WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash [Document #		Crash Number		g Officer/Deputy KEVIN COST	
Crash Date 09/11/2022	Crash Time 03:26 PM		Date Ar 09/11/2		Time Arrive 03:35 PM		
09/11/2022 Date Notified 09/11/2022 On Emergency Hit Government Property	Time Notified 03:27 PM		Total Ui	nits	Total Injure 02	d Total Kill	ed
On Emergency Hit	and Run	✓ Lane Closu		☐ Work Zone		r or Towed	Reporting Threshold
Government Property		hool Zone	School NO	Bus Related	Tags		
✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amen	ded	Secondary Crash
Description ———							
Diagram						Reconstructio	n By
					*		
	не ни	V 42 (MM 252 A			(N)	Photos By	
	US HW	Y 12 (MM 253.0)			1 Hotos By	
	1		1		, ,		
			I				
						Additional Info	ormation
	1		i			NONE	
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DIAGRAM NOT TO SCAL	E						
I. a sworn law enforceme	nt officer, agre	e that I have no	t added	l anv CJIS data in t	his 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 190 NEAR BUCKEYE RD. NFA

WISCONSIN MOTOR VEHICLE CRASH REPORT

Ī		USH12 WB					Latitude			Longitud	le	-
		MIN					43.08258	39172		-89.521	406308	
	IN T	OLD SAUK RD HE CITY OF MADISOI ANE COUNTY	N				X Coordin. 294755.2			Y Coord 477307		
		ANE OCCUPT					Structure NO STR			ı		
(Cras	sh Scene										-
Ī	First	Harmful Event					First Harm	nful Event Lo	ocation			
	PED	ESTRIAN					ON ROA	DWAY				
Ī	Manr	ner of Collision					Light Cond	dition				_
	00 -	NO COLLISION W/VE	HICLE IN TRANSPORT				DAYLIG	HT				
-	Road	Surface Condition(s)					Roadway	Factor(s)				
	WET	Г										
ľ	Envir	onment Factor(s)										
	WEA	ATHER CONDITIONS					ROAD S ETC)	URFACE (CONDITION	(WET, IC	Y, SNOW, SLUSH,	
Ī	Weat	ther Condition(s)										
	CLO	UDY, RAIN										
	Anim	al Type						o Trafficway	,			
F	Cras	h Classification - Location					Crash Clas	ssification -	Jurisdiction			Ħ
	PUB	LIC PROPERTY					NO SPE	CIAL JUR	ISDICTION			
-	Triba	l Land					Access Co				Special Study	
	Withi	n Interchange Area	Junction Location			Intersection	n Type					-
	NO	-	NON-JUNCTION			NOT AN	INTERSE	CTION				
	Closu	ure Type			Reaso	ons for Clos	ure					_
		E CLOSURE										
		Initial Lane/Rd Closed	Time Initial Lane/Rd Close	ed	LAW	ENFORC	EMENT, F	IRE/EMS				
Į		1/2022	03:34 PM									
		All Lanes Open 1/2022	Time All Lanes Open 04:18 PM			Scene Clear 1 /2022	red		ne Scene Clear :18 PM	red		
I		Summary =							-			_
ď		Status		Vehi	cle Ope	erating As C	lassification	1	Unit Type			_
	IN T	RANSIT			LASS	J			AUTOMOE	BILE		
.		cle Type							Operating As	s Endorser	ments	+
;	PAS	SENGER CAR										
ŀ	Total	Occs	Train/Bus # Recorded	Tota	I # Cita	tions Issued		Total Trail	ers	Total Haz	Mat Types	Ę
	5			0				0		0		
Ī		ance?	Direction Of Travel		Pre	CrashTire	1	Speed Lin	nit	Total Lane	es	
	YES		WESTBOUND			Mark		55		2		
		Harmful Event: Collision \ ESTRIAN	With		cial Fun	ction IAL FUNC	TION		NOT APPL			
Ī		c Way		Traff	fic Cont	rol			Traffic Contr	ol Inoperat	tive/Missing	
		DED HWY MEDIAN W	/BARRIER		CONT				NO			
ſ		ice Type			d Curva				Road Grade			
L		CKTOP (BITUMINOUS	S)	STF	RAIGH	Т			LEVEL			
	Truck NO	Bus or HazMat										
	\	/ehicle										
		License Plate Number ADW9745			te Type I T - AU	TOMOBIL	E	St WI	Country of Iss UNITED ST			
		Vehicle Identification Nur	mber	Mal				Year	Model			+
5	0	19XFA16539E045566	5	но	NDA			2009	CIVIC			

