5JL2C22Z0L 2022-249635

WISCONSIN MOTOR VEHICLE CRASH REPORT

TOWN OF MADISON POLICE DEPT 2120 FISH HATCHERY ROAD MADISON, WI 53713 (608) 210-7262

	Document Number Override	Primary Crash I	Crash Time		Crash Number	Investigating Officer/Deputy OFFICER J. WEAVER			
0 L	Crash Date 06/26/2022				rrived 2022	Time Arrived 07:19 PM			
22Z(Date Notified 06/26/2022				nits	Total Injured 01	· · · · · · · · · · · · · · · · · · ·		
-2C	On Emergency	Hit and Run	✓ Lane Closu	ire	☐ Work Zone	Trailer or 1	Γowed		Reporting Threshold
5 1	Government Active S		hool Zone School Bus Related NO		Bus Related	Tags			
	✓ Reportable Crash Type DT4000 (STANDARD CRASH))		Amended			Secondary Crash

Description



Reconstruction By

Photos By **BUTLER**

Additional Information
CRIMINAL INCIDENT, DRUG
INFLUENCE (DRE), PHOTOS,
TRAFFIC CAMERA VIDEO,
WITNESS STATEMENTS, DASH
CAMERA VIDEO, BODY CAMERA
VIDEO

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

UNIT 1 WAS SB ON RIMROCK RD APPROACHING HWY 12 EXIT RAMP FROM EB HWY 12. UNIT 2 WAS EXITING FROM EB HWY 12 TO RIMROCK RD. UNIT 1 FAILED TO STOP AT THE STOP AT THE RED SIGNAL AND STRUCK UNIT 2 AS IT WAS TURNING LEFT. AFTER BEING STRUCK, UNIT 2 CROSSED OVER THE MEDIAN AND ENDED UP IN THE DITCH ON THE RIGHT SHOULDER OF NB RIMROCK. UNIT 2 OPERATOR WAS ENTRAPPED BUT WAS EXTRICATED AND TRANSPORTED TO UW HOSPITAL. UNIT 1 OPERATOR WAS ARRESTED FOR OMVWI CAUSE INJURY AND A BLOOD DRAW OBTAINED BY WARRANT.

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L	_OC	ation ——										
ſ	ON I	RIMROCK/ CTHMM S	В				Latitude			Longitud	de	
	117 FT N OF USH12 EB						43.04088	89019		-89.378	8075464	
							X Coordin	ate		Y Coord	linate	
	IN THE TOWN OF MADISON IN DANE COUNTY							6875		476810	00	
	ט אוו	ANE COUNTY					Structure Type					
							NO STRUCTURE					
(Cras	sh Scene										
Т	First	Harmful Event					First Harm	nful Event Lo	ocation			
	MOT	OR VEH IN TRANSP	ORT				ON ROA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		ner of Collision					Light Cond					
		ANGLE						HT				
L	-	Surface Condition(s)					Roadway					
								i actor(s)				
	DRY	•										
	Envir	onment Factor(s)										
	NON	IE					NONE					
ľ	Weat	her Condition(s)					1					
	CLE	AR										
F	Animal Type						Relation To Trafficway					
							CWAY - OI					
	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY Tribal Land				NO SPECIAL JURISDICTION Access Control Special Study							
	Tibal Land					NO CON				Special Study		
	Within Interchange Area Junction Location					Intersection						
L	YES INTERSECTION						RSECTION					
		ure Type			Reaso	ons for Clos	ure					
L		SURE-ONE DIRECTION			l					_		
		Initial Lane/Rd Closed	Time Initial Lane/Rd Close	d	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS							
		6/2022 All Lanes Open	07:19 PM Time All Lanes Open		Date Scene Cleared 06/26/2022			ared Time Scene Cleared		red		
		6/2022	08:20 PM						:20 PM			
į	Jnit	Summary =	l		1			ı				
		Status		Vehi	icle Ope	erating As C	lassification	1	Unit Type			
	IN T	RANSIT		DC	LASS				AUTOMOBILE			
f	Vehic	cle Type							Operating As Endorsements			
	PAS	SENGER CAR										
F	Total	Occs	Train/Bus # Recorded	Tota	Total # Citations Issued		Total Traile		ailers Total HazMat Types		:Mat Types	
	1			4	4		0			0		
f	Insur	ance?	Direction Of Travel		Pre	CrashTire	<u>,</u>	Speed Lim	mit Total Lanes		es	
	YES		SOUTHBOUND			Mark	35		2			
f	Most	Harmful Event: Collision	With		cial Fun				Emergency I			
	МОТ	OR VEH IN TRANSP	ORT	NO	NO SPECIAL FUNC		CTION		NOT APPLICABLE			
t	Traffic Way			Traff	Traffic Control				Traffic Control Inoperative/Missing			
	DIVIDED HWY W/O TRAFFIC BARRIER			TRA	TRAFFIC SIGNAL				NO			
ľ	Surfa	Surface Type R			d Curva	iture			Road Grade			
	CONCRETE			STR	RAIGH	Т			DOWNHIL	L		
П		Bus or HazMat		•					•			
1	NO											
	\	/ehicle										
		License Plate Number			te Type		_	St	Country of Iss			
		AED8834				ITOMOBII			UNITED ST	STATES		
	_	Vehicle Identification Nur		Mal				Year	Model			
5	0	O 1G1PK5S95B7298517			CHEVROLET			2011	CRUZE			

