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2022-463523

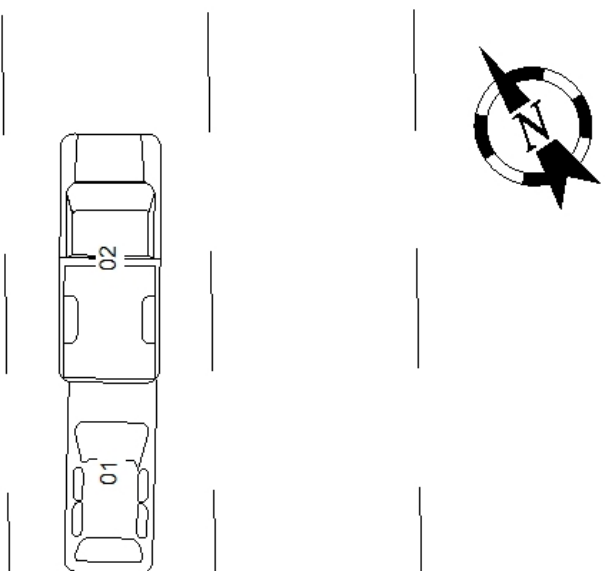
WISCONSIN MOTOR VEHICLE CRASH REPORT

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 DEVLIN HERNKE	
Crash Date 11/12/2022		Crash Time 07:44 PM		Date Arrived 11/12/2022		Time Arrived 07:49 PM	
Date Notified 11/12/2022		Time Notified 07:44 PM		Total Units 02		Total Injured 01	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

Diagram  <p>22-463523 USH 151 Northbound MM 98.4 Officer D. Hernke #5804 Not to Scale</p>		Reconstruction By Photos By Additional Information CRIMINAL INCIDENT, WITNESS STATEMENTS
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON 11/12/22 ON THE NORTHBOUND LANES OF USH 151 AT MILE MARKER 98.4 UNIT 2 WAS STOPPED IN TRAFFIC DUE TO OTHER CRASHES NORTH OF THIS LOCATION. UNIT 1 WAS DRIVING NORTHBOUND AT AN UNREASONABLE AND IMPRUDENT SPEED AND FAILED TO MAINTAIN CONTROL OF HIS VEHICLE. UNIT 1 THEN REAR-ENDED UNIT 2 AT A HIGH RATE OF SPEED. UNIT 2 SUSTAINED FUNCTIONAL DAMAGE AND WAS ABLE TO BE DRIVEN FROM THE SCENE. OPEN INTOXICANTS WERE LOCATED IN UNIT 1. UNIT 1 WAS TOWED FROM THE SCENE. DRIVER OF UNIT 1 TRANSPORTED FOR ADDITIONAL MEDICAL TREATMENT. THE DRIVER OF UNIT 1 WAS CITED FOR OPERATING WITHOUT A LICENSE, DISPLAYING AN UNAUTHORIZED PLATE, POSSESSION OF OPEN INTOXICANT, UNREASONABLE SPEED, FAILURE TO MAINTAIN CONTROL OF VEHICLE, AND OWI FIRST OFFENSE.

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Location

ON USH151 NB 0.33 MI S OF NELSON RD IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.141867914	Longitude -89.29012407
	X Coordinate 313762.5	Y Coordinate 4779115
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, ICE		ROADWAY FACTOR(S) BACKUP DUE TO PRIOR CRASH, ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) CLOUDY, 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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS, WEATHER CONDITIONS, SECONDARY CRASH	
Date Initial Lane/Rd Closed 11/12/2022	Time Initial Lane/Rd Closed 07:44 PM		
Date All Lanes Open 11/12/2022	Time All Lanes Open 09:12 PM	Date Scene Cleared 11/12/2022	Time Scene Cleared 09:12 PM

Unit Summary

UNIT 01	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 7	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 DIVIDED HWY W/TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number AME3999		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1HGES26762L074896		Make HONDA	Year 2002	Model CIVIC EX		

