

01L1K3KD9D

2022-440325

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 MUNI		Investigating Officer/Deputy OFFICER MATTHEW ARMBRUSTER	
Crash Date 10/27/2022		Crash Time 05:38 PM		Date Arrived 10/27/2022		Time Arrived 05:38 PM	
Date Notified 10/27/2022		Time Notified 05:38 PM		Total Units 03		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>Distances Approximated Drawings Not to Scale</p> <p>University Ave.</p> <p>Craig Ave.</p>		<p>Reconstruction By</p> <p>Photos By N/A</p> <p>Additional Information NONE</p>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 10-27-22 AT APPROXIMATELY 5:38PM, A CRASH OCCURRED IN THE CITY OF MADISON AT THE INTERSECTION OF UNIVERSITY AVE. AND CRAIG AVE. UNITS 1, 2, AND 3 WERE ALL TRAVELING EASTBOUND ON UNIVERSITY AVE. IN THE LEFT LANE OF TRAFFIC. UNIT 3 WAS FIRST IN LINE AND SLOWED TO A STOP FOR A RED LIGHT AT THE INTERSECTION WITH CRAIG AVE. UNIT 2 WAS SECOND IN LINE AND ALSO BEGAN TO SLOW. UNIT 1 WAS UNABLE TO STOP AND REAR ENDED UNIT 2 WHICH PUSHED UNIT 2 INTO UNIT 3. NFA PO ARMBRUSTER 5973

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Location

ON UNIVERSITY AVE/ CTHMS EB 88 FT N OF CRAIG AVE IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.079791856	Longitude -89.472319277
	X Coordinate 298742	Y Coordinate 4772642.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		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 INTERSECTION	Intersection Type T-INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 10/27/2022	Time Initial Lane/Rd Closed 05:38 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 10/27/2022	Time All Lanes Open 06:33 PM	Date Scene Cleared 10/27/2022	Time Scene Cleared 06:33 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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 DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number AHJ8244		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1G11C5SL6FF246033		Make CHEVROLET	Year 2015	Model MALIBU		

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UNIT	VEHICLE	Color WHI - WHITE	Body Style SD - SEDAN	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage DISABLING DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SCHMIDTS		
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors NOT APPLICABLE		
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions FOLLOWING TOO CLOSE			
		Owner Name ABDELKADER BENSAHNOUNE (608) 692-6513	Owner Address 2301 S PARK ST # 7 MADISON, WI 53713 , US		
Sequence Of Events					
UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	VEHICLE	Policy Holder			
		Insurance Company INSURED-LLOYDS	Individual ABDELKADER BENSAHNOUNE		
UNIT	INDIVIDUAL	Individual			
		Driver ABDELKADER BENSAHNOUNE (608) 692-6513	Citations Issued 1	Sex MALE	
			Date of Birth 09/22/1993	Race WHITE	
		Address 2301 S PARK ST # 7 MADISON, WI 53713 , US	Driver License Number B5250009334204 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	VEHICLE	Safety Equipment			
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity SUSPECTED SERIOUS INJUR	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 #			

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source UNKNOWN			
	Distracted By Action UNKNOWN					
	Non Motorist		Striking Unit #		Location	
	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	
01	001	Drug Type				
		Individual Condition APPEARED NORMAL				
		Violations				
		UTC Number B1997168	Issue To? 001	Statute Number 346.14(1m)	Description AUTOMOBILE FOLLOWING TOO CLOSELY	

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	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 DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number ALB8472		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	

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02	UNIT VEHICLE	Vehicle Identification Number JN8AT3DD6MW312132		Make NISSAN	Year 2021	Model ROGUE
		Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 06 - REAR		Vehicle Damage 01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage DISABLING DAMAGE				
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SCHMIDTS		
		What Driver Was Doing SLOW/STOPPING		Vehicle Factors		
02	UNIT VEHICLE	Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION				
		Owner Name ANNE L SOLIE (608) 234-7337		Owner Address 972 GRIFFIN WAY DEFOREST, WI 53532 , US		
Sequence Of Events						
01	UNIT	Event MOTOR VEH IN TRANSPORT				
		Event				
		Event				
		Event				
04	UNIT	Event				
Policy Holder						
02	UNIT	Insurance Company HANOVER-INS-CO,-THE		Individual ANNE SOLIE		
		Individual				
02	UNIT INDIVIDUAL	Driver ANNE L SOLIE (608) 234-7337		Citations Issued 0	Sex FEMALE	
				Date of Birth 09/28/1965	Race WHITE	
		Address 972 GRIFFIN WAY DEFOREST, WI 53532 , US		Driver License Number S4000526584802 STATE: WISCONSIN COUNTRY: UNITED STATES		
02	UNIT 002	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		
02	UNIT 002	Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED

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UNIT	INDIVIDUAL	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		
		Non Motorist	Striking Unit #	Location
		Prior Action		
		Action		
		Action Other		
		To/From School		
		Drug & Alcohol		
02	002	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 KATHRYN MARY SOLIE (608) 630-2253	Citations Issued 0	Sex FEMALE
			Date of Birth 09/22/1998	Race WHITE
		Address 972 GRIFFIN WAY DEFOREST, WI 53532 , US	Driver License Number S4005139884200 STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
02	003	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 #

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UNIT INDIVIDUAL 02 003	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source			
	Distracted By Action					
	Non Motorist		Striking Unit #		Location	
	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						

Unit Summary

UNIT 03	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash <input type="checkbox"/> Tire Mark	Speed Limit 35	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 DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number APY9278		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number KL7CJPSB5KB917974		Make CHEVROLET	Year 2019	Model TRAX		
Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use		

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UNIT	VEHICLE	Initial Contact Point 06 - REAR		Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
		Extent Of Damage FUNCTIONAL DAMAGE				
		Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing SLOW/STOPPING		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
03	03	Owner Name BRIAN HERRERA MALDONADO (608) 888-3414		Owner Address 3580 BRECKENRIDGE CT # 5 FITCHBURG, WI 53713 , US		
Sequence Of Events						
UNIT	01	Event MOTOR VEH IN TRANSPORT				
		Event				
		Event				
		Event				
UNIT	04	Policy Holder				
		Insurance Company SAFECO-INS-CO-OF-AMERICA		Individual LIZ GUTIERREZ SANDOVAL		
UNIT	INDIVIDUAL	Individual				
		Driver LIZ CAROLINA GUTIERREZ SANDOVAL (608) 888-3414		Citations Issued 0	Sex FEMALE	
				Date of Birth 09/14/1987	Race	
		Address 3580 BRECKENRIDGE CT # 5 FITCHBURG, WI 53713 , US		Driver License Number G3625238783407 STATE: WISCONSIN COUNTRY: UNITED STATES		
03	004	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		
		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		

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UNIT	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED			
	Non Motorist	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			To/From School
INDIVIDUAL	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			