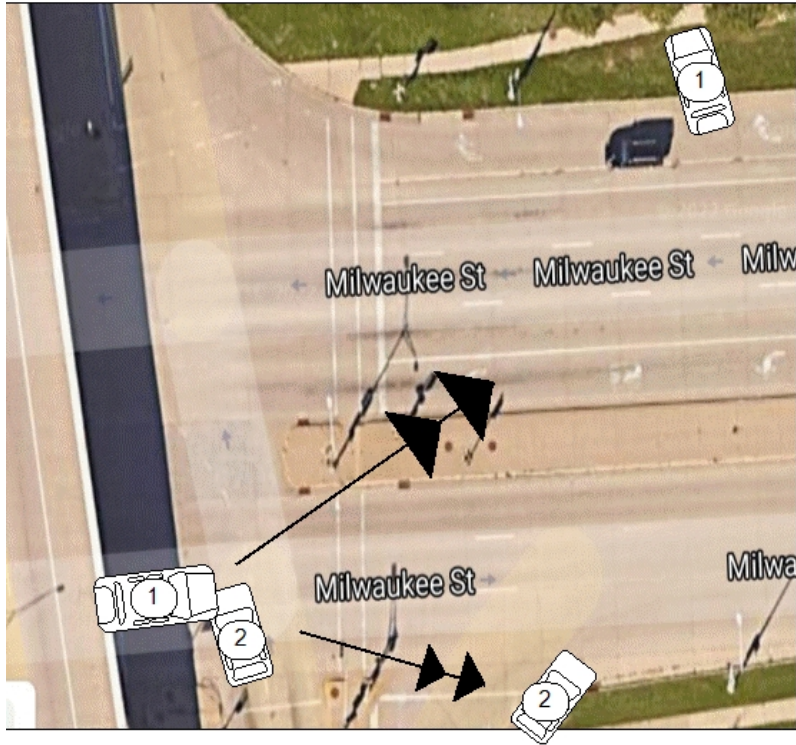
WISCONSIN MOTOR VEHICLE CRASH REPORT

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

01L09LVN1H

| | | | | | | | |
|--|---|--|------------------------------------|--|---|--|--|
| Document Number Override 01L1JXM7S3 | | Primary Crash Document # | | Agency Crash Number 610 CRIM | | Investigating Officer/Deputy OFFICER BRANDON MORTENSON | |
| Crash Date 01/29/2022 | | Crash Time 09:03 AM | | Date Arrived 01/29/2022 | | Time Arrived 09:06 AM | |
| Date Notified 01/29/2022 | | Time Notified 09:03 AM | | Total Units 02 | | Total Injured 00 | Total Killed 01 |
| <input type="checkbox"/> On Emergency | <input checked="" 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

| | |
|---|---|
| <p>Diagram</p>  <p>DRAWING NOT TO SCALE</p> | Reconstruction By |
| | Photos By INV HOLUM |
| | 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 OF UNIT #1 WAS EASTBOUND ON MILWAUKEE ST WHEN IT STRUCK UNIT #2. WITNESSES SAID UNIT #1 WAS TRAVELING FASTER THAN POSTED SPEED LIMIT AND CONTINUED THROUGH A RED SIGNAL PRIOR TO CRASH. UNIT #2 WAS TURNING LEFT TO GO WESTBOUND ON MILWAUKEE ST FROM THE EXIT RAMP OF HWY 51.

