

01L1NSNQ6Z

2022-439426

# 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>404 CLOSED</b>		Investigating Officer/Deputy <b>OFFICER JUSTIN CREECH</b>	
Crash Date <b>10/27/2022</b>		Crash Time <b>06:53 AM</b>		Date Arrived <b>10/27/2022</b>		Time Arrived <b>06:59 AM</b>	
Date Notified <b>10/27/2022</b>		Time Notified <b>06:54 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>01</b>
<input type="checkbox"/> On Emergency	<input 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 <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

<p>Diagram</p>	Reconstruction By <b>MADISON POLICE DEPARTMENT</b>
	Photos By <b>PO HORNUNG</b>
	Additional Information <b>FATAL CRASH SUPPLEMENT, MEASUREMENTS, PHOTOS, TRAFFIC CAMERA VIDEO, WITNESS STATEMENTS</b>

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

UNIT 2 TRAVELING IN RIGHT LANE OF TRAVEL IN/NORTHBOUND ON JOHN NOLEN DRIVE APPROACHING INTERSECTION OF NORTH SHORE DRIVE. BICYCLIST, ATTEMPTING TO CROSS NORTH SHORE DRIVE ON BIKE EAST BOUND. UNIT 1 COLLIDED WITH UNIT 2'S DRIVER'S SIDE. NFA/J.CREECH 4955

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**Location**

ON JOHN NOLEN DR 63 FT S OF JOHN NOLEN DR/ USH151 NB IN THE CITY OF MADISON IN DANE COUNTY	Latitude <b>43.066825595</b>	Longitude <b>-89.385791356</b>
	X Coordinate <b>305745.0625</b>	Y Coordinate <b>4770998</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>PEDALCYCLE</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</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>FULL CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>INTERSECTION</b>	Intersection Type <b>FIVE-POINT, OR MORE</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>10/27/2022</b>	Time Initial Lane/Rd Closed <b>06:55 AM</b>	<b>LAW ENFORCEMENT, FIRE/EMS</b>	
Date All Lanes Open <b>10/27/2022</b>	Time All Lanes Open <b>09:52 AM</b>	Date Scene Cleared <b>10/27/2022</b>	Time Scene Cleared <b>10:27 AM</b>

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>BICYCLE</b>	
	Vehicle Type <b>BICYCLE</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>N/A</b>	Total Lanes <b>1</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY MEDIAN W/BARRIER</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
01	<b>Vehicle</b>					
	License Plate Number <b>GA284909</b>		Plate Type	St	Country of Issuance	
	Vehicle Identification Number		Make	Year	Model	
				<b>2010</b>	<b>GIANT YUKO</b>	

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>BI - BICYCLE</b>	Bus Use
	Initial Contact Point <b>99 - UNKNOWN</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>09 - LEFT SIDE MIDDLE, 12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>MPD</b>	
	What Driver Was Doing	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions		
	Owner Name <b>THOMAS H HENINGER</b>	Owner Address <b>154 PROUDFIT ST # 2 MADISON, WI 53715 , US</b>	
	<b>Sequence Of Events</b>		
01 01	01	Event <b>PEDALCYCLE</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT INDIVIDUAL	<b>Individual</b>		
	Bicyclist <b>THOMAS H HENINGER</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>03/09/1951</b>	Race <b>WHITE</b>
	Address <b>154 PROUDFIT ST # 2 MADISON, WI 53715 , US</b>	Driver License Number <b>H5528285108906</b> <b>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>	Safety Equipment <b>UNKNOWN</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>FATAL INJURY</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>
	Medical Transport <b>EMS GROUND</b>	EMS Agency Identifier <b>3</b>	EMS Run # <b>3</b>
	Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>	Date of Death <b>10/27/2022</b>	Time of Death <b>09:05</b>

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UNIT 01 001	INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
		Distracted By Action <b>NOT DISTRACTED</b>			
		<b>Non Motorist</b>	Striking Unit # <b>02</b>	Location <b>AT INTERSECTION-IN MARKED CROSSWALK</b>	
		Prior Action <b>CROSSING ROADWAY</b>			
		Action  <b>DISREGARDED SIGNAL, FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER</b>			
		Action Other			To/From School <b>NO</b>
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
		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>NOT OBSERVED</b>					

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>PEDALCYCLE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, DIVIDED, UNPROTECTED (PAINTED &gt; 4</b>		Traffic Control <b>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>
	Truck Bus or HazMat <b>NO</b>				

UNIT 02 02	<b>Vehicle</b>				
	License Plate Number <b>GX8542</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2GCEK19J581202754</b>		Make <b>CHEVROLET</b>	Year <b>2008</b>	Model <b>SILVERADO</b>
	Color <b>BLK - BLACK</b>		Body Style <b>PK - PICKUP</b>		Bus Use
	Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>				

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UNIT	VEHICLE	Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER</b>		
		Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Vehicle Removed By <b>SCHMIDTS</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
UNIT	VEHICLE	Driver Prior Action Other			
		Driver Actions <b>EXCEED SPEED LIMIT, SPEED TOO FAST/COND, DISREGARDED RED LIGHT, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER</b>			
02	02	Owner Name <b>ALAN DAVID TSCHURY (906) 458-2672</b>	Owner Address <b>6223 EXCHANGE ST MC FARLAND, WI 53558 , US</b>		
		Sequence Of Events			
UNIT	01	Event <b>PEDALCYCLE</b>			
		Event			
		Event			
		Event			
UNIT	02	Event			
		Event			
		Event			
		Event			
UNIT	03	Event			
		Event			
		Event			
		Event			
UNIT	04	Event			
		Event			
		Event			
		Event			
UNIT	04	Policy Holder			
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>ALAN TSCHURY</b>		
		Individual			
		Driver <b>ALAN DAVID TSCHURY (906) 458-2672</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
UNIT	INDIVIDUAL	Date of Birth <b>04/04/1981</b>	Race <b>WHITE</b>		
		Address <b>6223 EXCHANGE ST MC FARLAND, WI 53558 , US</b>			
		Driver License Number <b>T2600048112402</b> <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		Safety Equipment			
UNIT	002	On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
UNIT	002	Injury <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death

