

01L0C22Z0Z

2022-371675

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

01L0C22Z0Z

Document Number Override		Primary Crash Document #		Agency Crash Number <b>126 "CLOSED"</b>		Investigating Officer/Deputy <b>OFFICER KEVIN COSTIN</b>	
Crash Date <b>09/11/2022</b>		Crash Time <b>03:26 PM</b>		Date Arrived <b>09/11/2022</b>		Time Arrived <b>03:35 PM</b>	
Date Notified <b>09/11/2022</b>		Time Notified <b>03:27 PM</b>		Total Units <b>02</b>		Total Injured <b>02</b>	Total Killed <b>00</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> <p style="text-align: center;">US HWY 12 (MM 253.0)</p> <p><b>DIAGRAM NOT TO SCALE</b></p>	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 TRAVELING NB ON US HWY 12 IN THE RIGHT LANE APPROACHING MILE MARKER 253.0. UNIT #2 (PEDESTRIAN) HAD PARKED THEIR VEHICLE ON THE RIGHT SHOULDER OF US HWY 12 NEAR THE SAME MILE MARKER. UNIT #2 EXITED THEIR VEHICLE AND SUDDENLY RAN INTO TRAFFIC STRIKING THE FRONT PASSENGER QUARTER PANEL AND WINDSHIELD OF UNIT #1. UNIT #2 REPORTEDLY WENT AIRBORNE AND FELL BACK DOWN TO THE PAVEMENT. UNIT #2 THEN STOOD UP AND SAID "IT DIDN'T WORK" BEFORE THEY GOT BACK INTO THEIR VEHICLE AND FLED THE SCENE. UNIT #2 LATER DIED IN A SEPARATE MOTOR VEHICLE VS PEDESTRIAN CRASH ON I90 NEAR BUCKEYE RD. NFA

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## Location

ON USH12 WB 0.53 MI N OF OLD SAUK RD IN THE CITY OF MADISON IN DANE COUNTY	Latitude <b>43.082589172</b>	Longitude <b>-89.521406308</b>
	X Coordinate <b>294755.25</b>	Y Coordinate <b>4773072</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>PEDESTRIAN</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>CLOUDY, RAIN</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>09/11/2022</b>	Time Initial Lane/Rd Closed <b>03:34 PM</b>	<b>LAW ENFORCEMENT, FIRE/EMS</b>	
Date All Lanes Open <b>09/11/2022</b>	Time All Lanes Open <b>04:18 PM</b>	Date Scene Cleared <b>09/11/2022</b>	Time Scene Cleared <b>04:18 PM</b>

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements	
	Total Occs <b>5</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>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>PEDESTRIAN</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>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
	<b>Vehicle</b>					
	01	License Plate Number <b>ADW9745</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>19XFA16539E045566</b>		Make <b>HONDA</b>	Year <b>2009</b>	Model <b>CIVIC</b>		

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UNIT VEHICLE	Color <b>RED - RED</b>	Body Style <b>SD - SEDAN</b>	Bus Use
	Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT</b>	
	Extent Of Damage <b>MINOR DAMAGE</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>NANCY MILLER (612) 751-2528</b>	Owner Address <b>8570 GREENWAY BLVD # 115 MIDDLETON, WI 53562 , US</b>	
UNIT 01	<b>Sequence Of Events</b>		
	01	Event <b>PEDESTRIAN</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>NANCY MILLER</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>EON GRAHAM EHLERS (608) 477-2052</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>12/06/1978</b>	Race <b>WHITE</b>
	Address <b>E5896 LAVALLE ST REEDSBURG, WI 53959 , US</b>	Driver License Number <b>E4622077844609 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 01	<b>Safety Equipment</b>		
	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <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 <b>EMS Run #</b>	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<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 #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<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	
01 001	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>NANCY MILLER (612) 751-2528</b>		Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
			Date of Birth <b>12/13/1951</b>		Race <b>WHITE</b>	
	Address <b>8570 GREENWAY BLVD # 115 MIDDLETON, WI 53562 , US</b>		Driver License Number <b>M4606205195300</b> STATE: WISCONSIN COUNTRY: UNITED STATES			
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>		<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
01 002	<b>Injury</b>		Injury Severity <b>POSSIBLE 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	

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UNIT INDIVIDUAL	<b>Distracted By</b>		Distracted By Source	
	Distracted By Action			
	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<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>APPEARED NORMAL</b>				
UNIT INDIVIDUAL	<b>Individual</b>			
	Passenger <b>CRYSTAL LYNN EHLERS (608) 402-5359</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth <b>10/29/1984</b>	Race <b>WHITE</b>
	Address <b>E5896 LAVALLE ST REEDSBURG, WI 53959 , US</b>		Driver License Number <b>E4621128488903 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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	
<b>Distracted By</b>		Distracted By Source		