DRUG SECTION UPDATE

01L09LVN1H

2022-35523

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

| | | | | | | |
|---------------------------|------------------|---|---|--|------------------------|--|
| UNIT 01 | VEHICLE 01 | Vehicle Identification Number 4T1BK36B09U331319 | Make TOYOTA | Year 2009 | Model AVALON | |
| | | Color GRY - GRAY | Body Style SD - SEDAN | Bus Use | | |
| | | Initial Contact Point 02 - RIGHT SIDE FRONT | Vehicle Damage | | | |
| | | Extent Of Damage DISABLING DAMAGE | 12 - FRONT | | | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By SCHMIDT'S AUTO INC | | | |
| | | What Driver Was Doing GOING STRAIGHT | Vehicle Factors | | | |
| UNIT 01 | VEHICLE 01 | Driver Prior Action Other | UNKNOWN | | | |
| | | Driver Actions EXCEED SPEED LIMIT, DISREGARDED OTHER TRAFFIC CONTROL , OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER | | | | |
| | | Owner Name TYRICE NIGEL LONGINO | Owner Address 2005 PIKE DR # 1 FITCHBURG, WI 53713 , US | | | |
| Sequence Of Events | | | | | | |
| UNIT 01 | 01 | Event MOTOR VEH IN TRANSPORT | | | | |
| | | Event | | | | |
| | | Event | | | | |
| | | Event | | | | |
| UNIT 01 | 02 | Event | | | | |
| | | Event | | | | |
| | | Event | | | | |
| | | Event | | | | |
| UNIT 01 | 03 | Event | | | | |
| | | Event | | | | |
| | | Event | | | | |
| | | Event | | | | |
| UNIT 01 | 04 | Event | | | | |
| | | Event | | | | |
| | | Event | | | | |
| | | Event | | | | |
| Individual | | | | | | |
| UNIT 01 | INDIVIDUAL 01 | Driver MARCUS NIGEL LONGINO | Citations Issued 0 | Sex MALE | | |
| | | | Date of Birth 04/14/1994 | Race BLACK/AFRICAN AMERICAN | | |
| | | Address , , | Driver License Number L5255549413408 | | | |
| | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| UNIT 01 | 001 | Safety Equipment | | On Duty Crash | | |
| | | Safety Equipment | | RESTRAINT USE UNKNOWN | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | Helmet Compliance | | |
| | | Eye Protection | | Tint Compliance | | |
| UNIT 01 | 001 | Injury | | Injury Severity NO APPARENT INJURY | | |
| | | Airbag NOT APPLICABLE | | Trapped/Extricated NOT APPLICABLE | | |
| | | Ejected NOT APPLICABLE | Ejection Path NOT EJECTED/NOT APPLICABLE | | EMS Run # | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | |

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WISCONSIN MOTOR VEHICLE CRASH REPORT

MADISON POLICE DEPARTMENT
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| | | | | | | |
|---|---|--|------------------------------------|--|--|----------------|
| UNIT INDIVIDUAL 01 001 | 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 YES | |
| | 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 NOT OBSERVED | | | | | | |

Unit Summary

| | | | | | | |
|---|---|--|--|----------------------------|--|--|
| UNIT 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | | | 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 NORTHBOUND | <input type="checkbox"/> Pre Crash <input type="checkbox"/> Tire Mark | Speed Limit 25 | Total Lanes 2 | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way ENTRANCE/EXIT RAMP | | Traffic Control TRAFFIC SIGNAL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |
| | Vehicle | | | | | |
| | License Plate Number AAR8620 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| Vehicle Identification Number 5Y2SL63885Z411606 | | Make PONTIAC | Year 2005 | Model VIBE | | |
| Color MAR - MAROON (BURGUNDY) | | Body Style 4H - HATCHBACK 4 DOOR | | Bus Use | | |

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MADISON POLICE DEPARTMENT
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MADISON, WI 53703
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| | | | | | |
|--------------------|---|--|---|---|--|
| UNIT VEHICLE | Initial Contact Point 10 - LEFT SIDE FRONT | | Vehicle Damage 15 - ALL AREAS | | |
| | Extent Of Damage DISABLING DAMAGE | | | | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By SCHMIDT'S AUTO INC | | |
| | What Driver Was Doing LEFT TURN | | Vehicle Factors | | |
| | Driver Prior Action Other | | NOT APPLICABLE | | |
| UNIT VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | | |
| | Owner Name BARBARA J OLSON | | Owner Address 1710 VONDRON RD MADISON, WI 53716 , US | | |
| UNIT 02 | Sequence Of Events | | | | |
| | 01 | Event MOTOR VEH IN TRANSPORT | | | |
| | 02 | Event | | | |
| | 03 | Event | | | |
| | 04 | Event | | | |
| UNIT INDIVIDUAL | Individual | | | | |
| | Driver BARBARA J OLSON | | Citations Issued 0 | Sex FEMALE | |
| | | | Date of Birth 12/26/1956 | Race WHITE | |
| | Address 1710 VONDRON RD MADISON, WI 53716 , US | | Driver License Number O4250705696619 STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| UNIT 02 | 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 | | Injury Severity FATAL INJURY | Airbag DEPLOYED-FRONT | |
| | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated TRAPPED/EXTRICATED | |
| | Medical Transport EMS GROUND | | EMS Agency Identifier 5 | EMS Run # | |
| | Hospital UNIVERSITY OF WI HOSPITALS & CLINICS AUT | | Date of Death 01/31/2022 | Time of Death 20:32 | |
| | Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |

