01L0TS2F5Q 2022-30966

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Overric	le	- I		Agency Crash Number MUNI		Investigating Officer/Deputy OFFICER A. JACKSON			
2	Crash Date 01/25/2022		Ordon Timo		Date Arrived 01/25/2022		Time Arrived 07:16 PM			
SZF	Date Notified 01/25/2022		Time Notified 07:06 PM		Total Units 02		Total Injured 03	Total Killed 00		
); []	On Emergency Hi		it and Run Lane Closu		ure Work Zone		Trailer or	Γowed		Reporting Threshold
0 1 1	Government Property		Active School Zene		School Bus Related NO		Tags			
	✓ Reportable	Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH)			Amended			Secondary Crash	

Description Diagram Reconstruction By DIAGRAM IS NOT TO SCALE Photos By American Plany Additional Information **NONE** High Crossing Blvd & Nelson Rd Nelson Rd

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

ON 01/25/2022 AT APPROXIMATELY 7:06PM, UNIT 1 REPORTED DRIVING NORTHBOUND ON HIGH CROSSING BLVD TOWARDS THE ON-RAMP TO US HWY 151. UNIT 1 REPORTED HE HAD A GREEN TRAFFIC LIGHT AND WHEN HE DROVE INTO THE INTERSECTION AT NELSON RD, UNIT 2, WHICH WAS TRAVELING WESTBOUND ON NELSON RD, RAN THE RED TRAFFIC LIGHT FOR WESTBOUND TRAFFIC ON NELSON RD AND STRUCK HIS VEHICLE. UNIT 2 REPORTED UNIT 1 HAD RUN THE RED TRAFFIC LIGHT FOR NORTHBOUND TRAFFIC ON HIGH CROSSING BLVD, CAUSING UNIT 2 TO STRIKE UNIT 1. A WITNESS REPORTED UNIT 1 HAD RUN A RED TRAFFIC LIGHT FOR NORTHBOUND TRAFFIC ON HIGH CROSSING BLVD, CAUSING UNIT 2 TO STRIKE UNIT 1. THE INCIDENT CAUSED INJURY TO UNIT 1 AND THE DRIVER AND BOTH OCCUPANTS OF UNIT 2. THE INCIDENT CAUSED DISABLING DAMAGE TO UNIT 1 AND 2. BASED ON THE TOTALITY OF INFORMATION, UNIT 1 WAS CITED WITH A RED LIGHT VIOLATION CITATION. NFA.