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2022-371675

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color	E	Body Style		Bus Use	
		RED - RED		SD - SEDAN			
	Щ	Initial Contact Point		Vehicle Damage			7 8 9 10 11
UNIT	ᅙ	01 - RIGHT FRONT CORNER	₹	01 - RIGHT FRONT C	ORNER, 02 - RIG	HT SIDE	6 7 2 12
5	VEHICL	Extent Of Damage MINOR DAMAGE		FRONT, 12 - FRONT	,		5 4 3 2 1
	>	Towed Due To Damage	\	Vehicle Removed By			
		NOT TOWED		OPERATOR			
		What Driver Was Doing	\	Vehicle Factors			
		GOING STRAIGHT		NOT APPLICABLE			
		Driver Prior Action Other	ľ	NOT APPLICABLE			
		Driver Actions					
	щ	NO CONTRIBUTING ACTION	N				
╘	딩						
UNIT	VEHICL						
	>						
		Own an Name					
		Owner Name NANCY MILLER		Owner Address 8570 GREENWAY	BLVD # 115		
01	9	(612) 751-2528		MIDDLETON, WI	53562 , US		
	;	Sequence Of Events					
	2	Event PEDESTRIAN					
	J						
	07	Event					
	03	Event					
	40	Event					
		Dalian Haldan					
UNIT		Policy Holder Insurance Company		Individual			
5		STATE-FARM-GENERAL-IN	s-co	NANCY MILLER			
	ı	Individual					
		Driver		Citations Issued	Sex		
	7	EON GRAHAM EHLERS (608) 477-2052		0	MALE		
.	DUAI	(***)		Date of Birth 12/06/1978	Race WHITE		
UNIT	₹	Address		Driver License Number			
	INDIN	E5896 LAVALLE ST	_	E4622077844609			
	=	REEDSBURG, WI 53959 , U	S	STATE: WISCONSI	N COUNTRY: UN	IIED SIAIES	
	Sat	On Duty Cr	ash	Safety Equipment			
		Row	Seat Position	SHOULDER & LAP	BELT		
		01 - FRONT ROW	07 - LEFT				
		Helmet Use	I	Helmet Compliance			
		Eye Protection		Tint Compliance			
01	001	Injury Seve	•	Airbag			
0	ŏ		ARENT INJURY	NON DEPLOYED		I =	
		'	ection Path OT EJECTED/NOT APPI	ICARI E		Trapped/Extricated NOT TRAPPED	
		Medical Transport	OI LULUILD/NOI AFFL	EMS Agency Identifier		EMS Run #	
		NOT TRANSPORTED		3,			

