2022-346840

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override Primary Crash Document # Agency Crash Number Investigating Officer/Deputy 620E MUNI OFFICER CHASE LEWIS						S			
Crash Date 08/26/2022		Crash Time 05:17 PM		Date Ar 08/26/2		Time Arrive			
08/26/2022 Date Notified 08/26/2022 On Emergency Government Property		Time Notified 05:17 PM		Total Ui	nits	Total Injure 01	d	Total Killed	d
On Emergency	Hit	and Run	✓ Lane Closu		Work Zone	Traile	r or 1	Towed	Reporting Threshold
Government Property		Active Sc	hool Zone	School NO	Bus Related	Tags			
✓ Reportable		Crash Type DT4000 (STA	NDARD CRASH	1)		Amen	ded		Secondary Crash
Description =									
Diagram								otos By	Бу
Trailer	01		_					ditional Infor NE	mation
Eastbool	und US	02 J							
J, a sworn law enfo	orcemer	nt officer, agre	e that I have no	ot added	I any CJIS data in t	his report.			
UNIT 4 WAS DRIVING EAS UNABLE TO SLOW IN TIME EASTBOUND THROUGH T 5 WAS IN FRONT OF UNIT	E AND BE RAFFIC. U	GAN TO CHANG UNIT 3 HAD TO S	E LANES QUICKLY LOW AND MERGE	. UNIT 1 S	SIDE SWIPED UNIT 4. U 7 DUE TO UNIT 1 SWEF	JNIT 1 THEN SIDE RVING THROUGH	SWIF TRAF	PED UNIT 2 A	AS THEY CONTINUED TTING OTHER CARS. UNIT

Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

	INTERSECTION ON S STOUGHTON RD/ US	SH EB			Latitude Longitude -89.306718141						
	AT USH12 EB IN THE CITY OF MADISON					X Coordina 312119.8			Y Coord 476849		
	IN DANE COUNTY					Structure NO STRI	Туре				
L	Crash Scene					NOSIK	OCTORE				
_ `	First Harmful Event					First Harm	ful Event I	ocation			
	MOTOR VEH IN TRANSPO	RT				ON ROA		Jocation			
F	Manner of Collision					Light Cond	dition				
	07 - SIDESWIPE/SAME DIR	RECTION				DAYLIGI	HT				
	Road Surface Condition(s)					Roadway	Factor(s)				
	DRY										
-	Environment Factor(s)					1					
	NONE					BACKUF	DUE TO	PRIOR CRA	ASH		
f	Weather Condition(s)					1					
	CLEAR										
ŀ	Animal Type					Relation T	o Trafficws	av.			
	· · › L -							N ROAD			
f	Crash Classification - Location					Crash Clas	ssification -	- Jurisdiction			
	PUBLIC PROPERTY							RISDICTION			
	Tribal Land					Access Co				Special Study	
Ī	Within Interchange Area	Junction Location			Intersection	n Type				•	
L		NON-JUNCTION			_	INTERSE	CTION				
	Closure Type			Reaso	ons for Clos	ure					
L	Date Initial Lane/Rd Closed	Time Initial Lane/Rd Clos	cod	1 4 14/	ENEODO	EMENT, T	OW TRII	CK			
	08/26/2022	05:17 PM	seu	LAVV	LIVI OKO	LIVILIVI, I	OW ING	OK .			
f	Date All Lanes Open	Time All Lanes Open		Date \$	Scene Clear	red	Ti	me Scene Clea	red		
	08/26/2022	06:00 PM		08/26	6/2022		06	6:22 PM			
	Jnit Summary										
	Unit Status				erating As C	lassification		Unit Type			
L	HIT AND RUN		A C	LASS				TRUCK	o Endorsor	monto	
	Vehicle Type UTILITY TRUCK/PICKUP T	RUCK						Operating A	a LIIUUISEI	mento	
L	Total Occs	Train/Bus # Recorded	Tota	l # Cita	tions Issued		Total Tra	ilers	Total Haz	Mat Types	
	1		0				0		0		
	Insurance?	Direction Of Travel		Pre	CrashTire	•	Speed Li	mit	Total Lan	es	
	UNKNOWN	EASTBOUND	Snor	cial Fun	Mark		55	Emorgonou	4 Motor Vobi	iclo Lleo	
	Most Harmful Event: Collision W MOTOR VEH IN TRANSPO				IAL FUNC	TION		NOT APPI			
L	Traffic Way		Traff	ic Cont	rol			Traffic Conti	rol Inoperat	tive/Missing	
L	DIVIDED HWY W/TRAFFIC	BARRIER		CONT				NO			
	Surface Type			d Curva				Road Grade	•		_
L	Truck Bus or HazMat		SIR	AIGH	1			LEVEL			
	TRUCK OR TRUCK COMB	INATION > 10,000LBS G	SVWR/GC	WR							
	Vehicle										
	License Plate Number		Plat	е Туре			St	Country of Is	suance		
	W 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						Vee				
	Vehicle Identification Numl	per	Mal	ve .			Year	Model			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use	
	ш	Initial Contact Point		Vehicle Damage		T	
_		99 - UNKNOWN		venicie Damage			7 8 9 10 11
UNIT	VEHICL	Extent Of Damage		16 - VEHICLE NOT A	T SCENE		6 Rg 12
ر	ΛĒ	VEHICLE NOT AT SCENE					5 4 3 2 1
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
		What Driver Was Doing		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions	.				
⊢	VEHICLE	UNKNOWN					
UNIT	¥						
	VE.						
		Owner Name		Owner Address			
10	5			, ,			
	;	Sequence Of Events					
	5	MOTOR VEH IN TRANSPOR	т				
	05	Event					
	03	Event					
	40	Event					
		 ndividual					
		Driver		Citations Issued	Sex		
	_	UNKNOWN		0			
	N			Date of Birth	Race		
UNIT	INDIVIDUAL	Address		Driver License Number			
5		Address		Driver License Number			
	=	, ,					
		On Duty Cr	ash	Safety Equipment			
	Sat	fety Equipment	2011	Calcity Equipment			
		Row	Seat Position	RESTRAINT USE U	INKNOWN		
		01 - FRONT ROW Helmet Use	07 - LEFT	Helmet Compliance			
		Tielinet Ose		Tielinet Compilance			
		Eye Protection		Tint Compliance			
01	001	Injury Seve	-	Airbag			
	0	1 1 10 711 17	RENT INJURY ection Path	NOT APPLICABLE		Trapped/Extricated	
			OT EJECTED/NOT APP	LICABLE		NOT APPLICABL	E
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	
		•					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

												(555) =	
		Distracted By	Distracted	d By Source)								
		Distracted By Action											
		Non Motorist	Striking U	nit #	Location								
		Prior Action											
	_	Action											
UNIT	INDIVIDUAL												
5	NDIV												
	=												
		Action Other										To/From School	ol
		Drug & Alcohol	Suspecte	d Alcohol U	se	Suspe	ected Drug Use					l	
		Alcohol Test Given			Alcohol Test Ty	/pe				Alcohol Tes	t Results		
		TEST NOT GIVEN Drug Test Given			Drug Test Type	9		Drug T	Test Results				
		TEST NOT GIVEN			15 11 7			Diag .	- Cot Hoodile				
10	90	Drug Type											
		Individual Condition											
		NOT OBSERVED											
	(Carrier											
		Use V	ehicle O	wner San	ne as Carrier		Source						
7	7	Name					Address						
							, ,						
	S	GVWR		Vehicle Co	onfiguration				Cargo	Body Type			
≒	BU												
LIND	S	US DOT#		Carrier Ty	pe				Perm	itted Load			
	TRUCK	OS/OW Load	WI Permit	Number		rmitted V Permitted	ehicle On I Route	Es	cort Vehic By Po	le Require ermit	d _ E	scort Vehicle	Present
		Measured Height		Measu	red Length		Measured Width	1		Measured W	eight/		
l	Uni	t Summary ■											
		Status RANSIT				Vehicle O	perating As Class	ification		Unit Type TRUCK			
7		cle Type				DCLAS	<u> </u>			Operating A	s Endorsem	nents	
05		RGO VAN (10,000 L		ESS) n/Bus # Red	cordod	Total # C:	tations leaved		Total Traile	are	Total Haz	Ant Types	
	1 ota	I Occs	IIali	ii/Dus # Ke	corueu	0	tations Issued		0	13	0	nat Types	
	Insu	rance?		ction Of Tra		Pr	e CrashTire		Speed Lim	it	Total Lane	S	
LNO		Harmful Event: Collision		OIBOUNL	,	Special F			J3	Emergency	Motor Vehic	cle Use	
_ ر	MO	TOR VEH IN TRANSPORT				NO SPECIAL FUNCTION				NOT APPLICABLE			

