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2022-115622

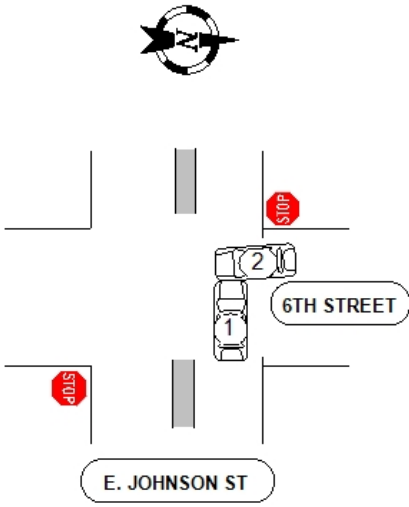
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>501N MUNI</b>		Investigating Officer/Deputy <b>OFFICER DRURI TOBIAS</b>	
Crash Date <b>03/29/2022</b>		Crash Time <b>11:20 AM</b>		Date Arrived <b>03/29/2022</b>		Time Arrived <b>11:32 AM</b>	
Date Notified <b>03/29/2022</b>		Time Notified <b>11:23 AM</b>		Total Units <b>02</b>		Total Injured <b>02</b>	Total Killed <b>00</b>
<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 <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

<p>Diagram</p> 	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.

NGIEBONG (UNIT 1) WAS TRAVELING WESTBOUND ON E. JOHNSON ST., WITHOUT ANY TRAFFIC CONTROL. ANDERSON (UNIT 2) WAS TRAVELING SOUTHBOUND ON 6TH ST. ANDERSON TOLD ME UPON APPROACHING E. JOHNSON ST., SHE STOPPED AT THE STOP SIGN FACING HER. ANDERSON SAID SHE LOOKED BOTH WAYS AND DIDN'T SEE ANYONE COMING. ANDERSON TOLD ME SHE PROCEEDED STRAIGHT THROUGH THE STOP SIGN AND WAS T-BONED BY NGIEBONG (UNIT 1). BOTH NGIEBONG AND WITNESS, MEYERS, WHO WAS OUTSIDE DOING YARD WORK, TOLD ME ANDERSON NEVER STOPPED AT THE STOP SIGN AND COLLIDED WITH NGIEBONG. THE ACCIDENT WAS TOTALLY ANDERSON FAULT.

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**Location**

<b>INTERSECTION ON E JOHNSON ST AT N SIXTH ST IN THE CITY OF MADISON IN DANE COUNTY</b>	Latitude <b>43.100515294</b>	Longitude <b>-89.354093963</b>
	X Coordinate <b>308431.09375</b>	Y Coordinate <b>4774667</b>
	Structure Type	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>03/29/2022</b>	Time Initial Lane/Rd Closed <b>11:20 AM</b>	<b>LAW ENFORCEMENT, FIRE/EMS</b>	
Date All Lanes Open <b>03/29/2022</b>	Time All Lanes Open <b>12:35 PM</b>		
Date Scene Cleared <b>03/29/2022</b>		Time Scene Cleared <b>12:40 PM</b>	

**Unit Summary**

<b>UNIT</b>	<b>01</b>	Unit Status <b>IN TRANSIT</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>01</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>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>30</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>CARGO/EQUIPMENT LOSS OR SHIFT</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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
		Truck Bus or HazMat <b>NO</b>						
		<b>Vehicle</b>						
	<b>01</b>		License Plate Number <b>AEU4642</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>1FMCU9DG9AKD37930</b>	Make <b>FORD</b>	Year <b>2010</b>	Model <b>ESCAPE</b>			

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UNIT VEHICLE	Color <b>LBL - BLUE, LIGHT</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>	
	Extent Of Damage <b>DISABLING DAMAGE</b>		
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>SCHMIDT'S TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>COLLINS T TABIFOR (262) 349-7931</b>	Owner Address <b>1606 FORDEM AVE MADISON, WI 53704 , US</b>	
	<b>Sequence Of Events</b>		
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>COLLINS TABIFOR</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>VANIA MBUNUI NGIEBONG (262) 349-7931</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth <b>10/07/2000</b>	Race <b>BLACK/AFRICAN AMERICAN</b>
	Address <b>1606 FORDEM AVE MADISON, WI 53704 , US</b>	Driver License Number <b>N2158730086702 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 01	<b>Safety Equipment</b>		
	On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
UNIT 001	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #

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UNIT	INDIVIDU
01	001

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UNIT	02
Ver (S)	02
Tot	01
Ins	NC
Mo	MC
Tr	TW
Sup	CC
Tru	NC

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UNIT VEHICLE	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>				
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>SCHMIDT'S TOWING</b>		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>DISREGARDED STOP SIGN, LOOKED BUT DID NOT SEE</b>				
02	Owner Name <b>MONIQUE MICHELLE ANDERSON (608) 217-5334</b>		Owner Address <b>141 DUNNING ST # 2 MADISON, WI 53704 , 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>MONIQUE MICHELLE ANDERSON (608) 217-5334</b>		Citations Issued <b>3</b>	Sex <b>FEMALE</b>	
			Date of Birth <b>07/18/1997</b>	Race <b>BLACK/AFRICAN AMERICAN</b>	
	Address <b>141 DUNNING ST # 2 MADISON, WI 53704 , US</b>		Driver License Number <b>A5365539775809 STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
02 002	<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>NON DEPLOYED</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 # <b>M63</b>	
	Hospital <b>UNITYPOINT HEALTH-MERITER</b>		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			

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UNIT	INDIVIDUAL	Distracted By Action <b>NOT DISTRACTED</b>					
		<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
Individual Condition <b>APPEARED NORMAL</b>							
<b>Violations</b>							
02	002	UTC Number <b>BF811216</b>	Issue To? <b>002</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>		
		UTC Number <b>BF811217</b>	Issue To? <b>002</b>	Statute Number <b>346.18(3)</b>	Description <b>FAIL/YIELD RIGHT/WAY FROM STOP SIGN</b>		
		UTC Number <b>BF811218</b>	Issue To? <b>002</b>	Statute Number <b>343.44(1)(A)</b>	Description <b>OPERATING WHILE SUSPENDED</b>		
<b>Witness</b>							
WITN ESS	01	Individual <b>NICHOLAS MEYERS</b> <b>(608) 513-7644</b>			Address <b>310 N 6TH ST</b> <b>MADISON, WI 53704 , US</b>		Date of Birth <b>12/08/1951</b>