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2022-371675

WISCONSIN MOTOR VEHICLE CRASH REPORT

Distracted By NOT APPLICABLE (NOT DISTRACTED)										
Distracted By Not APPLICABLE (NOT DISTRACTED) Distracted By Not APPLICABLE (NOT DISTRACTED) Non Motorist Prior Action			Hospital				Date of Death		Time of Death	
NOT DISTRACTED Non Motoriss Prior Action Action Other Action Other Drug & Alcohol Test Given Test Thorn Order Test Not Given Test Given Tony Test Cloven Tony Trest Cloven Test Type Drug Test Cloven Test Given Test Given Test Type Drug Test Cloven Test Given Test Given Test Type Drug Test Cloven Test Given Test Given Test Type Drug Test Cloven Test Given Test Given Test Type Drug Test Cloven Test Given Te			Distracted By	NOT APP	By Source	E (NOT DISTRAC	CTED)			
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Action Other Action Action Other Action O			Non Motorist	Striking Uni	t #	Location				
Action Other Drug & Alcohol Suspected Alcohol Use No No No No No No No N			Prior Action							
Action Other Suspected Alcohol Use NO Suspected Prug Use NO			Action							
Action Other Suspected Alcohol Use NO Suspected Prug Use NO		JAL								
Action Other Suspected Alcohol Use NO Suspected Prug Use NO	Ħ	VIDC								
Page		<u>N</u>								
Page										
Alcohol Test Given			Action Other							To/From School
TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Test Results Drug Test Pesults Drug Test Results Drug Test Pesults Drug Test Results Description Drug Test Pesults Drug Test Results Drug Test Pesults Drug Test Results Drug Test Results Description Drug Test Results Drug Test Results Description Drug Test Pesults Description Drug Test Pes		ı	Orug & Alcohol	Suspected A	Alcohol U	se				
TEST NOT GIVEN						Alcohol Test Type			Alcohol Test Results	
Individual Condition APPEARED NORMAL Individual Passenger (612) 751-2528 Date of Birth Race (612) 751-2528 Address 8757 GREENWAY BLVD # 115 M4606205195300 STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment On Duty Crash Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Helmet Compliance Eye Protection Tint Compliance Tint Compliance Figetted Not Ejected Not Ejection Path Not Ejection Path Not Ejected/Not APPLICABLE Not Trapped/Extricated Not Trapped Mot			Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
APPEARED NORMAL Individual Passenger NANCY MILLER (612) 751-2528 Date of Birth Race WHITE Address 8570 GREENWAY BLVD # 115 MIDDLETON, WI 53562 , US Passenger NANCY MILLER (612) 751-2528 Address 8570 GREENWAY BLVD # 115 M4606205195300 STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment On Duty Crash Safety Equipment On Duty Crash Safety Equipment SHOULDER & LAP BELT O1 - FRONT ROW O9 - RIGHT Helmet Use Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Tint Compliance Eye Protection Trapped/Extricated NOT EJECTED NOT DEJECTED NOT TRAPPED Medical Transport NOT TRANSPORTED EMS Agency Identifier EMS Run # EMS Run #	5	001	Drug Type							
Individual Passenger (612) 751-2528 Passenger (612) 751-2528 AACCY MILLER (612) 751-2528 ACCOUNTY BLY MITE Passenger (612) 751-2528 ACCOUNTY BLY MITE Date of Birth Race WHITE M4606205195300 STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment Row O1 - FRONT ROW O9 - RIGHT Helmet Use Eye Protection Injury Severity Possible INJURY NON DEPLOYED Ejected NOT EJECTED NOT APPLICABLE Trapped/Extricated NOT EJECTED/NOT APPLICABLE Medical Transport NOT TRANSPORTED Citations Issued Sex Osex (Citations Issued FEMALE Sex MACCOUNTRY: UNITED STATES Sex MacLe (12) Sex MILLER (12) Sex MITE NOT Date of Birth Race WHITE WHITE Sex MACCOUNTRY: UNITED STATES Safety Equipment SHOULDER & LAP BELT Trapped/Extricated NOT EJECTED NOT APPLICABLE NOT TRAPPED Medical Transport NOT TRANSPORTED			Individual Condition							
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NANCY MILLER (612) 751-2528 Date of Birth Race WHITE		ı								
Safety Equipment		_	NANCY MILLER							
Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Eye Protection Injury Severity POSSIBLE INJURY NON DEPLOYED Ejected NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRANSPORTED Safety Equipment Safety Equipment Safety Equipment ShOULDER & LAP BELT Helmet Compliance Tint Compliance Tint Compliance Trapped/Extricated NOT TRAPPED EMS Agency Identifier EMS Run #	_	DUA	(612) /51-2528							
Safety Equipment Row	Z		8570 GREENWAY				M4606205195300			
Row Seat Position O1 - FRONT ROW O9 - RIGHT		Z	MIDDLETON, WI 5	3562 , US			STATE: WISCONSI	N COUNTRY: UNI	ITED STATES	
Row 01 - FRONT ROW 09 - RIGHT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Severity Airbag NON DEPLOYED Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT APPLICABLE NOT TRANSPORTED Medical Transport NOT TRANSPORTED SHOULDER & LAP BELT Transport EMS Agency Identifier Helmet Compliance Tint Compliance Trapped/Extricated NOT TRAPPED EMS Agency Identifier EMS Run #		Sat	ety Equipment	On Duty Cra	ash		Safety Equipment			
Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Severity Airbag POSSIBLE INJURY NON DEPLOYED Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APPLICABLE Medical Transport EMS Agency Identifier EMS Run #							SHOULDER & LAP	BELT		
S					03 - KI	911	Helmet Compliance			
Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport EMS Agency Identifier EMS Run #			Eye Protection				Tint Compliance			
Ejected Ejection Path Trapped/Extricated NOT EJECTED NOT EJECTED/NOT APPLICABLE NOT TRAPPED Medical Transport EMS Agency Identifier EMS Run #	Ξ	02	Injury	Injury Sever	ity		-			
Medical Transport EMS Agency Identifier EMS Run #		0	Ejected	Eje	ection Pa	th			* *	
NOT TRANSPORTED				N	OT EJE	CTED/NOT APPL				
Hospital Date of Death Time of Death				TED			Livio Agency Identifier		LIVIO IXUII #	
			Hospital				Date of Death		Time of Death	

