

01L066DKT4

2022-40309

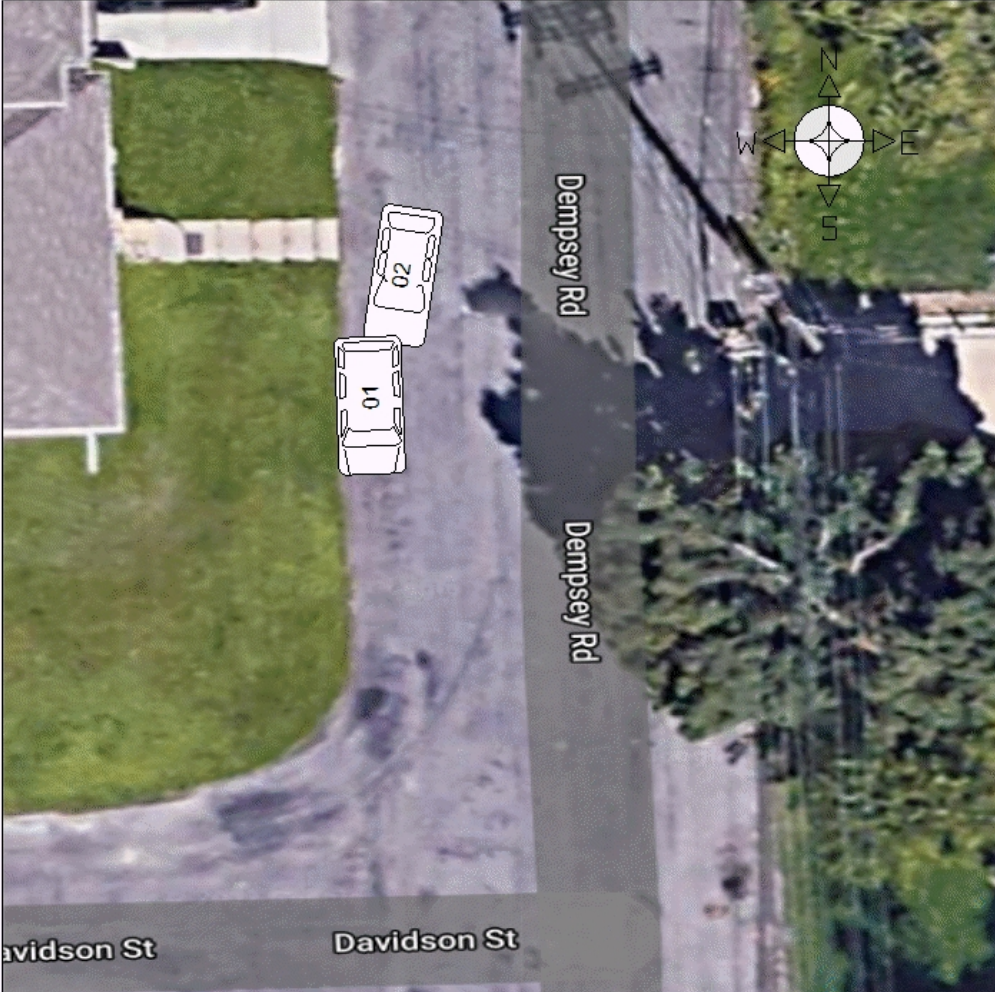
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>MUNI</b>		Investigating Officer/Deputy <b>OFFICER T. JAHNKE</b>	
Crash Date <b>02/02/2022</b>		Crash Time <b>01:31 AM</b>		Date Arrived <b>02/02/2022</b>		Time Arrived <b>01:31 AM</b>	
Date Notified <b>02/02/2022</b>		Time Notified <b>01:31 AM</b>		Total Units <b>02</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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

Diagram	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.