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UNIT	VEHICLE	Color BLK - BLACK	Body Style 4D - 4DR	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
		Extent Of Damage DISABLING DAMAGE			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By SCHMIDT'S AUTO		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE		
UNIT	VEHICLE	Driver Prior Action Other			
		Driver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OTHER CONTRIBUTING ACTION			
		Owner Name ERVIN A BLANDON	Owner Address 240 AMBER TRAIL #8 SUN PRAIRIE, WI 53590 , US		
01	01	Sequence Of Events			
		Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT	INDIVIDUAL	Individual			
		Driver ERVIN A BLANDON	Citations Issued 6	Sex MALE	
			Date of Birth 07/28/1994	Race HISPANIC	
		Address 240 AMBER TRAIL #8 SUN PRAIRIE, WI 53590 , US	Driver License Number		
01	001	Safety Equipment			
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT		
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity SUSPECTED SERIOUS INJUR	Airbag DEPLOYED-FRONT	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport EMS GROUND	EMS Agency Identifier 6000358	EMS Run #	
		Hospital ST MARYS HOSP	Date of Death	Time of Death	

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UNIT INDIVIDUAL	Distracted By		Distracted By Source UNKNOWN	
	Distracted By Action UNKNOWN			
	Non Motorist		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			
	To/From School			
	Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use NO
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD	Alcohol Test Results PENDING
	Drug Test Given TEST GIVEN		Drug Test Type BLOOD	Drug Test Results PENDING
01 001	Drug Type			
	Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL			
	Individual			
	Passenger JUAN CARLOS OCAMPO CASTILLO (608) 867-4703		Citations Issued 1	Sex MALE
			Date of Birth 08/26/1990	Race HISPANIC
	Address 1352 SUNFIELD STREET #1 SUN PRARIE, WI 53590 , US		Driver License Number 02514209030605 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 09 - RIGHT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
01 002	Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-FRONT
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND		EMS Agency Identifier 6000358	EMS Run #
	Hospital ST MARYS HOSP		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			
	Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL			
Violations				
01	UTC Number BI816206	Issue To? 001	Statute Number 346.63(1)(a)	Description OPERATING WHILE UNDER THE INFLUENCE
02	UTC Number BI816207	Issue To? 001	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)
03	UTC Number BI816208	Issue To? 001	Statute Number 341.61(2)	Description DISPLAY UNAUTH. VEH. REGISTRATION PLATE
04	UTC Number BI816209	Issue To? 001	Statute Number 346.57(2)	Description UNREASONABLE AND IMPRUDENT SPEED
05	UTC Number BI816210	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL
06	UTC Number BI334628	Issue To? 001	Statute Number 346.935(2)	Description POSSESS OPEN INTOXICANTS IN MV-DRIVER
07	UTC Number BI334629	Issue To? 002	Statute Number 346.935(2)	Description POSSESS OPEN INTOXICANTS IN MV-PASSENGER

Unit Summary

UNIT 02	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 NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 DIVIDED HWY W/TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	

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Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL		
Truck Bus or HazMat NO						
Vehicle						
UNIT VEHICLE	02	02	License Plate Number 312418F	Plate Type FRM - FARM	St WI	Country of Issuance UNITED STATES
			Vehicle Identification Number 1FT8W2BT0NED86644	Make FORD	Year 2022	Model F250
			Color SIL - SILVER (ALUMINUM)	Body Style PK - PICKUP		Bus Use
			Initial Contact Point 06 - REAR	Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
			Extent Of Damage FUNCTIONAL DAMAGE			
			Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER		
			What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
			Driver Prior Action Other	NOT APPLICABLE		
			Driver Actions NO CONTRIBUTING ACTION			
			Owner Name BRUCE GENE WALKER (920) 210-6715		Owner Address N8783 BASSWOOD RD BEAVER DAM, WI 53916 , US	
Sequence Of Events						
UNIT VEHICLE	01	Event MOTOR VEH IN TRANSPORT				
	02	Event				
	03	Event				
	04	Event				
Policy Holder						
UNIT INDIVIDUAL	Insurance Company GERLING-GLOBAL-GENERAL-INS-CO			Individual BRUCE WALKER		
	Individual					
	Driver BRUCE GENE WALKER (920) 210-6715			Citations Issued 0	Sex MALE	
	Address N8783 BASSWOOD RD BEAVER DAM, WI 53916 , US			Date of Birth 04/01/1974	Race WHITE	
Driver License Number W4260677412101			STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment						
On Duty Crash			Safety Equipment			
Row 01 - FRONT ROW			Seat Position 07 - LEFT			
SHOULDER & LAP BELT						

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02	003	Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		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 #	
		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					
UNIT	INDIVIDUAL	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					
		02	003				