Crash Time 05:17 PM

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Traff	iic Way					Traffic Control Inope	Traffic Control Inoperative/Missing	
	DIV	IDED HWY W/TRAFFIC BARRIER	NO	CONTROL			NO		
l	Surfa	ace Type	Roa	d Curvature			Road Grade		
	COI	NCRETE	STE	RAIGHT			LEVEL		
l	Truc	k Bus or HazMat	I						
	NO								
	,	Vehicle							
		License Plate Number	Pla	te Type	St		Country of Issuance		
		KX3242	LT	K - LIGHT TRUCK	wı		UNITED STATES		
~	~ .	Vehicle Identification Number	Ma	ke	Yea	ar	Model		
05	05	1GCHG39R711186259	CH	IEVROLET	200	01	G3500		
		Color	Boo	dy Style	•		Bus Use		
		WHI - WHITE		I - VAN					
.	Щ	Initial Contact Point	Vel	nicle Damage				7 8 9 10 11	
L N	VEHICL	09 - LEFT SIDE MIDDLE	07	- LEFT REAR CO	RNER. 08 - 1	LEFT	SIDE REAR. 09 -	6 3 12	
5	픎	Extent Of Damage		FT SIDE MIDDLE			0.52 1127111, 00	5 4 3 2 1	
	>	FUNCTIONAL DAMAGE							
		Towed Due To Damage		nicle Removed By					
		NOT TOWED		PERATOR					
		What Driver Was Doing CHANGING LANES	vei	nicle Factors					
		Driver Prior Action Other	⊢ NC	T APPLICABLE					
		Driver Filor Action Other	"						
		Driver Actions							
	ш	NO CONTRIBUTING ACTION							
╘	占								
L N	VEHICL								
	Ä								
		Owner Name		Owner Address					
05	02	MARK ROGER ANDERSON (608) 201-4944		315 ENGLAND S' CAMBRIDGE, WI		2			
0	0	(000) 201-4344		CAMBRIDGE, WI	33323 , 00	,			
	;	Sequence Of Events							
	5	Event MOTOR VEH IN TRANSPORT							
		Event							
	02	LVent							
		Event							
	03								
	_	Event							
	9								
_		Policy Holder							
		Insurance Company	Ti	ndividual					
-		STATE-FARM-FIRE-&-CASUALTY-CO		MARK ANDERSON	1				
		Individual							
		Driver	(Citations Issued	Sex				
	_	MARK ROGER ANDERSON)	MALE				
	¥	(608) 201-4944	ī	Date of Birth	Race				
╘	INDIVIDUA		(04/28/1969	WHITE				
	≥	Address		Driver License Numbe	r				
	불	315 ENGLAND ST APT 9 CAMBRIDGE, WI 53523, US		A5365566914800 STATE: WISCONSIN COUNTRY: UNITED STATES					
		, , , , , , , , , , , , , , , , , , , ,							
		On Duty Crash							
	Sai	fety Equipment							

