

01L0C713VV

2022-499711

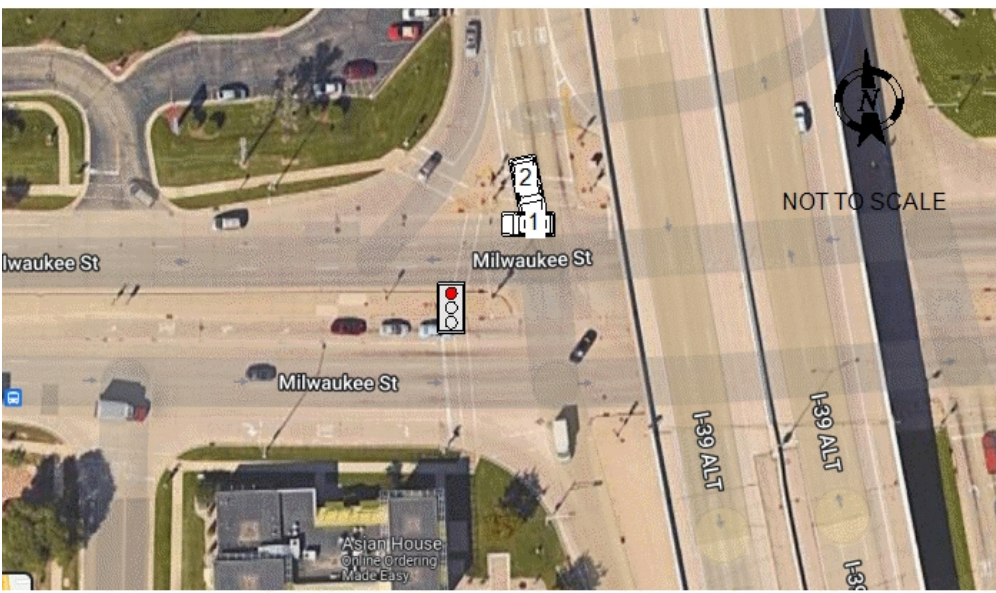
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 MUNI		Investigating Officer/Deputy OFFICER ZAVIER PEART	
Crash Date 12/09/2022		Crash Time 03:14 PM		Date Arrived 12/09/2022		Time Arrived 03:22 PM	
Date Notified 12/09/2022		Time Notified 03:15 PM		Total Units 02		Total Injured 03	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 checked="" 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

Diagram 	Reconstruction By
	Photos By
	Additional Information NONE

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

UNIT 1 DROVE THROUGH THE RED LIGHT DUE TO A BRAKE MALFUNCTION AND POSSIBLE WEATHER CONDITIONS. UNIT 2 HAD A GREEN LIGHT HOWEVER, WHEN ATTEMPTING TO PROCEED FORWARD LIKE THE OTHER CARS BEFORE UNIT 2. UNIT 2 DID NOT SEE UNIT 1 RUNNING THE RED LIGHT AND DID NOT REACT IN TIME TO STOP THE VEHICLE, THEREFORE CRASHING INTO UNIT 1. UNIT 1 PROCEEDING INTO THE STOP LIGHT ON MILWAUKEE ST INTO THE LEFT LANE OF THE OPPOSITE SIDE OF THE ROAD. ACROSS FROM 1 DEMPSEY RD, CITY OF MADISON, COUNTY OF DANE.

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Location

ON 312960 MILWAUKEE ST 68 FT E OF DEMPSEY RD IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.098287511	Longitude -89.317369602
	X Coordinate 311412.875	Y Coordinate 4774336
	Structure Type UTILITY	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) WET, SNOW, SLUSH, ICE		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) SNOW			
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 YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 12/09/2022	Time Initial Lane/Rd Closed 03:22 PM	LAW ENFORCEMENT	
Date All Lanes Open 12/09/2022	Time All Lanes Open 04:48 PM	Date Scene Cleared 12/09/2022	Time Scene Cleared 04:48 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 7	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number ANP6980		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1GKET63M762103898		Make GENERAL MOTORS COR	Year 2006	Model ENVOY DENA		