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UNIT	Distracted By Action										
	<b>Non Motorist</b>	Striking Unit #	Location								
		Prior Action									
	<b>INDIVIDUAL</b>	Action									
		Action Other									
		To/From School									
		<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							
	01	003	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results						
			Drug Type								
Individual Condition <b>APPEARED NORMAL</b>											
<b>Individual</b>											
<table border="1"> <tr> <td>Passenger <b>BRIANNA EHLERS (608) 477-2052</b></td> <td>Citations Issued <b>0</b></td> <td>Sex <b>FEMALE</b></td> </tr> <tr> <td></td> <td>Date of Birth</td> <td>Race <b>WHITE</b></td> </tr> <tr> <td colspan="2">Address <b>E5896 LAVALLE ST REEDSBURG, WI 53959 , US</b></td> <td>Driver License Number</td> </tr> </table>			Passenger <b>BRIANNA EHLERS (608) 477-2052</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>		Date of Birth	Race <b>WHITE</b>	Address <b>E5896 LAVALLE ST REEDSBURG, WI 53959 , US</b>		Driver License Number
Passenger <b>BRIANNA EHLERS (608) 477-2052</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>									
	Date of Birth	Race <b>WHITE</b>									
Address <b>E5896 LAVALLE ST REEDSBURG, WI 53959 , US</b>		Driver License Number									
UNIT	INDIVIDUAL	<b>Safety Equipment</b>									
		On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>								
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>								
		Helmet Use	Helmet Compliance								
		Eye Protection	Tint Compliance								
		01	005	<b>Injury</b>	Injury Severity <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					
				<b>Distracted By</b>	Distracted By Source						
Distracted By Action											

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UNIT INDIVIDUAL	01 005	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action				
		Action				
		Action Other				To/From School
		<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>APPEARED NORMAL</b>				
		UNIT INDIVIDUAL	01 006	<b>Individual</b>		
Passenger <b>ADDYSON EHLERS (608) 477-2052</b>				Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race <b>WHITE</b>	
Address <b>E5896 LAVALLE ST REEDSBURG, WI 53959 , US</b>				Driver License Number		
<b>Safety Equipment</b>	On Duty Crash			Safety Equipment		
Row <b>02 - SECOND ROW</b>	Seat Position <b>08 - MIDDLE</b>			<b>SHOULDER &amp; LAP BELT</b>		
Helmet Use				Helmet Compliance		
Eye Protection				Tint Compliance		
<b>Injury</b>	Injury Severity <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		
<b>Distracted By</b>	Distracted By Source					
	Distracted By Action					
	<b>Non Motorist</b>	Striking Unit #	Location			

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UNIT 01	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
	<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>APPEARED NORMAL</b>				

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>PEDESTRIAN</b>	
	Vehicle Type <b>PEDESTRIAN</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>NOT APPLICABLE</b>	Direction Of Travel <b>NOT ON ROADWAY</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>2</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>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

## Sequence Of Events

IT IDUAL	01	Event <b>PEDESTRIAN</b>		
	02	Event		
	03	Event		
	04	Event		
	<b>Individual</b>			
IDUAL	Pedestrian <b>JASON RICHARD WRAY (670) 690-3568</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>06/21/1977</b>	Race <b>WHITE</b>



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UN	INDIV	Address <b>6 DARIEN CIR MADISON, WI 53717 , US</b>		Driver License Number <b>W6004367722108</b> STATE: WISCONSIN COUNTRY: UNITED STATES			
		<b>Safety Equipment</b>		On Duty Crash			
		Safety Equipment					
		Row <b>98 - NOT APPLICABLE</b>	Seat Position	<b>NONE</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		02	004	<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>NOT APPLICABLE</b>
				Ejected <b>NOT APPLICABLE</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
<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>01</b>	Location <b>NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK</b>		
Prior Action <b>OTHER</b>							
Action <b>SUDDEN MOVEMENT INTO TRAFFIC</b>							
Action Other				To/From School <b>NO</b>			
02	004	<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>					

## Witness

WITN 01 ESS	Individual <b>GLENN G LONE</b> (715) 864-6683	Address <b>E21588 US HWY 12 AUGUSTA, WI 54722 , US</b>	Date of Birth <b>04/23/1969</b>

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Witness

WITN 02 ESS	Individual JACOB I KOPPEL-EGIERD (908) 770-1602	Address 111 S BASSETT ST #103 MADISON, WI 53703 , US	Date of Birth 08/11/1995