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		Color		Body Style		Bus Use				
		WHI - WHITE	4D - 4DR		_					
	Щ	Initial Contact Point	Vehicle Damage 7 8 9 10 11							
UNIT	≌	12 - FRONT Extent Of Damage	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT							
n	VEHICL	DISABLING DAMAGE		CORNER, 12 - FROM			5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING	SCHMIDT'S							
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT Driver Prior Action Other		NOT APPLICABLE						
		Driver Frior Action Other								
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY, DISREGARDED RED LIGHT, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR								
	쁘	FAILED TO YIELD RIGHT-OI RRATIC MANNER	F-WAY, DISREGARDED	RED LIGHT, OPERA	TED MOTOR VEH	ICLE IN INATTENT	IVE, CARELESS OR			
UNIT	VEHICL									
–	Ē									
		Owner Name VICTORIA M BALDERAS		Owner Address	RIDGE TRI #3					
01	5	(608) 772-1266	2506 PHEASANT RIDGE TRL #3 MADISON, WI 53713 , US							
	;	Sequence Of Events								
	2	Event MOTOR VEH IN TRANSPOR	т							
	0	Event	•							
	05	FIRE/EXPLOSION								
	03	Event								
	40	Event								
		Policy Holder								
UNIT		Insurance Company		Individual						
–		GEICO-CASUALTY-CO		VICTORIA BALDE	RAS					
	ı	Individual								
		Driver VICTORIA M BALDERAS		Citations Issued	Sex					
	AL	(608) 772-1266		Date of Birth	FEMALE Race					
_	DO			11/03/1999	HISPANIC	C				
N O	₹	Address		Driver License Number						
ارا	INDIN	2506 PHEASANT RIDGE TR MADISON, WI 53713, US	L #3	B4368739990300 STATE: WISCONSIN COUNTRY: UNITED STATES						
		masicon, wildows, co								
	_	On Duty Cr	On Duty Crash			Safety Equipment				
	Sai	fety Equipment								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAF	BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tist Compliance						
		,		Tint Compliance						
01	001	Injury Seve	Airbag DEPLOYED-COMBINATION							
		7 F 140 711 17	ection Path	32. 20125 COME		Trapped/Extricated				
			OT EJECTED/NOT APP	LICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								

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Crash Date 06/26/2022

Crash Time 07:15 PM

		Hospital			Date of Death			Time of Death			
		Distracted By	Distracted By S HAND-HELD	ource MOBILE PHONE							
		Distracted By Action UNKNOWN									
	Non Motorist Striking Unit # Location										
		Prior Action		I							
		Action									
	AL										
UNIT	INDIVIDUAL										
O	NDI										
	=										
		Action Other									To/From School
			Suspected Alco	hol Use		Suspected Drug Use					
	L	Drug & Alcohol NO				YES					
		Alcohol Test Given	LIT ODTAINE	Alcohol Test T	ype				Alcohol Tes	t Results	
				D BLOOD Drug Test Typ	е	Drug Test Results		t Results	PENDING		
		TEST REFUSED BUT OBTAINED BLOOD Drug Type					PENDIN	IG			
6	001	Drug Type									
		Individual Condition									
		PHYSICALLY IMP	AIRED								
	ļ	/iolations									
	01	UTC Number BG151394	Issue To?	Statute Number 346.63(2)(a)1		Description CAUSE INJURY/OPE	ERATE W	/HILE U	NDER INFL	UENCE 1	ST
	02	UTC Number BG151395	Issue To?	Statute Number 346.63(2)(a)3		Description CAUSE INJURY/OPERATE RESTRICTED CONTROL SUBS					s
	03	UTC Number BG151396	Issue To?	Statute Number 346.37(1)(c)1		Description OPERATOR VIOLATE RED TRAFFIC LIGHT					
	04	UTC Number BG151397	Issue To?	Statute Number 344.62(2)		Description OPERATE MOTOR VEHICLE W/O PROOF OF INSURANCE					
	Uni	Summary •									
		Status				ehicle Operating As Classi	fication		Unit Type		
		RANSIT			D	D CLASS AUTOMOBILE					
02		cle Type SSENGER CAR				Operating As Endorsements					ents
	Tota	Occs	Train/Bus	# Recorded		Total # Citations Issued Total Traile			,,		lat Types
	1 Insu	ance?	Direction (Of Travel	0	Due Creek Tire	0	peed Lim	it	O Total Lane:	3
<u></u>	YES					Pre CrashTire Speed Lim Mark 55			3		
LNO		Harmful Event: Collision				Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way				affic Control			Traffic Control Inoperative/Missing		
		DED HWY W/O TRA ace Type	AFFIC BARRII	EK		PAFFIC SIGNAL Dad Curvature			NO Road Grade		
	CONCRETE				STRAIGHT			UPHILL			

