01L0DCL4J7 2022-485279

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash I	Document #		y Crash Number	Investigati			ER-SWANTZ
Crash Date 11/29/2022	Crash Time 04:58 PM		Date Arrived 11/29/2022		Time Arrived 04:58 PM			ER OWARTE
Date Notified 11/29/2022	Time Notified 04:58 PM		Total U		Total Injure	ed To	otal Killed	
On Emergency	it and Run	✓ Lane Clos	sure	☐ Work Zone	Traile	er or Tov	ved	Reporting Threshold
Government Property	Active So	chool Zone	School NO	Bus Related	Tags			
▼ Reportable	Crash Type DT4000 (STA	NDARD CRAS	H)		Ame	nded		Secondary Crash
Description	•				·			
Diagram					N	Recon	struction E	Зу
4		Not draw	n to sca	le ਔ⁴	DE S	Photos	з Ву	
926								
			Ten	race East		Addition PHOT	onal Inform	ation
				4502		PHOI	103	
4-	← Cot	tage Grove Rd	+	+	+			
	63 O.4 T.5							
→	∰01]]	10 [01]	-	+	+			
		Verno						
0		Vernon Ave						
Veterinary Clinic			4501					
					Stark (Realto			
		Ver			Realit			
	06	non A	1005					
	06	Vernon Ave	1005					
	06	non Ave	1005					

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L	_oc	ation										
_		COTTAGE GROVE RD					Latitude			Longitu	de	
	139						43.0841	51575		-89.30	5018511	
	_	/ERNON AVE HE CITY OF MADISON		Х		X Coordin	nate		Y Coore	dinate		
		ANE COUNTY				312374.	875		47727	38.5		
							Structure NO STR	Type UCTURE				
(sh Scene					1.10 01.11					
		Harmful Event					First Harn	nful Event L	ocation			
	PED	ESTRIAN					ON ROA					
ľ	Manr	ner of Collision					Light Con	dition				
	OTHER							IGHTED				
ſ	Road	Surface Condition(s)					Roadway	Factor(s)				
	WET	-										
ŀ	Envir	onment Factor(s)										
	WE/	ATHER CONDITIONS					ROAD S	SURFACE	CONDITION	(WET, I	CY, SNOW, SLUSH	,
F	Weat	her Condition(s)					-					
	RAII	N										
F	Anim	al Type					Relation To Trafficway					
		a , po				TRAFFICWAY - ON F			=			
-	Crasi	n Classification - Location					Crash Cla	ssification -	Jurisdiction			
	PUB	PUBLIC PROPERTY Tribal Land Within Interchange Area Junction Location					NO SPE	CIAL JUR	ISDICTION			
Ī	Triba							Access Control Special NO CONTROL		Special Study		
ľ	Withi					1	ction Type -WAY INTERSECTION					
L	YES		NTERSECTION-RELATED	FOUR-V								
		ire Type		Reasons for Closure								
L		E CLOSURE Initial Lane/Rd Closed	Time Initial Lane/Rd Closed		LAW ENFORCEMENT FIRE/EMC							
		9/2022	05:00 PM	Date Scene Cleared			SEMIENT, FIRE/EMIS					
ŀ	Date	All Lanes Open	Time All Lanes Open				ared Tim		me Scene Cleared			
	11/2	9/2022	06:38 PM				06	06:38 PM				
		Summary ===							_			
						chicle Operating As Classification Unit Type						
	IN TRANSIT Vehicle Type			DC	CLASS			AUTOMOBILE Operating As Endorsements				
		PASSENGER CAR					Operating As Endorsements				ments	
L	Total Occs Train/Bus # Recorded			Tota	Total # Citations Issued Total Tr			Total Trai	ailers Total HazMat Types		zMat Types	
	1			0				0		0		
		ance?	Direction Of Travel		Pre	CrashTir	е	Speed Lin	nit	Total Lar	nes	
	NO		EASTBOUND			Mark		35		2		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE				
r	Traffi	Traffic Way			fic Cont	rol			Traffic Control Inoperative/Missing			
	,				NO CONTROL			NO				
	Surface Type				d Curva				Road Grade			
L		CKTOP (BITUMINOUS Bus or HazMat)	311	RAIGH	1			LEVEL			
	NO	L Dus Oi Tiaziviat										
1	\	/ehicle										
		License Plate Number			Plate Type			St	Country of Issuance			
		584VXV				ЈТОМОВ І	LE	WI	UNITED STATES			
	0	Vehicle Identification Number Mai 1FAHP23W19G113041 FO						Year 2009	Model TAURUS S	=		
- 10		THATELOW INCHING	i	1 5 1	RD			LUUN	L C CUNUM	_		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use					
		BLU - BLUE		4D - 4DR							
	ш	Initial Contact Point		Vehicle Damage							
		12 - FRONT					7 8 9 10 11				
	=			12 - FRONT			6				
\supset	VEHICL	Extent Of Damage		12 - FRONT			5 4 3 2 1				
	>	MINOR DAMAGE									
		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
	Щ	LOOKED BUT DID NOT SEE									
EN O	VEHICL										
5	王										
_	ΛE										
		Owner Name		Owner Address							
_		ELEANOR JOYCE HOFFM	ASTER	4307 MAJOR AV							
2	01	(608) 239-2991		MADISON, WI 5	3716 , US						
		Sequence Of Events									
		Event									
	01	MOTOR VEH IN TRANSPO	RT								
		Event									
	02	8 PEDESTRIAN									
	3	Event									
	03										
	04	Event									
		ndividual									
		Driver JAMES A HOFFMASTER		Citations Issued Sex							
	1	(608) 239-2991		0							
)	(655) 255 255 .		Date of Birth							
⊑ا	INDIVIDUAL			03/20/1976 WHITE							
	\leq	Address		Driver License Number H1524417610004							
_	Ä	246 COLUMBUS ST SUN PRAIRIE, WI 53590 ,	us	STATE: FLORIDA	COUNTRY: UNIT	ED STATES					
	_	CONTRAINE, WI 33330 ,	00			25 0171120					
		_									
	Saf	On Duty of fety Equipment	Safety Equipment								
	Gai	ety Equipment									
		Row	Seat Position	SHOULDER & LA	P BELT						
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
	_	Injury Sev	verity	Airbag							
2	90	1	PARENT INJURY	NON DEPLOYED							
		7 7 110 711 1	Ejection Path			Trapped/Extricated					
		•	NOT EJECTED/NOT APP	PLICABLE		NOT TRAPPED					
		Medical Transport		EMS Agency Identifie	r	EMS Run #					
		NOT TRANSPORTED		J,		LING RUIT					
		Hospital		Date of Death		Time of Death					
		·									
				I .		1					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/29/2022