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Location

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Crash Time 07:06 PM

	ON AT I	ERSECTION HIGH CROSSING BL' NELSON RD 'HE CITY OF MADISO				A3.14454 X Coordin			Y Coord	2662553 dinate		
		ANE COUNTY				314377.4 Structure	Туре		477939	96.5		
				NO STR	UCTURE							
(sh Scene										
		Harmful Event					nful Event Lo	ocation				
		TOR VEH IN TRANSP	ORT			ON ROA						
		ner of Collision ANGLE				Light Con						
		d Surface Condition(s)				DARK/L Roadway						
		DW, ICE				rtoddway	1 40101(3)					
	Envi	ronment Factor(s)										
	NON	NE				NONE						
	Wea	ther Condition(s)										
	CLE	AR										
	Anim	nal Type				Relation T	o Trafficway	, , , , , , , , , , , , , , , , , , ,				
							CWAY - O					
	Cras	h Classification - Location	1			Crash Cla	ssification -	Jurisdiction				
	PUE	BLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION				
	Triba	al Land				Access Co		'				
	With	in Interchange Area		Intersection								
	NO	3	Junction Location INTERSECTION			RSECTION	I					
	Unit	t Summary =			I							
		Status		Vehicle Ope	erating As C	lassification	1	Unit Type				
	IN T	IN TRANSIT			_	AUTOMOB			BILE			
_	Vehi	cle Type					Operating	As Endorse	ments			
0	PAS	SENGER CAR										
		I Occs	Train/Bus # Recorded	Total # Cita	i	Total Trail	ers		Mat Types			
	1		Di di O(T	1				,,	O Total Lanca			
	YES	rance?	Direction Of Travel NORTHBOUND	Pre	CrashTire	•						
UNIT		Harmful Event: Collision		Special Fun	Mark				Emergency Motor Vehicle Use			
5		TOR VEH IN TRANSP			IAL FUNC	CTION		NOT APPLICABLE				
		ic Way		Traffic Cont	trol			Traffic Control Inoperative/Missing				
	TWO	D-WAY, DIVIDED, UN	PROTECTED (PAINTED > 4	TRAFFIC	SIGNAL			NO				
	Surfa	асе Туре		Road Curva	ature			Road Grade				
		CKTOP (BITUMINOL	JS)	STRAIGH	Т			LEVEL				
		k Bus or HazMat										
	NO											
	'	Vehicle										
		License Plate Number		Plate Type		_	St	Country of Issuance				
		ABG7497			JTOMOBII	LE	WI	UNITED S	IAIES			
5	01	Vehicle Identification Nu 2T1BURHE2FC3809		Make TOYOTA			Year 2015	Model COROLLA				
)	Color	Body Style			2013	Bus Use	<u> </u>				
		RED - RED		SD - SEDAN								
	Щ	Initial Contact Point		Vehicle Da								
╘	C	03 - RIGHT SIDE MII	DDLE	00 5101	UT 0:55 5	DON'T CO	DICUT	NDE 14100		7 8 9 10 11		
L N O	/EHICL	Extent Of Damage			HT SIDE F HT SIDE F		- KIGHT	SIDE MIDD	LE,	6 Roy 12		
_	VE	DISABLING DAMAG	BE					5 4 3 2 1				
Visco	nsin N	Motor Vehicle Crash	This re	port does not	include anv	CJIS data.			Crash Date	e 01/25/2022		

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		Towed Due To Damage		Vehicle Removed By					
		TOWED DUE TO DISABL	NG DAMAGE	SCHMIDTS TOWING					
		What Driver Was Doing		Vehicle Factors					
		GOING STRAIGHT							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	ш	DISREGARDED RED LIGI	нт						
⊢	VEHICLE								
UNIT	\exists								
_	/EI								
		Owner Name		Owner Address					
_	_	ETHAN TRENT HYATT		122 W MAIN ST					
0	0	(608) 577-0259		DANE, WI 53529	, US				
		Sequence Of Events							
	01	MOTOR VEH IN TRANSPO	ORT						
	02	Event MOTOR VEH IN TRANSPO	ORT						
		Event							
	03								
	04	Event							
_	i	Policy Holder							
UNIT		Insurance Company		Individual					
1		PROGRESSIVE-CLASSIC	-INS-CO	ETHAN HYATT					
	ı	Individual							
		Driver		Citations Issued Sex					
	Ļ	ETHAN TRENT HYATT (608) 577-0259		1 MALE					
	UA	(000) 377-0239		Date of Birth	Race WHITE				
UNIT	INDIVIDUAL	A 11		01/16/1996 WHITE Driver License Number					
5		Address 122 W MAIN ST		H3002189601608	er ·				
	Z	DANE, WI 53529 , US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty	Crash	Safety Equipment					
	Sai	fety Equipment							
		Row	Seat Position	SHOULDER & LAF	BELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		_,-,		Time Compilation					
10	001	Injury Se	everity	Airbag					
0	ŏ		CTED SERIOUS INJUR	DEPLOYED-COME	BINATION				
		Ejected	Ejection Path			Trapped/Extricated			
	NOT EJECTED NOT EJECTED/NOT APP Medical Transport			EMS Agency Identifier		NOT TRAPPED EMS Run #			
		EMS GROUND		6000358		MED 8			
		Hospital		Date of Death		Time of Death			
		ST MARYS EMERGENCY							
		Distracted By NOT A	ed By Source PPLICABLE (NOT DISTR<i>A</i>	ACTED)					

