

01L1NC3B01

2022-431527

# 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 HUNTER TANK</b>	
Crash Date <b>10/21/2022</b>		Crash Time <b>07:23 PM</b>		Date Arrived <b>10/21/2022</b>		Time Arrived <b>07:26 PM</b>	
Date Notified <b>10/21/2022</b>		Time Notified <b>07:25 PM</b>		Total Units <b>01</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.

UNIT 1 WAS ID WITH WI DL. UNIT 1 IS A MOPED AND ONLY HAD ONE OCCUPANT ON IT, THE DRIVER. ACCORDING TO WITNESS STATEMENTS, UNIT 1 WAS ON E JOHNSON ST AND ATTEMPTED TO TURN RIGHT ONTO BASSETT ST. UNIT 1 HAD A GREEN LIGHT AND AS IT TURNED, UNIT 1 LOST CONTROL, POSSIBLY STRUCK THE CURB, AND THE DRIVER LOST CONTROL OF THE VEHICLE. ONCE THE VEHICLE HIT THE CURB, THE DRIVER OF UNIT 1 FELL OFF AND POSSIBLE STRUCK HIS HEAD ON THE CONCRETE. UNIT 1 HAD VERY MINOR DAMAGE AND WAS PLACED IN A PARKING LOT AT A LAUNDRY STORE NEXT TO THE INTERSECTION, THE KEYS WERE GIVEN TO THE DRIVER OF UNIT 1. THE DRIVER HAD SUSPECTED SERIOUS INJURIES INCLUDING HEAD INJURIES, HE ALSO COMPLAINED OF RIGHT FACE PAIN AND WAS BLEEDING FROM THE MOUTH. HE WAS TRANSPORTED TO UW HOSPITAL BY MADISON FIRE AND REFUSED TO PROVIDE CONSENT FOR A MEDICAL RELEASE. THE DRIVER STATED THAT HE WAS ON HIS WAY HOME BUT DOES NOT REMEMBER ANYTHING AFTER THAT AND DID NOT KNOW WHERE HE WAS. A FLASK WAS FOUND ON THE DRIVERS PERSONS BUT I DID NOT OBSERVE SIGNS OF IMPAIRMENT OR ODOR OF ALCOHOL ON BREATH. NFA P.O. H TANK 5948

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**Location**

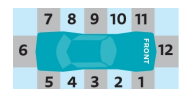
INTERSECTION ON W JOHNSON ST AT N BASSETT ST IN THE CITY OF MADISON IN DANE COUNTY	Latitude <b>43.072248364</b>	Longitude <b>-89.393582044</b>
	X Coordinate <b>305127.90625</b>	Y Coordinate <b>4771618.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>FELL/JUMPED FROM MOTOR VEHICLE</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/LIGHTED</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>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>MOTORCYCLE</b>	
	Vehicle Type <b>MOPED</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>UNKNOWN</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>FELL/JUMPED FROM MOTOR VEHICLE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>ONE-WAY TRAFFIC</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	UNIT 01 VEHICLE 01	License Plate Number <b>Q22D</b>		Plate Type <b>MPD - MOPED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>RFVPM209C1004724</b>		Make <b>GENUINE SCOOTER CO</b>	Year <b>2012</b>	Model <b>UNKNOWN</b>		
Color <b>BLK - BLACK</b>		Body Style <b>MP - MOPED</b>		Bus Use		
Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>		Vehicle Damage  <b>02 - RIGHT SIDE FRONT</b>				
Extent Of Damage <b>MINOR DAMAGE</b>						



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>PARKED IN A PARKING LOT NEAR INTERSECTION</b>	
		What Driver Was Doing <b>RIGHT TURN</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>IMPROPER TURN, FAILURE TO CONTROL</b>		
01	01	Owner Name <b>MICHAEL PATRICK FINLEY (608) 219-4789</b>	Owner Address <b>1309 NISHISHIN TRL MONONA, WI 53716 , US</b>	
		<b>Sequence Of Events</b>		
01	01	Event <b>RIGHT TURN</b>		
	02	Event <b>FELL/JUMPED FROM MOTOR VEHICLE</b>		
	03	Event <b>UNKNOWN</b>		
	04	Event <b>UNKNOWN</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>MICHAEL PATRICK FINLEY (608) 219-4789</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>11/21/1958</b>	Race <b>WHITE</b>
		Address <b>1309 NISHISHIN TRL MONONA, WI 53716 , US</b>	Driver License Number <b>F5405555842106 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>		On Duty Crash
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Protective Gear <b>LONG PANTS</b>
		Helmet Use <b>THREE-QUARTER</b>		Helmet Compliance <b>UNKNOWN</b>
		Eye Protection <b>NO</b>		Tint Compliance <b>UNKNOWN</b>
		<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NON DEPLOYED</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>
		Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>		EMS Run #
		Date of Death		Time of Death
		<b>Distracted By</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
	<b>Drug &amp; Alcohol</b> Suspected Alcohol Use <b>YES</b>		Suspected Drug Use <b>NO</b>		
01	001	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>			

## Witness

WITN 01 ESS	Individual	Address	Date of Birth
	<b>ANTHONY JOHN TOCZYCKI</b> (224) 208-8669	<b>172 OAK RIDGE PASS</b> <b>BARABOO, WI 53913 , US</b>	<b>09/29/2001</b>

**Witness**

WITN 02 ESS	Individual	Address	Date of Birth
	<b>PATRICK THOMAS STIEVE</b> (262) 305-7345	<b>6817 CEDAR ST</b> <b>WAUWATOSA, WI 53213 , US</b>	<b>04/25/2000</b>