

01L0C713V6

2022-47998

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 611 CLOSED		Investigating Officer/Deputy OFFICER JOEL HAAR	
Crash Date 02/07/2022		Crash Time 10:31 PM		Date Arrived 02/07/2022		Time Arrived 10:39 PM	
Date Notified 02/07/2022		Time Notified 10:31 PM		Total Units 02		Total Injured 02	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>	Reconstruction By
	Photos By MADISON PD
	Additional Information PHOTOS, DASH CAMERA VIDEO

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

UNIT 2 WAS TURNING N/B ONTO WITTWER RD. FROM MILWAUKEE ST. UNIT 1 WAS GOING E/B ON MILWAUKEE ST. AS UNIT 2 TURNED N/B, UNIT 1 INTENTIONALLY T-BONED UNIT 2. THIS WAS RELATED TO A DISTURBANCE/BURGLARY COMPLAINT.

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Location

INTERSECTION ON MILWAUKEE ST AT WITTWER RD IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.098583996	Longitude -89.310272095
	X Coordinate 311991.40625	Y Coordinate 4774353
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DARK/LIGHTED	
Road Surface Condition(s) DRY		Roadway Factor(s) 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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 02/07/2022	Time Initial Lane/Rd Closed 10:31 PM	LAW ENFORCEMENT	
Date All Lanes Open 02/07/2022	Time All Lanes Open 11:02 PM	Date Scene Cleared 02/07/2022	Time Scene Cleared 11:02 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 CrashTire Mark	Speed Limit 25	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number RC6891		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 5TFUY5F18LX870632		Make TOYOTA	Year 2020	Model TUNDRA		

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UNIT	VEHICLE	Color WHI - WHITE	Body Style PK - PICKUP	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	12 - FRONT		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SCHMIDT'S		
		What Driver Was Doing ACCELERATING IN ROAD	Vehicle Factors		
		Driver Prior Action Other	NOT APPLICABLE		
UNIT	VEHICLE	Driver Actions EXCEED SPEED LIMIT, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OTHER CONTRIBUTING ACTION			
		Owner Name COREY BRIAN SANDERSON (608) 228-5528 Owner Address 329 S WALBRIDGE AVE MADISON, WI 53714 , US			
UNIT	01	Sequence Of Events			
		01	Event MOTOR VEH IN TRANSPORT		
		02	Event		
		03	Event		
		04	Event		
UNIT	01	Policy Holder			
		Insurance Company FARMERS-AUTOMOBILE-INS-ASSOC,-THE	Individual COREY SANDERSON		
		Individual			
UNIT	INDIVIDUAL	Driver COREY BRIAN SANDERSON (608) 228-5528	Citations Issued 0	Sex MALE	
			Date of Birth 06/07/1992	Race WHITE	
		Address 329 S WALBRIDGE AVE MADISON, WI 53714 , US	Driver License Number S5361029220701 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	001	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 DEPLOYED-COMBINATION	
UNIT	001	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 01 001	Hospital		Date of Death		Time of Death	
	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
	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 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	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 TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	02 02	License Plate Number AMH5705		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number VWVDB7AJ6CW298115		Make VOLKSWAGEN	Year 2012	Model GOLF		
Color BLK - BLACK		Body Style HB - HATCHBACK		Bus Use		

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UNIT VEHICLE	Initial Contact Point 09 - LEFT SIDE MIDDLE		Vehicle Damage 09 - LEFT SIDE MIDDLE		
	Extent Of Damage DISABLING DAMAGE				
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By SCHMIDT'S		
	What Driver Was Doing LEFT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name CHRISTOPHER JARAMIAH GUNDLACH		Owner Address 225 W EXCHANGE ST VIOLA, WI 54664 , US		
UNIT 02	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	Individual				
	Driver LANCE GERALD OTT		Citations Issued 0	Sex MALE	
			Date of Birth 12/25/1988	Race WHITE	
	Address 2034 RINDEN RD COTTAGE GROVE, WI 53527 , US		Driver License Number O3005278846509 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 02	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-COMBINATION	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated TRAPPED/EXTRICATED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6000358	EMS Run # 047997	
	Hospital UW HEALTH-AMERICAN CENTER		Date of Death	Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		

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UNIT	Distracted By Action NOT DISTRACTED		
	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	Individual		
	Passenger RONDA MAE GRANJA	Citations Issued 0	Sex FEMALE
		Date of Birth 05/23/1979	Race WHITE
	Address 2401 POST RD # 4 FITCHBURG, WI 53713 , US	Driver License Number G6527337968300 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	
	Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-COMBINATION
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
Medical Transport EMS GROUND	EMS Agency Identifier 6000358	EMS Run # 047997	
Hospital UW HEALTH-AMERICAN CENTER	Date of Death	Time of Death	
Distracted By	Distracted By Source		
Distracted By Action			

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location
		Prior Action			
		Action			
		Action Other			To/From School
02	003	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			