The Following Pages Show Earlier Versions of
this Report.

01L1JXM7S3

2022-35523

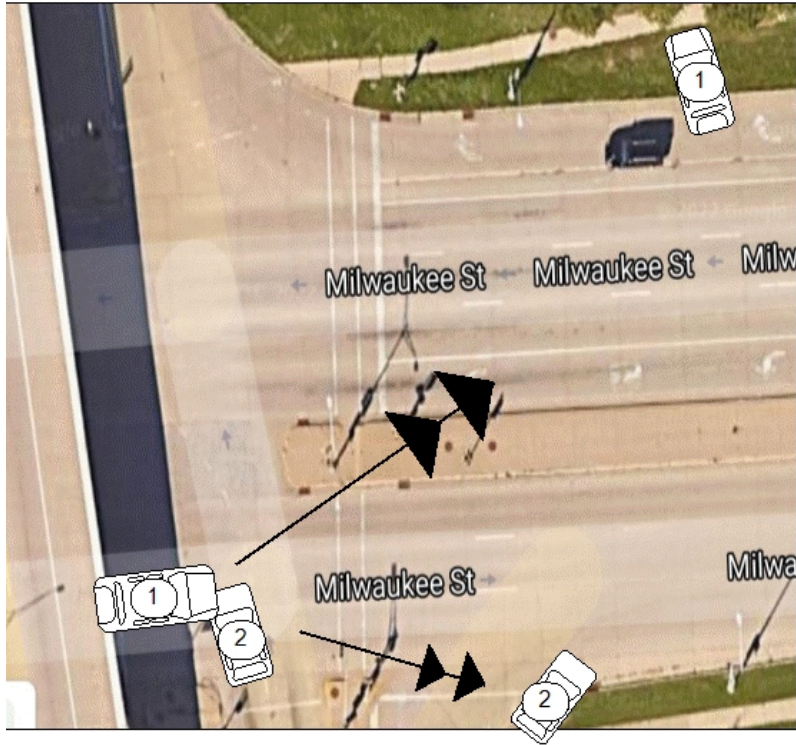
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MADISON POLICE DEPARTMENT
211 S CARROLL ST
MADISON, WI 53703
(608) 266-4275

01L1JXM7S3

| | | | | | | | |
|--|---|--|------------------------------------|--|---|--|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number 610 CRIM | | Investigating Officer/Deputy OFFICER J. RENO | |
| Crash Date 01/29/2022 | | Crash Time 09:03 AM | | Date Arrived 01/29/2022 | | Time Arrived 09:06 AM | |
| Date Notified 01/29/2022 | | Time Notified 09:03 AM | | Total Units 02 | | Total Injured 00 | Total Killed 01 |
| <input type="checkbox"/> On Emergency | <input checked="" 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

| | |
|---|---|
| <p>Diagram</p>  <p>DRAWING NOT TO SCALE</p> | Reconstruction By |
| | Photos By INV HOLUM |
| | 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 OF UNIT #1 WAS EASTBOUND ON MILWAUKEE ST WHEN IT STRUCK UNIT #2. WITNESSES SAID UNIT #1 WAS TRAVELING FASTER THAN POSTED SPEED LIMIT AND CONTINUED THROUGH A RED SIGNAL PRIOR TO CRASH. UNIT #2 WAS TURNING LEFT TO GO WESTBOUND ON MILWAUKEE ST FROM THE EXIT RAMP OF HWY 51.