Crash Date **08/26/2022**Crash Time **05:17 PM**

WISCONSIN MOTOR VEHICLE CRASH REPORT

					Safety Equipment				
		01 - FRONT ROW	07 - LE	:FT	SHOULDER & LAP E	BELT			
		Helmet Use	I		Helmet Compliance				
		Eye Protection			Tint Compliance				
~	Ø		ury Severity		Airbag				
05	005	Injury _{No}	O APPARENT II	NJURY	NON DEPLOYED				
		Ejected	Ejection Par				Trapped/E		
		NOT EJECTED	NOT EJE	CTED/NOT APP			NOT TRA		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #	‡	
		Hospital	, 		Date of Death		Time of De	ath	
		Поэрна			Date of Death		Time or be	atti	
		Distracted By No	stracted By Source OT APPLICABL	E (NOT DISTRA	CTED)				
		Distracted By Action							
		NOT DISTRACTED		Γ					
		Non Motorist	iking Unit #	Location					
		Prior Action							
		Action							
	¥								
LIND	INDIVIDUAL								
5	≥								
	Z								
		Action Other							To/From School
					Consected Days Lies				
	1	Drug & Alcohol No	spected Alcohol U D	se	Suspected Drug Use NO				
		Alcohol Test Given		Alcohol Test Type	e		Alcohol Te	st Results	
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Result	te .		
		TEST NOT GIVEN		Drug Tool Type		Drug Test Nesun			
02	005	Drug Type							
		Individual Condition							
		APPEARED NORMA	L						
	Uni	t Summary -							
	Unit	Status			ehicle Operating As Classi	fication	Unit Type		
		RANSIT		N	/I CLASS		MOTORO		
03		cle Type TORCYCLE					Operating	As Endorsem	nents
-		Occs	Train/Bus # Re	corded T	otal # Citations Issued	Total Tra	ilers	Total Hazl	Mat Types
	1			0		0		0	••
		rance?	Direction Of Tra	-	Pre CrashTire	Speed Li	mit	Total Lane	S
=	YES		EASTBOUNG	_	Mark	55	Te.	4	Ja Haa
LIND		t Harmful Event: Collision \ TOR VEH IN TRANSPO			Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE			cie USE	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Traff	ic Way	Traf	fic Control		Traffic Control Inoperative/Missing				
	DIVI	DED HWY W/TRAFFIC BARRIER	NO	CONTROL		NO				
	Surfa	ace Type	Roa	d Curvature		Road Grade				
	CO	NCRETE	STF	RAIGHT		LEVEL				
	Truc	k Bus or HazMat				•				
	NO									
	,	Vehicle								
		License Plate Number	Pla	te Type	St	Country of Issuance				
		912NE	МС	M - DEALER CYCLE M	WI	UNITED STATES				
		Vehicle Identification Number	Ма	ke	Year	Model				
03	03	538SMFZ61KCG10749	UN	IK .	2019	SPECK DESI				
		Color	Boo	dy Style		Bus Use				
		BLK - BLACK	МС	- MOTORCYCLE						
	ш	Initial Contact Point	Vel	nicle Damage						
╘	占	12 - FRONT		- RIGHT FRONT CORN		OIII OIDE	8 9 10 11			
UNIT	Ì	Extent Of Damage		ONT, 03 - RIGHT SIDE I EAR, 09 - LEFT SIDE MII		I EET CIDE	हु 12			
_	VEHICL	DISABLING DAMAGE		ONT, 11 - LEFT FRONT			4 3 2 1			
		Towed Due To Damage		nicle Removed By	·	•				
		TOWED DUE TO DISABLING DAMAGE								
		What Driver Was Doing	Vel	nicle Factors						
		GOING STRAIGHT	╝							
		Driver Prior Action Other	NC	T APPLICABLE						
		Driver Actions NO CONTRIBUTING ACTION								
_	쁘	NO CONTRIBUTING ACTION								
LINO	\cong									
5	VEHICL									
	>									
		Owner Name		Owner Address						
		ERIC CRISPIN SCHNARR		3059 SIGGELKOW RD						
03	03	(608) 345-5954		MC FARLAND, WI 535	58 , US					
	,	Sequence Of Events								
		Event								
	9	MOTOR VEH IN TRANSPORT								
	05	Event								
	0									
	03	Event								
		Firm								
	9	Event								
		Policy Holder								
UNIT		Policy Holder Insurance Company	т.	P 11 -1						
5		FARMERS-CASUALTY-INS-CO		ndividual ERIC SCHNARR						
		Individual Driver	1	Citations Issued Sex						
		ERIC CRISPIN SCHNARR								
	¥	(608) 345-5954			MALE Birth Race					
_	2				IITE					
L N N	INDIVIDUAL	Address		Driver License Number						
ر	2	3059 SIGGELKOW RD	S5602036841603 STATE: WISCONSIN COUNTRY: UNITED STATES							
	=	MC FARLAND, WI 53558 , US		DIAIE: WISCUNSIN CU	UNIKT: UI	MILED STATES				
	Sai	On Duty Crash fety Equipment								
	Jai	or, Equipmoni								

