

01L0NQ6N27

2022-202434

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

01L0NQ6N27

Document Number Override		Primary Crash Document #		Agency Crash Number MUNI		Investigating Officer/Deputy OFFICER MARIO GONZALEZ	
Crash Date 05/28/2022		Crash Time 06:34 PM		Date Arrived 05/28/2022		Time Arrived 06:34 PM	
Date Notified 05/28/2022		Time Notified 06:34 PM		Total Units 02		Total Injured 02	Total Killed 00
<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 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	
<p>Not drawn to scale</p> <p>Unit 1</p> <p>Unit 2</p> <p>S. Gammon Rd.</p> <p>Parking lot entrance</p>		<p>Photos By</p> <p>Additional Information NONE</p>	

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

ON THE ABOVE MENTIONED DATE AND TIME UNIT 2 WAS TRAVELING NORTHBOUND ON S GAMMON RD IN THE CITY OF MADISON WHEN UNIT 1 PULLED OUT IN FRONT OF UNIT 2 NOT YIELDING TO UNIT 2. UNIT 1 WAS EXITING THE PARKING LOT OF THE WOODMAN'S GROCERY STORE IN THE 700 BLK OF S GAMMON RD.

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Location

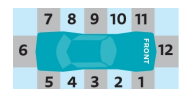
ON S GAMMON RD 472 FT S OF WATTS RD IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.048873128	Longitude -89.503169512
	X Coordinate 296128.03125	Y Coordinate 4769283
	Structure Type NO STRUCTURE	

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 DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements		
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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 TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE 01	Vehicle					
		License Plate Number CH89293		Plate Type AUT - AUTOMOBILE	St IL	Country of Issuance UNITED STATES	
Vehicle Identification Number JN8AT2MV9HW265963		Make NISSAN	Year 2017	Model 4			
Color BLK - BLACK		Body Style 4D - 4DR		Bus Use			
Initial Contact Point 08 - LEFT SIDE REAR		Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE					
Extent Of Damage DISABLING DAMAGE							



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By	
	What Driver Was Doing LEFT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	Owner Name LAMECH TUFFOUR		Owner Address 2860 W GRANDVILLE AVE #304 WAUKEGAN, IL 60085 , US	
	Sequence Of Events			
01	Event	MOTOR VEH IN TRANSPORT		
	Event			
	Event			
	Event			
04	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual LAMECH TUFFOUR	
UNIT INDIVIDUAL	Individual			
	Driver MONTRA D TUFFOUR (865) 216-7160		Citations Issued 1	Sex FEMALE
			Date of Birth 08/27/1986	Race BLACK/AFRICAN AMERICAN
	Address 6824 SCHROEDER RD. MADISON, WI 53711 , US		Driver License Number T16054486844 STATE: ILLINOIS COUNTRY: UNITED STATES	
01	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	
001	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-SIDE
	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 UNKNOWN	
	Distracted By Action UNKNOWN			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					To/From School
01	001	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					
		Individual					
		Passenger JESSICA C WATTS			Citations Issued 0	Sex FEMALE	
		Date of Birth 04/11/2006			Race BLACK/AFRICAN AMERICAN		
		Address 1062 MOORLAND RD #116 MADISON, WI 53713 , US			Driver License Number		
		01	002	Safety Equipment		On Duty Crash	
Row 01 - FRONT ROW				Seat Position 09 - RIGHT			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
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	
Distracted By				Distracted By Source			
Distracted By Action							
01	002	Non Motorist		Striking Unit #	Location		

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UNIT 01	INDIVIDUAL	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			
		Individual			
		Passenger MICHAEL D STEPHENSON (865) 216-7160		Citations Issued 0	Sex MALE
Address 6824 SCHROEDER RD. MADISON, WI 53711 , US		Date of Birth 08/21/1984			
		Race WHITE			
Driver License Number 31554484238S STATE: ILLINOIS COUNTRY: UNITED STATES					
UNIT 01	INDIVIDUAL	Safety Equipment		On Duty Crash	Safety Equipment
		Row 06 -UNKNOWN ROW	Seat Position 08 - MIDDLE	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		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
		Distracted By			
		Distracted By Source			
Distracted By Action					
UNIT 01	INDIVIDUAL	Non Motorist		Striking Unit #	Location
		Prior Action			

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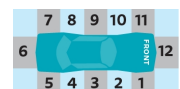
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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
		Suspected Alcohol Use NO		Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Violations				
		UTC Number BF461767		Issue To? 001	Statute Number 346.06	Description FAILURE TO YIELD RIGHT OF WAY
		01				