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		Non Motorist	Strik	ing Unit #	Location								
		Prior Action											
		Action											
	_												
	UA												
UNIT	<u> </u>												
⊃	INDIVIDUAL												
	Z												
		Action Other										To/From School	
	,	Orug & Alcohol	Susp	pected Alcoh	ol Use		Suspected Drug Use NO						
	_	Alcohol Test Given	NO		Alcohol Test T		NO			Alcohol Test	Deculto		
		TEST NOT GIVEN			Alcohol Test I	ype				Alconol Test	Results		
		Drug Test Given			Drug Test Typ	е		Drug 7	Test Results				
		TEST NOT GIVEN											
2	001	Drug Type											
	0												
		Individual Condition											
		APPEARED NOR											
	\	Violations	Ţ.	T 0	0		la						
	01	UTC Number BF289445	001		Statute Number 346.37(1)(c)1		Description OPERATOR VIOLAT	E REI	D TRAFFIC	LIGHT			
l	Unit	Summary •											
		Status				Vehicle Operating As Classification Unit Type							
		RANSIT				D	D CLASS			AUTOMOBILE			
05		cle Type								Operating A	s Endorsem	ents	
		Occs		Train/Bus #	Recorded	Total # Citations Issued Total 1			Total Traile	railers Total Ha		Mat Types	
	2	0003		,200	.1000.000	0			0	0		, , , , , , , , , , , , , , , ,	
		ance?		Direction O	f Travel	1_	Pre CrashTire		Speed Limit 1		Total Lanes		
╞	YES			WESTBO	UND	<u>L</u>	Mark 35			2			
5		Harmful Event: Collision					Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way	SFUI	K I			Traffic Control			Traffic Control Inoperative/Missing			
		D-WAY, DIVIDED, U	JNPR	OTECTED	(PAINTED > 4		RAFFIC SIGNAL			NO			
		асе Туре					oad Curvature			Road Grade			
		CKTOP (BITUMING	OUS))		S	TRAIGHT			LEVEL			
	NO	k Bus or HazMat											
		Vehicle											
		License Plate Numbe	r			P	late Type		St	Country of Iss	suance		
		461VUU					UT - AUTOMOBILE		WI	UNITED ST	ATES		
02	02	Vehicle Identification					Make Year			Model			
0	0	2HGFG3B8XEH51	8292	2			IONDA		2014	CIVIC EX			
		Color SIL - SILVER (ALL	JMIN	IUM)			ody Style CP - COUPE			Dus USE	Bus Use		
I		Initial Contact Point		,		+							
		12 - FRONT										7 8 9 10 11 6 2 2 12	
												5 4 3 2 1	