WISCONSIN MOTOR VEHICLE CRASH REPORT

					Protective Gear				
					Protective Gear				
		01 - FRONT ROW	07 - LE	ET	GLOVES, JACKET,	LONG PANTS			
		Helmet Use	07 - LE	:F1	Holmet Compliance				
		FULL-FACE			Helmet Compliance APPROVED				
		Eye Protection			Tint Compliance				
		YES: WORN			UNKNOWN				
~	က္	Injui	ry Severity		Airbag				
03	003		SPECTED SEF		NON DEPLOYED				
		Ejected NOT APPLICABLE	Ejection Pa	th CTED/NOT API	PLICABLE		Trapped/Ex		
		Medical Transport	I		EMS Agency Identifier		EMS Run #	!	
		EMS GROUND			6000358		MEDIC 6		
		Hospital			Date of Death		Time of De	ath	
		ST MARYS HOSP							
		Distracted By NO	racted By Source T APPLICABL	e .e (not distr	ACTED)				
		Distracted By Action							
		NOT DISTRACTED							
		Non Motorist	king Unit #	Location					
		Prior Action							
		Action							
	4								
-	INDIVIDUAL								
L	₹								
)	ā								
	Z								
		Action Other	Action Other						To/From School
		Action Other				10/110m Concor			
	,	Drug & Alcohol NO	pected Alcohol U	lse	Suspected Drug Use NO				
	_	Alcohol Test Given		Alachal Tast Tu			Alashal Tar	t Deculte	
		TEST NOT GIVEN		Alcohol Test Typ	pe		Alcohol Tes	si Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	S		
	6	Drug Type							
03	003								
		Individual Condition							
		maividual Condition							
		APPEARED NORMAL							
	ا ما ا	. C							
		t Summary Status			Vehicle Operating As Classi	ification	Unit Type		
		RANSIT			D CLASS	incation	TRUCK		
_	Vehicle Type				2 02/100			As Endorsem	nents
04		ORT) UTILITY VEHICLE	Ī						
		l Occs	Train/Bus # Re	corded	Total # Citations Issued	Total Trai	lers	Total HazN	Mat Types
	1				0	0		0	
		rance?	Direction Of Tra		Pre CrashTire	Speed Lir	nit	Total Lanes	
≒	YES		EASTBOUNI	D	Mark	55	4		
L		t Harmful Event: Collision W TOR VEH IN TRANSPO			Special Function NO SPECIAL FUNCTION	N	Emergency Motor Vehicle Use NOT APPLICABLE		
							1		