01L1JXM7S3

2022-35523

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

| | | |
|---|-------------------------------------|----------------------------------|
| INTERSECTION ON MILWAUKEE ST AT RAMP USH51 NB IN THE CITY OF MADISON IN DANE COUNTY | Latitude 43.098286591 | Longitude -89.31597216 |
| | X Coordinate 311526.59375 | Y Coordinate 4774333 |
| | Structure Type | |

Crash Scene

| | | | |
|---|--|---|--------------------|
| First Harmful Event MOTOR VEH IN TRANSPORT | | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 01 - ANGLE | | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | | |
| Weather Condition(s) CLOUDY | | | |
| 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 YES | Junction Location INTERSECTION | Intersection Type FOUR-WAY INTERSECTION | |
| Closure Type CLOSURE-ONE DIRECTION | | Reasons for Closure | |
| Date Initial Lane/Rd Closed 01/29/2022 | Time Initial Lane/Rd Closed 09:06 AM | FIRE/EMS | |
| Date All Lanes Open 01/29/2022 | Time All Lanes Open 09:30 AM | Date Scene Cleared 01/29/2022 | Time Scene Cleared |

Unit Summary

| | | | | | | |
|------------|---|---------------------------------------|---|----------------------------|---|--|
| UNIT 01 | Unit Status HIT AND RUN | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | | | 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 UNKNOWN | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 25 | Total Lanes 3 | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function UNKNOWN | | Emergency Motor Vehicle Use UNKNOWN | |
| | Traffic Way UNKNOWN | | Traffic Control UNKNOWN | | Traffic Control Inoperative/Missing UNKNOWN | |
| | Surface Type UNKNOWN | | Road Curvature UNKNOWN | | Road Grade UNKNOWN | |
| | Truck Bus or HazMat NO | | | | | |
| 01 | Vehicle | | | | | |
| | License Plate Number AJJ7455 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 4T1BK36B09U331319 | | Make TOYOTA | Year 2009 | Model AVALON | |

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| | | | | |
|-------------------------|--|---|---|---|
| UNIT | VEHICLE | Color GRY - GRAY | Body Style SD - SEDAN | Bus Use |
| | | Initial Contact Point 02 - RIGHT SIDE FRONT | Vehicle Damage | |
| | | Extent Of Damage DISABLING DAMAGE | 12 - FRONT | |
| | | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By SCHMIDT'S AUTO INC | |
| | | What Driver Was Doing GOING STRAIGHT | Vehicle Factors | |
| UNIT | VEHICLE | Driver Prior Action Other | UNKNOWN | |
| | | Driver Actions EXCEED SPEED LIMIT, DISREGARDED OTHER TRAFFIC CONTROL , OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER | | |
| | | Owner Name TYRICE NIGEL LONGINO | Owner Address 2005 PIKE DR # 1 FITCHBURG, WI 53713 , US | |
| | | Sequence Of Events | | |
| | | 01 | 01 | Event MOTOR VEH IN TRANSPORT |
| UNIT | VEHICLE | 02 | Event | |
| | | 03 | Event | |
| | | 04 | Event | |
| | | Individual | | |
| | | UNIT | INDIVIDUAL | Driver MARCUS NIGEL LONGINO |
| | Date of Birth 04/14/1994 | | | Race BLACK/AFRICAN AMERICAN |
| Address , , | Driver License Number L5255549413408 STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| Safety Equipment | | | | |
| On Duty Crash | Safety Equipment | | | |
| UNIT | INDIVIDUAL | Row 01 - FRONT ROW | Seat Position 07 - LEFT | RESTRAINT USE UNKNOWN |
| | | Helmet Use | | Helmet Compliance |
| | | Eye Protection | | Tint Compliance |
| | | Injury | Injury Severity NO APPARENT INJURY | Airbag NOT APPLICABLE |
| | | Ejected NOT APPLICABLE | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT APPLICABLE |
| UNIT | INDIVIDUAL | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # |
| | | Hospital | Date of Death | Time of Death |