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	Щ			Vehicle Damage							
LINO	걸			01 - RIGHT FRONT C	ORNER 11-1 FE	T FRONT					
5	VEHICLE	Extent Of Damage		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT							
	>	DISABLING DAMAGE	,	Vahiala Danassad Dis							
		Towed Due To Damage TOWED DUE TO DISABL		Vehicle Removed By SCHMIDTS TOWING							
		What Driver Was Doing		Vehicle Factors							
		GOING STRAIGHT		veriloie i dotoro							
		Driver Prior Action Other	1	NOT APPLICABLE							
		Driver Actions									
	LE	NO CONTRIBUTING ACTION									
LINO	IC										
5	VEHICL										
	>										
		Owner Name		Owner Address							
~	7	CHARLES T CAMPBELL	III	3120 COLLINGW							
02	02	(608) 438-6419		SUN PRAIRIE, WI	153590 , US						
	9	Sequence Of Events									
	01	Event MOTOR VEH IN TRANSP	ORT								
			-								
	02	Event MOTOR VEH IN TRANSPORT									
	03	Event Event									
	04	Event									
		D. P H. Lile									
LINO		Policy Holder Insurance Company		Trent							
5		PROGRESSIVE-CLASSIC	-INS-CO	Individual CHARLES CAMPB	FII						
		Individual									
		Driver		Citations Issued	Sex						
		CHARLES T CAMPBELL	III	0	MALE						
	IAI	(608) 438-6419		Date of Birth	Race						
⊢	ח			07/16/1991	BLACK/AFRICAN AMERICAN						
	DIVIDUAL	Address		Driver License Number C5141589125609 STATE: WISCONSIN COUNTRY: UNITED STATES							
		3120 COLLINGWOOD DR SUN PRAIRIE, WI 53590									
		, , , , , , , , , , , , , , , , , , , ,	, 55								
		On Duty	Crash	Safety Equipment							
	Sat	fety Equipment		Salety Equipment							
		Row	Seat Position	SHOULDER & LAP	BELT						
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
	~	Injury S	2Verity	Airbag							
05	005	Injury POSSI	BLE INJURY	DEPLOYED-COMB	INATION						
						Trapped/Extricated					
		Ejected	Ejection Path			1					
		NOT EJECTED				NOT TRAPPED					
		_ ·	Ejection Path	LICABLE EMS Agency Identifier		1					
		NOT EJECTED Medical Transport	Ejection Path			NOT TRAPPED					

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		Distracted By NOT	acted By Source APPLICAB	ce LE (NOT DISTR <i>A</i>	ACTED)							
		Distracted By Action NOT DISTRACTED										
		Non Motorist	ng Unit #	Location								
		Prior Action										
		Action										
	\L											
╘	INDIVIDUAL											
UNIT	DIVI											
	Z											
		Action Other						To/From School				
					10			10/110/1100/1				
	L	Drug & Alcohol NO	ected Alcohol	Use	Suspected Drug Use NO							
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	е		Alcohol Test Results					
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u> </u> 					
7	12	Drug Type										
05	005											
		Individual Condition										
	APPEARED NORMAL											
	İ	Individual				Sex						
	ı,	Passenger MYA L MARSHALL (608) 438-6419			Citations Issued 0							
_	INDIVIDUAL	(000) 430-0419			Date of Birth Race 03/05/2010 BLACK/AFRICAN AMERICAN							
N N	DIVI	Address 3120 COLLINGWOOD I	DR		Driver License Numb	per						
	Z	SUN PRAIRIE, WI 53590 , US										
	0-4	On D	uty Crash		Safety Equipment							
	Sai	fety Equipment	Seat F	osition	SHOULDER & LAP BELT							
		01 - FRONT ROW		RIGHT								
		Helmet Use			Helmet Compliance							
		Eye Protection			Tint Compliance							
02	003	1	Severity	NOR INJURY	Airbag DEPLOYED-COM	IBINATION						
		Ejected	Ejection P	ath								
		NOT EJECTED Medical Transport	NOTEJ	ECTED/NOT APP	EMS Agency Identifie	er	NOT TRAPPED EMS Run #					
		NOT TRANSPORTED Hospital			Date of Death		Time of Death					
		·			2.2.2.2.2.2.		2. 234					
		Distracted By Distra	acted By Source	ce								

Crash Date 01/25/2022 Crash Time 07:06 PM

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Crash Date 01/25/2022

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								` '
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action		•				
		Action						
	INDIVIDUAL							
╘	DO							
UNIT	N							
	N							
	=							
		Action Other						To/From School
	L	Orug & Alcohol	Suspected Alcohol U NO	lse	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	i
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	003	Drug Type						
0	Ŏ							
		Individual Condition						
		APPEARED NORM	1 A I					
		AFFEARED NORW	IAL					
'	Witi	ness						
	Indiv	idual	ND		Address			Date of Birth
2	(608	RY A PETERSON S 5) 566-6985	ж		510 N LINCOLN ST POYNETTE, WI 53955	. us		03/12/1959
WITN	,550	,				, - -		
ŽЩ								