2022-346840

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/26/2022

Crash Time 05:17 PM

	Traff	iic Way					Traffic Control Inope	erative/Missing
	DIVI	IDED HWY W/TRAFFIC BARRIER	NO	CONTROL			NO	
l	Surfa	ace Type	Roa	d Curvature			Road Grade	
	CO	NCRETE	STF	RAIGHT			LEVEL	
	Truc	k Bus or HazMat					1	
	NO							
	,	Vehicle						
		License Plate Number	Pla	te Type	St		Country of Issuance	
		AGV9178	ΑL	T - AUTOMOBILE	WI		UNITED STATES	
.		Vehicle Identification Number	Ма	ke	Yea	ar	Model	
0	0	1C4PJMCB0FW514615	JE	EP	20	15	CHEROKEE	
		Color	Boo	dy Style			Bus Use	
		GRY - GRAY	UT	- SPORT UTILITY \	/EHICLE			
.	щ	Initial Contact Point	Vel	nicle Damage				7 8 9 10 11
H	VEHICL	03 - RIGHT SIDE MIDDLE	02	- RIGHT SIDE FRO	NT. 03 - R	IGHT	SIDE MIDDLE.	6 7 7 7 7 12
5	프	Extent Of Damage		- RIGHT SIDE REA				5 4 3 2 1
	>	FUNCTIONAL DAMAGE						
		Towed Due To Damage		nicle Removed By				
		NOT TOWED What Driver Was Doing		PERATOR				
		GOING STRAIGHT	vei	nicle Factors				
		Driver Prior Action Other	NC	T APPLICABLE				
		Driver Filor Action Other						
		Driver Actions						
	ш	NO CONTRIBUTING ACTION						
╘	님							
L N	VEHICL							
	Ä							
		Owner Name		Owner Address	_			
4	9	BRIAN J RATHBUN (608) 416-9171		565 GARFIELD AV EVANSVILLE, WI 5		•		
0	0	(008) 410-3171		EVANSVILLE, WIS	, 0.	3		
	;	Sequence Of Events						
	5	Event MOTOR VEH IN TRANSPORT						
	02	Event						
		Event						
	03							
	_	Event						
	8							
_		Policy Holder						
LNO		Insurance Company	П	ndividual				
D		CLIFF INSURANCE		KAYLEE BILLIOT				
		Individual						
		Driver	- (Citations Issued	Sex			
	_	KAYLEE JEAN BILLIOT)	FEMALE			
	¥	(608) 416-9171	ī	Date of Birth	Race			
╘	INDIVIDUA		'	11/19/2003	WHITE			
	≥	Address		Driver License Number				
	Ħ	565 GARFIELD AVE EVANSVILLE, WI 53536 , US	B4305100391908 STATE: WISCONSIN COUNTRY: UNITED STATES					
		, • • • • • • • • • • • • • • • • •						
		On Duty Crash	_					
	Sat	fety Equipment						

Wisconsin Motor Vehicle Crash

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

						Safety Equipment					
		01 - FRONT ROW		07 - LE	:FT	SHOULDER & LAP I	BELT				
		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
4	4		Injury Se	everity		Airbag					
8	004	Injury	NO AP	PARENT II	NJURY	NON DEPLOYED					
		Ejected		Ejection Pat		•			Trapped/Ext		
		NOT EJECTED		NOT EJE	CTED/NOT APP				NOT TRAI	PED	
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier			EMS Run #		
		Hospital	בט			Date of Death			Time of Dea	th	
		riospitai				Date of Death			Time or bea	ui.	
		Distracted By	Distracte	ed By Source PPLICABL	E (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACTED)								
		Non Motorist	Striking I	Unit #	Location						
		Prior Action									
		Action									
	INDIVIDUAL										
╘	2										
L	≥										
	S										
	_										
		Action Other									To/From School
	1	Drug & Alcohol	Suspecte NO	ed Alcohol U	se	Suspected Drug Use NO					
		Alcohol Test Given			Alcohol Test Type	9			Alcohol Test	Results	
		TEST NOT GIVEN			Drug Test Type		Davia Ta	ot Dogulto			
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Te	st Results			
9	004	Drug Type									
		Individual Condition									
		APPEARED NORM	IAL								
		t Summary =					· · ·				
		Status				ehicle Operating As Classi	ification		Unit Type		
		AND RUN				CLASS			AUTOMOI		
05		cle Type SSENGER CAR							Operating A	s Endorsem	enis
		Occs	Tra	ain/Bus # Re	corded	otal # Citations Issued		Total Traile	ers	Total HazM	Mat Types
	1				0		0			0	
		rance?		ection Of Tra	_	Pre CrashTire		Speed Lim	it	Total Lane	s
늘		KNOWN		STBOUND	_	Mark	55		4		
LNO					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			