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Distr	acted By Source)				
		Distracted By Action						
		Non Motorist Strik	ing Unit #	Location				
		Prior Action						
		Action						
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LINO	NDIVIDUAL							
5	DIV							
	Z							
		Action Other						To/From School
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	L	Orug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	3	
_	12	Drug Type						
5	005							
		Individual Condition						
		APPEARED NORMAL						
	i	ndividual						
	_	Passenger CRYSTAL LYNN EHLE	RS		Citations Issued 0	Sex FEMALE		
_	INDIVIDUAL	(608) 402-5359			Date of Birth 10/29/1984	Race WHITE		
END D	IIVIC	Address E5896 LAVALLE ST			Driver License Number E4621128488903	er		
	Z	REEDSBURG, WI 5395	59 , US			SIN COUNTRY: UN	ITED STATES	
		On E	Outy Crash		Safety Equipment			
	Sat	ety Equipment	10.15	10	SHOULDER & LA	D REI T		
		Row 02 - SECOND ROW	Seat Po 07 - LE			r deli		
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
7	003		y Severity		Airbag			
	0	Ejected	APPARENT II Ejection Pa		NON DEPLOYED		Trapped/Extricated	
		NOT EJECTED Medical Transport	NOT EJE	CTED/NOT APPL	LICABLE EMS Agency Identifie	ar .	NOT TRAPPED EMS Run #	
		NOT TRANSPORTED						
		Hospital			Date of Death		Time of Death	
		Distracted By Distr	acted By Source	9	1		1	