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UNIT	VEHICLE	Color WHI - WHITE	Body Style LL - CARRYALL	Bus Use
		Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SCHMIDTS TOWING	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors BRAKES	
UNIT	VEHICLE	Driver Prior Action Other		
		Driver Actions NO CONTRIBUTING ACTION		
01	01	Owner Name TRENTON MARCUS WILLIAMS (608) 421-3019	Owner Address 411 N CLARK ST MAYVILLE, WI 53050 , US	
		Sequence Of Events		
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	INDIVIDUAL	Policy Holder		
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual TRENTON WILLIAMS	
01	001	Individual		
		Driver TRENTON MARCUS WILLIAMS (608) 421-3019	Citations Issued 1	Sex MALE
		Date of Birth 05/28/1995	Race	
		Address 411 N CLARK ST MAYVILLE, WI 53050 , US	Driver License Number W4528139518800 STATE: WISCONSIN COUNTRY: UNITED STATES	
01	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 NO APPARENT INJURY	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		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	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	
UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger ELIZABETH DIANE DOUGHERTY		Citations Issued 0		Sex FEMALE	
			Date of Birth 02/15/2000		Race WHITE	
	Address 2243 WOODVIEW CT APT 16 MADISON, WI 53713 , US		Driver License Number D2632240055509 STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment		On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
UNIT INDIVIDUAL	Injury		Injury Severity SUSPECTED SERIOUS INJUR		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated TRAPPED/EXTRICATED	
	Medical Transport EMS GROUND		EMS Agency Identifier 6000358		EMS Run # M62	
	Hospital ST MARYS EMERGENCY CTR-SUN PRAIRIE		Date of Death		Time of Death	

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UNIT INDIVIDUAL	Distracted By		Distracted By Source	
	Distracted By Action			
	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				
Violations				
01	UTC Number BF049391	Issue To? 001	Statute Number 341.04(1)	Description NON-REGISTRATION OF AUTO, ETC

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 7	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	02	License Plate Number 583VCG		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1GHDT13S032140967		Make OLDSMOBILE	Year 2003	Model BRAVADA		

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UNIT VEHICLE	Color TAN - TAN	Body Style LL - CARRYALL	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SCHMIDTS TOWING	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name FRANCISCO MUNOZ SAUCEDO (608) 698-2520	Owner Address 3164 RIDGEWAY AVE APT 11 MADISON, WI 53704 , US	
02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT INDIVIDUAL	Individual		
	Driver FRANCISCO MUNOZ SAUCEDO (608) 698-2520	Citations Issued 0	Sex MALE
		Date of Birth 06/17/1987	Race HISPANIC
	Address 3164 RIDGEWAY AVE APT 11 MADISON, WI 53704 , US	Driver License Number 2051519452 STATE: MEXICO COUNTRY: MEXICO	
02	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-FRONT
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier
Hospital		Date of Death	
		Time of Death	

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UNIT	INDIVIDUAL	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	
02	003	Drug Type			
		Individual Condition APPEARED NORMAL			
		Individual			
		Passenger CLORINDA MARTINEZ CONDE (608) 698-2520		Citations Issued 0	Sex FEMALE
		Date of Birth 06/15/1990		Race HISPANIC	
		Address 3164 RIDGEWAY AVE APT 11 MADISON, WI 53704 , US		Driver License Number	
		Safety Equipment		On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT			
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT		
		Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance			
02	004	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
		Hospital		Date of Death	Time of Death
		Distracted By		Distracted By Source	

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UNIT	INDIVIDUAL	Distracted By Action		
		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		
02	004	Individual Condition APPEARED NORMAL		
		Individual		
		Passenger FRANCISCO MUNOZ MARTINEZ (608) 698-2520	Citations Issued 0	Sex MALE
			Date of Birth 05/28/2010	Race HISPANIC
		Address 3164 RIDGEWAY AVE APT 11 MADISON, WI 53704 , US	Driver License Number	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		02	005	Injury
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED	EMS Agency Identifier			EMS Run #
Hospital	Date of Death			Time of Death
Distracted By	Distracted By Source			
Distracted By Action				