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	Truck Bus or HazMat									
	,	Vehicle								
		License Plate Number		Plate Type	St	Country of Issuance				
		789REW		AUT - AUTOMOBILE	WI	UNITED STATES				
02	05	Vehicle Identification Number JF2SKAJC3LH603744		Make SUBARU	Year 2020	Model FORESTER				
	J	Color		Body Style Bus Use						
		GRN - GREEN		UT - SPORT UTILITY VEHICLE						
	Щ	Initial Contact Point		Vehicle Damage						
UNIT	걸	09 - LEFT SIDE MIDDLE		08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 -						
Б	VEHICL	Extent Of Damage DISABLING DAMAGE		LEFT SIDE FRONT, 11 FRONT, 14 - UNDERC		1 CORNER, 12 -	5 4 3 2 1			
	>	Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE		SCHMIDT'S						
		What Driver Was Doing		Vehicle Factors						
		LEFT TURN		NOT APPLICABLE						
		Driver Prior Action Other		NOT ATTEIOABLE						
		Driver Actions								
_	Щ	NO CONTRIBUTING ACTION								
UNIT	VEHICL									
5	Ē									
	>									
		Owner Name		Owner Address						
02	02	CHRISTOPHER MANFRED I (608) 279-8030	2045 ATWOOD AVE # 309 MADISON, WI 53704 , US							
٥										
	:	Sequence Of Events								
	5	Event MOTOR VEH IN TRANSPOR)T							
	0		\ I							
	02	CROSS MEDIAN								
	03	DITCH								
	04	Event								
_		Policy Holder								
INO		Insurance Company		Individual						
ر		AMERICAN-FAMILY-INS-CO)	CHRISTOPHER LECHNER						
		Individual		Louis de la						
		Driver CHRISTOPHER MANFRED I	LECHNER	Citations Issued 0	Sex MALE					
	JAL	(608) 279-8030		Date of Birth	Race					
⊨	INDIVIDUAL			05/06/1967	WHITE					
LINO	<u>></u>	Address 2045 ATWOOD AVE # 309		Driver License Number L2561136716605						
	Z	MADISON, WI 53704 , US		STATE: WISCONSIN	I COUNTRY: U	NITED STATES				
	Sai									
	Jai	fety Equipment	Coot Dools.	SHOULDER & LAP	RFI T					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	DELI					
		Helmet Use	1	Helmet Compliance						

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Crash Date 06/26/2022

Crash Time 07:15 PM

		Eye Protection		Tint Compliance					
02	005		Severity PECTED SERIOUS INJUR	Airbag DEPLOYED-COMBINATION					
		Ejected	Ejection Path	DEFECTED-COMBI	NATION	Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT APPI	ICARI F		TRAPPED/EXTRICA	TED		
		Medical Transport	1101 2020122/11017111	EMS Agency Identifier					
		EMS GROUND		6000358		22249636			
		Hospital		Date of Death		Time of Death			
		UNIVERSITY OF WI HOS	SPITALS & CLINICS AUT						
	,	Distracted By NOT	ted By Source APPLICABLE (NOT DISTRA	CTED)					
		Distracted By Action NOT DISTRACTED							
	,	Non Motorist Striking	g Unit # Location						
		Prior Action							
		Action							
	INDIVIDUAL								
╘	J								
UNIT									
	ቯ								
	=								
		Action Other					To/From School		
	L	Drug & Alcohol NO	cted Alcohol Use	Suspected Drug Use NO					
		Alcohol Test Given	Alcohol Test Type	9		Alcohol Test Results			
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results				
02	002	Drug Type			1				
		Individual Condition							
		APPEARED NORMAL							