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/11/2022

		Distracted By Action							
	L		Striking	Unit #	Location				
		Non Motorist	oug	O	2004.101.1				
		Prior Action							
		Action							
	A F								
-	INDIVIDUAL								
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	Z								
		Action Other							To/From School
	L		Suspect	ed Alcohol L	Jse	Suspected Drug Use			
	L	Orug & Alcohol	NO			NO			
		Alcohol Test Given			Alcohol Test Type	;		Alcohol Test Results	
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
_	က	Drug Type							
2	003	9 - 7							
		Individual Condition							
		APPEARED NORM	I AL						
	[ndividual							
	[! [Passenger	s			Citations Issued	Sex		
			S			0	FEMALE		
_		Passenger BRIANNA EHLERS	S						
TIN		Passenger BRIANNA EHLERS (608) 477-2052				0	Race WHITE		
LINO		Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S	ST	IIIe		O Date of Birth	Race WHITE		
LIND	INDIVIDUAL	Passenger BRIANNA EHLERS (608) 477-2052	ST	, US		O Date of Birth	Race WHITE		
LIND		Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI	5T 53959 ,			O Date of Birth Driver License Number	Race WHITE		
LIND	INDIVIDUAL	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI	5T 53959 ,			O Date of Birth	Race WHITE		
TINO	INDIVIDUAL	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI	5T 53959 ,	Crash	osition	O Date of Birth Driver License Number	FEMALE Race WHITE		
LINO	INDIVIDUAL	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI	6 T 53959 ,			O Date of Birth Driver License Number Safety Equipment	FEMALE Race WHITE		
TINO	INDIVIDUAL	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI	6 T 53959 ,	Crash Seat Po		O Date of Birth Driver License Number Safety Equipment	FEMALE Race WHITE		
LIND	INDIVIDUAL	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI Fety Equipment Row 02 - SECOND ROV Helmet Use	6 T 53959 ,	Crash Seat Po		Date of Birth Driver License Number Safety Equipment SHOULDER & LAF Helmet Compliance	FEMALE Race WHITE		
TINO	INDIVIDUAL	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI Fety Equipment Row 02 - SECOND ROV	6 T 53959 ,	Crash Seat Po		Date of Birth Driver License Number Safety Equipment SHOULDER & LAF	FEMALE Race WHITE		
	NDIVIDUAL Safe	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI Fety Equipment Row 02 - SECOND ROV Helmet Use Eye Protection	6 T 53959 ,	Seat Po 09 - RI		Date of Birth Driver License Number Safety Equipment SHOULDER & LAF Helmet Compliance	FEMALE Race WHITE		
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	NDIVIDUAL Safe	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI Fety Equipment Row 02 - SECOND ROV Helmet Use Eye Protection	On Duty V	Seat Po 09 - RI everity PARENT I Ejection Pa	NJURY th	Date of Birth Driver License Number Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED	FEMALE Race WHITE	Trapped/Extricated	
	NDIVIDUAL Safe	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI Fety Equipment Row 02 - SECOND ROV Helmet Use Eye Protection Injury Ejected NOT EJECTED	On Duty V	Seat Po 09 - RI everity PARENT I Ejection Pa	NJURY	Date of Birth Driver License Number Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED	FEMALE Race WHITE	NOT TRAPPED	
	NDIVIDUAL Safe	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI Fety Equipment Row 02 - SECOND ROV Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	On Duty N Injury Se NO AP	Seat Po 09 - RI everity PARENT I Ejection Pa	NJURY th	Date of Birth Driver License Number Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED	FEMALE Race WHITE		
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	NDIVIDUAL Safe	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI Fety Equipment Row 02 - SECOND ROV Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport	On Duty N Injury Se NO AP	Seat Po 09 - RI everity PARENT I Ejection Pa	NJURY th	Date of Birth Driver License Number Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED	FEMALE Race WHITE	NOT TRAPPED	
	NDIVIDUAL Safe	Passenger BRIANNA EHLERS (608) 477-2052 Address E5896 LAVALLE S REEDSBURG, WI Row 02 - SECOND ROV Helmet Use Eye Protection Injury Ejected NOT EJECTED Medical Transport NOT TRANSPORT Hospital	On Duty N Injury Se NO AP	Seat Po 09 - RI everity PARENT I Ejection Pa	NJURY th CTED/NOT APPL	Date of Birth Driver License Number Safety Equipment SHOULDER & LAF Helmet Compliance Tint Compliance Airbag NON DEPLOYED LICABLE EMS Agency Identifier	FEMALE Race WHITE	NOT TRAPPED EMS Run #	
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		<u>_</u>							
		Non Motorist	Striking	Unit #	Location				
		Prior Action							
		Action							
_	INDIVIDUAL								
UNIT	<u> </u>								
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		Action Other							To/From School
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	ı	Drug & Alcohol	Suspect NO	ed Alcohol U	se	Suspected Drug Use NO			
		Alcohol Test Given			Alcohol Test Type	<u> </u>		Alcohol Test Results	
		TEST NOT GIVEN Drug Test Given			Drug Test Type		Drug Test Results		
		TEST NOT GIVEN			3 // .		Drug root recuite		
10	900	Drug Type							
		Individual Condition							
		APPEARED NORM	/IAL						
	ı	Individual							
		Passenger ADDYSON EHLER	lS			Citations Issued 0	Sex FEMALE		
	NAL	(608) 477-2052				Date of Birth	Race		
UNIT	INDIVIDUAL	Address				Driver License Number	WHITE		
n		E5896 LAVALLE S REEDSBURG, WI		II C		2			
	_	KLLDOBOKG, WI	JJJJJ ,	. 03					
	Sat	fety Equipment	On Duty	Crash		Safety Equipment			
	Jai	Row		Seat Po	sition	SHOULDER & LAP	BELT		
		02 - SECOND ROV	٧	08 - MI					
		Helmet Use				Helmet Compliance			
		Eye Protection				Tint Compliance			
	9		Injury Se	everity		Airbag			
01	900	Injury	NO AP	PARENT II	NJURY	NON DEPLOYED			
		Ejected NOT EJECTED		Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport				EMS Agency Identifier		EMS Run #	
		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death	
								S. Zediii	
		Distracted By	Distracte	ed By Source					
		Distracted By Action							
			Striking	Unit #	Location				
		Non Motorist	2 .						