2022-346840

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Traff	ic Way		Traffic Control Traffic Control Inoperative/Missing				erative/Missing			
	DIVI	DED HWY W/TRAFFIC BARR	RIER	NO CONT	ROL		NO				
	Surfa	ace Type		Road Curva	ture		Road Grade				
	CO	NCRETE		STRAIGHT	Г		LEVEL				
	Truc	k Bus or HazMat	L								
	NO										
	,	Vehicle									
		License Plate Number		Plate Type		St	Country of Issuance				
02	02	Vehicle Identification Number		Make		Year	Model				
		Color		Body Style			Bus Use				
		Initial Contact Point		Vehicle Da	mage						
\vdash	ij	99 - UNKNOWN		Vehicle Damage 7 8 9 10 11							
LIND	半	Extent Of Damage		16 - VEH	ICLE NOT AT	SCENE		6 2 12			
>	VEHICLE	VEHICLE NOT AT SCENE		10- 4211	IOLL HOT AT	OOLNL		5 4 3 2 1			
		Towed Due To Damage		Vehicle Rei	moved By						
		NOT TOWED		OPERAT	OR						
		What Driver Was Doing		Vehicle Fac	ctors						
		Driver Prior Action Other		UNKNOW	/N						
		Driver Actions		1							
	щ	UNKNOWN									
≒	ᅙ										
LIND	VEHICLE										
	5										
		0 11		10	A 1.1						
		Owner Name		Owner	Address						
05	05			, ,							
	9	Sequence Of Events									
		Event									
	5	MOTOR VEH IN TRANSPOR	RT								
	05	Event									
	33	Event									
	8	Event									
	0										
		Individual									
		Driver		Citations	Issued	Sex					
	بِ	UNKNOWN		0							
	INDIVIDUAL			Date of E	Birth	Race					
NO L	₽			D : 1:							
5	\leq	Address		Driver Li	cense Number						
	Z	, ,									
		On Duty Cr	rash	Safety Equipment							
	Sat	fety Equipment									
		Row	Seat Position	RESTRAINT USE UNKNOWN							
		99 - UNKNOWN	1								
		Helmet Use	1	Helmet Compliance							

2022-346840

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 08/26/2022

Crash Time 05:17 PM

		Eye Protection				Tint Compliance						
05	900		Injury S NO AF	everity PARENT IN	IJURY	Airbag NOT APPLICABLE						
		Ejected		Ejection Pat				Trapped/Extricated				
		NOT APPLICABLE	.		TED/NOT APPL	ICABLE		NOT APPLICABLE				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	ED									
		Hospital				Date of Death		Time of Death				
		Distracted By	Distract	ed By Source		<u> </u>		<u> </u>				
		Distracted By Action										
		Non Motorist	Striking	Unit #	Location							
		Prior Action										
		Action										
	۸L											
_	Ú											
UNIT	INDIVIDUAL											
n	\leq											
	Z											
		Action Other							To/From School			
						10						
	L	Drug & Alcohol	Suspec	ted Alcohol U		Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results					
90	900	Drug Type										
		Individual Condition										
		NOT OBSERVED										
		OBOLINALD										