Crash Time 04:58 PM

		Distracted By UNI	racted By Source KNOWN	9						
		Non Motorist	ring Unit #	Location						
		Prior Action		1						
		Action								
	JAL									
L	INDIVIDUAL									
	IND									
								True ou		
		Action Other						To/From School		
	L	Drug & Alcohol NO	pected Alcohol U	lse	Suspected Drug Use NO					
		Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD			Alcohol Tes PENDING			
		Drug Test Given TEST GIVEN		Drug Test Type BLOOD						
5	001	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
	Unit	t Summary								
		Status		V	ehicle Operating As Classi	fication	Unit Type			
		RANSIT		0	CLASS		PEDESTR			
05		cle Type DESTRIAN					Operating As Endorsements			
	Tota 1	otal Occs Train/Bus # Re		corded To	otal # Citations Issued	Total Trail	ers	Total HazMat Types 0		
		Insurance? Direction Of Travel			Pre CrashTire Speed Lin					
FIND	NO	t Hanneful Evants Callinian M	NORTHBOU		Mark N/A Special Function		4 Emergency Motor Vehicle Use			
5	МО	t Harmful Event: Collision W TOR VEH IN TRANSPO		O SPECIAL FUNCTIO	N	NOT APPLICABLE				
		ic Way			raffic Control		Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDED ace Type			TOP SIGN oad Curvature		NO Road Grade			
		ACKTOP (BITUMINOUS))		TRAIGHT	5				
	BLACKTOP (BITUMINOUS) Truck Bus or HazMat LEVEL									
	NO									
	Sequence Of Events									
	01	5 NOTOR VEH IN TRANSPORT								
	05	Event								
	Event									
	Ö									

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	ı	ndividual									
		Pedestrian			Citations Issued	Sex					
	ب	DANI JO CIGLER			0	FEMALE					
	UA	(920) 904-6227			Date of Birth	Race					
╘	<u> </u>				05/17/1983 WHITE						
UNIT	NDIVIDUAL	Address 735 TOPAZ LN			Driver License Number C2461708367707	er					
	Ĭ	MADISON, WI 53714, US	3		STATE: WISCONS	IN COUNTRY: UN	ITED STATES				
		On Duty	/ Crash		Safety Equipment						
	Sat	ety Equipment			Calcty Equipment						
		Row	Seat Po	sition	NONE						
		98 - NOT APPLICABLE	001.								
		Helmet Use	I		Helmet Compliance						
		Eye Protection			Tint Compliance						
02	005	Injury S Injury SUSPI	-		Airbag	_					
)	0	7 7 0001		RIOUS INJUR	NOT APPLICABLE						
		Ejected	Ejection Pa	^{tn} CTED/NOT APPL	ICADI E		Trapped/Extricated				
		NOT APPLICABLE Medical Transport	NOI EJE	CIED/NOT APPL		_	NOT TRAPPED EMS Run #				
		EMS GROUND			EMS Agency Identifie 6000358	I	EIVIS RUII #				
		Hospital			Date of Death		Time of Death				
		UNIVERSITY OF WI HOS	PITALS &	CLINICS AUT	Bato of Boath		Timo or Boatti				
		Distracted By UNKN	ed By Source)	1		1				
	1	Distracted By Action	OWN								
		UNKNOWN									
		Non Motorist Striking	Unit #	Location	FIGNI LINIKNIOWALI C	NC A TION					
		Prior Action		ATINTERSEC	TION-UNKNOWN LO	CATION					
		CROSSING ROADWAY									
		Action									
	ΙΑΓ										
╘	NDIVIDUAL										
UNIT	≥	UNKNOWN									
	9										
	=										
		Action Other						To/From School			
					NO						
	L	Drug & Alcohol NO	ted Alcohol U	se	Suspected Drug Use NO						
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN		,							
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Type		Drug Test Results	3				
2	2	Drug Type									
02	002	.									
		Individual Condition									
			NTER OF								
		CONFUSED OR DISORIE	NIED (NO	N LUCID)							