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

Crash Date 09/11/2022

		Prior Action									
		Action									
	بِ										
-	INDIVIDUAL										
L	₹										
		Action Other								To/From School	
	1	Drug & Alcohol	Suspected Alcohol U NO	Jse	Suspected Drug Use	е					
		Alcohol Test Given		Alcohol Test Ty	/pe			Alcohol Test	Results		
		TEST NOT GIVEN Drug Test Given		Drug Test Type	<u> </u>	Drug	Test Results				
		TEST NOT GIVEN		Diug Test Type	7	Drug	rest Results				
01	900	Drug Type		·I		l .					
	0										
		Individual Condition									
		APPEARED NORM	AL								
l	Uni	t Summary ■									
		Status			Vehicle Operating As C	lassification	n	Unit Type			
		RANSIT			O CLASS			PEDESTR			
05		cle Type DESTRIAN						Operating As	s Endorsem	nents	
		I Occs	Train/Bus # Re	ecorded	Total # Citations Issued		Total Traile	ers	Total Hazl	Mat Types	
	1		D: :: 0(T		0		0	•	0		
_		rance? Γ APPLICABLE	Direction Of Tr		Pre CrashTire Mark	•	Speed Lim	iit	Total Lane 2	ss .	
L N N		t Harmful Event: Collision			Special Function	TION	1	Emergency NOT APPL		cle Use	
_		TOR VEH IN TRANSF ic Way	PORT		NO SPECIAL FUNC	TION		Traffic Contr		ve/Missina	
		DED HWY MEDIAN I	N/BARRIER		NO CONTROL			NO	,	.	
		ace Type ACKTOP (BITUMINO)	16/		Road Curvature STRAIGHT			Road Grade	!		
		k Bus or HazMat			STRAIGHT			LLVLL			
	NO										
		Sequence Of Eve Event	ents								
	2	PEDESTRIAN									
	05	Event									
	03	Event									
	40	Event									
		Individual									
		Pedestrian	VDAV		Citations Issued	Sex	_				
	AL.	JASON RICHARD V (670) 690-3568	VNAI		Date of Birth	MAL Race					
 	DUAI				06/21/1977	WHI					

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2022-371675

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/11/2022

NO	INDIV	Address 6 DARIEN CIR MADISON, WI 537	17 , US			Driver License Number W6004367722108 STATE: WISCONSIN	I COUNTRY: UN	ITED STATES	
	Sat	ety Equipment	On Duty Co	rash		Safety Equipment			
		Row 98 - NOT APPLICA	ABLE	Seat Pos	ition	NONE			
		Helmet Use				Helmet Compliance			
		Eye Protection				Tint Compliance			
05	004		Injury Seve	•	IOUS INJUR	Airbag NOT APPLICABLE			
		Ejected NOT APPLICABLE		jection Path	TED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED	
		Medical Transport	- 11	IOT ESEC	TED/NOT ATT	EMS Agency Identifier		EMS Run #	
		NOT TRANSPORT	ED						
		Hospital				Date of Death		Time of Death	
		Distracted By	Distracted NOT APF	By Source PLICABLE	(NOT DISTRA	ACTED)			
		Distracted By Action NOT DISTRACTED							
		Non Motorist	Striking Un		Location NOT AT INTER	RSECTION-ON ROADV	VAY, NOT IN MA	RKED CROSSWA	LK
		Prior Action OTHER							
		Action							
TINO	INDIVIDUAL	SUDDEN MOVEME	ENT INTO	TRAFFIC	;				
		Action Other							To/From School NO
			Suspected	Alcohol Us	e	Suspected Drug Use			NO
	L	Orug & Alcohol	NO			NO			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type	е		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
05	004	Drug Type							
		Individual Condition							
		NOT OBSERVED							
' '	Witi	ness							
WITN 01 ESS 01	Indiv GLE (715	idual ENN G LONE i) 864-6683				Address E21588 US HWY 12 AUGUSTA, WI 54722	, US		Date of Birth 04/23/1969

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 09/11/2022

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