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 3	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
		Insurance? UNKNOWN	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	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 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					
		UNIT	02	License Plate Number 523YYV		Plate Type AUT - AUTOMOBILE	St WI
Vehicle Identification Number 1FMCU0D77AKD25271				Make FORD	Year 2010	Model ESCAPE XLT	
Color GLD - GOLD				Body Style LL - CARRYALL		Bus Use	
Initial Contact Point 12 - FRONT				Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
Extent Of Damage DISABLING DAMAGE							



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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION			
02	02	Owner Name QUIANA S HILL (608) 957-4266		Owner Address 2921 FISH HATCHERY RD APT 218 FITCHBURG, WI 53713 , US	
		Sequence Of Events			
01	02	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
04	03	Event			
		Event			
		Event			
		Event			
UNIT	INDIVIDUAL	Individual			
		Driver DAJAH MARIE POPE (608) 957-4266		Citations Issued 1	Sex FEMALE
		Date of Birth 06/03/2001		Race BLACK/AFRICAN AMERICAN	
		Address 2921 FISH HATCHERY RD APT 218 FITCHBURG, WI 53713 , US		Driver License Number P1001730170307 STATE: WISCONSIN COUNTRY: UNITED STATES	
02	004	Safety Equipment		On Duty Crash	
		Safety Equipment		SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Use	
		Eye Protection		Tint Compliance	
02	004	Injury		Injury Severity POSSIBLE INJURY	Airbag DEPLOYED-FRONT
		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
02	004	Distracted By			
		Distracted By Source UNKNOWN			
02	004	Distracted By Action UNKNOWN			
		Non Motorist			
02	004	Striking Unit #		Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
02	004	Action Other			To/From School
		Drug & Alcohol Suspected Alcohol Use NO		Suspected Drug Use NO	
02	004	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results	
		TEST NOT GIVEN			
02	004	Drug Test Given	Drug Test Type	Drug Test Results	
		TEST NOT GIVEN			
02	004	Drug Type			
		Individual Condition			
02	004	APPEARED NORMAL			
		Individual			
UNIT	INDIVIDUAL	Passenger	Citations Issued	Sex	
		ISSIS D HARDY	0	FEMALE	
UNIT	INDIVIDUAL	Date of Birth	Race		
		03/11/2001	BLACK/AFRICAN AMERICAN		
UNIT	INDIVIDUAL	Address	Driver License Number		
		UNKNOWN UNKNOWN, ,			
02	005	Safety Equipment		On Duty Crash	
				Safety Equipment	
02	005	Row	Seat Position	RESTRAINT USE UNKNOWN	
		99 - UNKNOWN			
02	005	Helmet Use		Helmet Compliance	
02	005	Eye Protection		Tint Compliance	
02	005	Injury	Injury Severity	Airbag	
			SUSPECTED SERIOUS INJUR	DEPLOYED-COMBINATION	
02	005	Ejected	Ejection Path	Trapped/Extricated	
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
02	005	Medical Transport	EMS Agency Identifier	EMS Run #	
		EMS GROUND	6000358	M2	
02	005	Hospital	Date of Death	Time of Death	
		ST MARYS HOSP			
02	005	Distracted By			
		Distracted By Source			
02	005	Distracted By Action			
02	005	Non Motorist		Striking Unit #	
				Location	
02	005	Prior Action			

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UNIT	INDIVIDUAL	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			
		Individual			
		Passenger CAMARI TRACNEA WILLIAMS (608) 213-8236		Citations Issued 0	Sex FEMALE
		Address 212 NAUTILUS DR MADISON, WI 53705 , US		Date of Birth 08/12/2002	Race BLACK/AFRICAN AMERICAN
UNIT	INDIVIDUAL	Driver License Number W4521180279208		STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		On Duty Crash	
		Row 99 - UNKNOWN	Seat Position	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	
		Airbag DEPLOYED-COMBINATION			
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
		Hospital		Date of Death	
02	005	Distracted By Source			
		Distracted By Action			
		Non Motorist			
		Striking Unit #	Location		
		Prior Action			

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UNIT	INDIVIDUAL	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							
		Violations							
		<table border="1"> <tr> <td>UTC Number BF461768</td> <td>Issue To? 004</td> <td>Statute Number 343.05(3)(a)</td> <td>Description OPERATE W/O VALID LICENSE (1ST VIOLATION)</td> </tr> </table>				UTC Number BF461768	Issue To? 004	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)
		UTC Number BF461768	Issue To? 004	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)				
02	006								