ON 2/2/22 UNIT 1 WAS UNOCCUPIED AND LEGALLY PARKED FACING SOUTHBOUND ON THE SIDE OF DEMPSEY RD NEAR 3909 DEMPSEY RD. UNIT 2 WAS OPERATING SOUTHBOUND ON DEMPSEY RD AND STRUCK UNIT 1 CAUSING SEVERE DAMAGE. THE OPERATOR OF UNIT 2 WAS SUSPECTED OF DRIVING WHILE IMPAIRED AND HAD TO BE TRANSPORTED TO THE HOSPITAL VIA AMBULANCE DUE TO INJURIES SUSTAINED DURING THE CRASH. THE OPERATOR OF UNIT 2 WAS ULTIMATELY CITED FOR OWI 1ST AND WAS SUBJECTED TO A BLOOD DRAW. THE OPERATOR OF UNIT 2 WAS ALSO CITED FOR OPERATING WITHOUT INSURANCE AND FAILURE TO CONTROL VEHICLE. FOR MORE INFORMATION SEE WRITTEN REPORT UNDER CASE #22-40309. NFA OFFICER T. JAHNKE 5791

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## Location

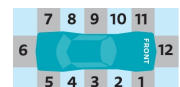
ON DEMPSEY RD 138 FT N OF DAVIDSON ST IN THE CITY OF MADISON IN DANE COUNTY	Latitude <b>43.083339374</b>	Longitude <b>-89.31625376</b>
	X Coordinate <b>311457.8125</b>	Y Coordinate <b>4772673.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DARK/UNLIT</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>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

## Unit Summary

UNIT 01	Unit Status <b>LEGALLY PARKED</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements		
	Total Occs <b>0</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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</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>TWO-WAY, NOT DIVIDED</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>UPHILL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE 01	<b>Vehicle</b>					
		License Plate Number <b>DF31805</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>2FMDK4JC5DBB57437</b>		Make <b>FORD</b>	Year <b>2013</b>	Model <b>UTILITY</b>			
Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use			
Initial Contact Point <b>07 - LEFT REAR CORNER</b>		Vehicle Damage <b>06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</b>					
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>							



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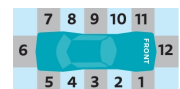
MADISON POLICE DEPARTMENT  
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UNIT VEHICLE	01	Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Vehicle Removed By <b>SCHMIDT'S</b>
		What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors
		Driver Prior Action Other	<b>NOT APPLICABLE</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>CANDACE K WATT (618) 684-3332</b>	Owner Address <b>102 LAKE FOREST DR MURPHYSBORO, IL 62966 , US</b>
UNIT	01	<b>Sequence Of Events</b>	
		Event <b>PARKED MOTOR VEHICLE</b>	
		Event	
		Event	
		Event	
UNIT	04	<b>Policy Holder</b>	
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>CANDACE WATT</b>

## Unit Summary

UNIT VEHICLE	02	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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
		Traffic Way <b>TWO-WAY, NOT DIVIDED</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>UPHILL</b>		
		Truck Bus or HazMat <b>NO</b>						

UNIT VEHICLE	02	<b>Vehicle</b>			
		License Plate Number <b>ANC9744</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1HCGG5651YA085740</b>	Make <b>HONDA</b>	Year <b>2000</b>	Model <b>ACCORD EX</b>
		Color <b>BLK - BLACK</b>	Body Style <b>4D - 4DR</b>		Bus Use
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
UNIT VEHICLE	02	Extent Of Damage <b>DISABLING DAMAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SCHMIDT'S</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILURE TO CONTROL, OTHER CONTRIBUTING ACTION</b>				
02	Owner Name <b>JEFFREY WILLIAM HOFFMASTER (608) 512-3701</b>		Owner Address <b>4307 MAJOR AVE MADISON, WI 53716 , US</b>		
	<b>Sequence Of Events</b>				
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>JEFFREY WILLIAM HOFFMASTER</b>		Citations Issued <b>3</b>	Sex <b>MALE</b>	
			Date of Birth <b>04/27/1989</b>	Race <b>WHITE</b>	
	Address <b>4307 MAJOR AVE MADISON, WI 53716 , US</b>		Driver License Number <b>H1524398914706</b> STATE: WISCONSIN COUNTRY: UNITED STATES		
02	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</b>		Airbag <b>DEPLOYED-FRONT</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
		Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>6000358</b>	EMS Run #
		Hospital <b>UW HEALTH-AMERICAN CENTER</b>		Date of Death	Time of Death
	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>					
<b>Non Motorist</b>		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>YES</b>	
		Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>BLOOD</b>	Alcohol Test Results <b>PENDING</b>	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
		Drug Type				
		Individual Condition  <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>				
		<b>Violations</b>				
		02	001	01	UTC Number <b>BF049323</b>	Issue To? <b>001</b>
02	001	02	UTC Number <b>BF049324</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>
03	001	03	UTC Number <b>BF049325</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>