01L1JXM7S3

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| | | | | |
|---|---|--|-----------------------------------|--|
| UNIT INDIVIDUAL 01 001 | 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 | Suspected Drug Use |
| | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type BLOOD | Alcohol Test Results PENDING |
| | Drug Test Given TEST NOT GIVEN | | Drug Test Type BLOOD | Drug Test Results PENDING |
| | Drug Type | | | |
| Individual Condition NOT OBSERVED | | | | |

Unit Summary

| | | | | | | |
|------------|---|--|---|----------------------------|--|--|
| UNIT 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | | | 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 NORTHBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 25 | Total Lanes 2 | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way ENTRANCE/EXIT RAMP | | Traffic Control TRAFFIC SIGNAL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type CONCRETE | | Road Curvature STRAIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|----------|---|--|--|---------------------|---|
| 02 02 | Vehicle | | | | |
| | License Plate Number AAR8620 | | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 5Y2SL63885Z411606 | | Make PONTIAC | Year 2005 | Model VIBE |
| | Color MAR - MAROON (BURGUNDY) | | Body Style 4H - HATCHBACK 4 DOOR | | Bus Use |
| | Initial Contact Point 10 - LEFT SIDE FRONT | | | | |

01L1JXM7S3

2022-35523

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| | | | |
|--------------------|---|--|---|
| UNIT VEHICLE | Vehicle Damage | | |
| | Extent Of Damage DISABLING DAMAGE | 15 - ALL AREAS | |
| | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | Vehicle Removed By SCHMIDT'S AUTO INC | |
| | What Driver Was Doing LEFT TURN | Vehicle Factors | |
| UNIT VEHICLE | Driver Prior Action Other | NOT APPLICABLE | |
| | Driver Actions NO CONTRIBUTING ACTION | | |
| | Owner Name BARBARA J OLSON | Owner Address 1710 VONDRON RD MADISON, WI 53716 , US | |
| | Sequence Of Events | | |
| UNIT VEHICLE | Event MOTOR VEH IN TRANSPORT | | |
| | Event | | |
| | Event | | |
| | Event | | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver BARBARA J OLSON | Citations Issued 0 | Sex FEMALE |
| | | Date of Birth 12/26/1956 | Race WHITE |
| | Address 1710 VONDRON RD MADISON, WI 53716 , US | Driver License Number O4250705696619 STATE: WISCONSIN COUNTRY: UNITED STATES | |
| UNIT INDIVIDUAL | Safety Equipment | | |
| | On Duty Crash | Safety Equipment | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT |
| | Helmet Use | Helmet Compliance | |
| UNIT INDIVIDUAL | Eye Protection | Tint Compliance | |
| | Injury | Injury Severity FATAL INJURY | Airbag DEPLOYED-FRONT |
| | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated TRAPPED/EXTRICATED |
| | Medical Transport EMS GROUND | EMS Agency Identifier 5 | EMS Run # |
| UNIT INDIVIDUAL | Hospital UNIVERSITY OF WI HOSPITALS & CLINICS AUT | Date of Death 01/31/2022 | Time of Death 20:32 |
| | Distracted By | | |
| | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |

2022-35523

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

| | | | |
|---|---|------------------------------------|---------------------------------|
| UNIT INDIVIDUAL 02 002 | 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 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 | | |

| | | | |
|----------------|---|--|-------------------|
| WITN 01 ESS | Individual | Address | Date of Birth |
| | KENDRA A SCHLITTLER (608) 576-3539 | 5018 VIOLET LN MADISON, WI 53714 , US | 07/20/1971 |

| | | | |
|-------------------|---|--|---------------|
| WITN 02 ESS | Individual | Address | Date of Birth |
| | NICHOLIS JOHN SCHROEDER (414) 305-2758 | 205 NEWTON ST # 1 EAU CLAIRE, WI 54701 , US | 05/23/1985 |

| | | | |
|-------------------|---|--|-------------------|
| WITN 03 ESS | Individual | Address | Date of Birth |
| | MATTHEW W FELSING (608) 220-6836 | 205 GANNON AVE # A MADISON, WI 53714 , US | 12/24/1985 |