

01L1P9H5JW

2022-378133


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 CLOSED		Investigating Officer/Deputy SERGEANT RAYVELL GILLARD	
Crash Date 09/15/2022		Crash Time 05:40 PM		Date Arrived 09/15/2022		Time Arrived 08:35 PM	
Date Notified 09/15/2022		Time Notified 08:25 PM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" type="checkbox"/> Hit and Run	<input 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

<p>Diagram</p>  <p>Diagram not to scale. nfa</p>		<p>Reconstruction By</p> <p>Photos By</p> <p>Additional Information NONE</p>
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

PEDESTRIAN LISTED ABOVE STATED THAT HE WAS WALKING ON THE SIDEWALK NEAR THE DOUBLE TREE HOTEL LOCATED AT 525 W JOHNSON STREET. THE PEDESTRIAN STATED THAT HE WAS WALKING WHEN A MAROON SUBARU ATTEMPTED TO EXIT THE HOTEL. THE PEDESTRIAN STATED THAT THE DRIVER OF THE SUBARU RAN OVER HIS FOOT, CAUSING HIM TO FALL. THE PEDESTRIAN STATED THAT THE DRIVER OF THE SUBARU EXITED THE CAR AND ASKED THE PEDESTRIAN IF HE COULD WALK, AND ONCE THE PEDESTRIAN STATED YES THE DRIVER RETURNED TO THE VEHICLE AND LEFT THE SCENE. THE PEDESTRIAN THEN WAS ABLE TO SEEK MEDICAL TREATMENT AT MERITER HOSPITAL FOR HIS INJURIES. ADDITIONAL POLICE REPORT WILL BE TYPED. NFA

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Location

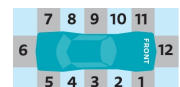
ON W JOHNSON ST 96 FT E OF MARION ST IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.071975711	Longitude -89.394323357
	X Coordinate 305066.6875	Y Coordinate 4771590
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location OFF ROADWAY, LOCATION UNKNOWN	
Manner of Collision UNKNOWN		Light Condition DARK/LIGHTED	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
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	

Unit Summary

UNIT 01	Unit Status HIT AND RUN		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR				Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? UNKNOWN	Direction Of Travel UNKNOWN	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 1		
	Most Harmful Event: Collision With OTHER NON-MOTORIST		Special Function UNKNOWN		Emergency Motor Vehicle Use UNKNOWN		
	Traffic Way UNKNOWN		Traffic Control UNKNOWN		Traffic Control Inoperative/Missing UNKNOWN		
	Surface Type UNKNOWN		Road Curvature UNKNOWN		Road Grade UNKNOWN		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE	Vehicle					
		License Plate Number UNKNOWN		Plate Type AUT - AUTOMOBILE	St UT	Country of Issuance UNITED STATES	
Vehicle Identification Number		Make UNK	Year	Model UNKNOWN			
Color MAR - MAROON (BURGUNDY)		Body Style UK - UNKNOWN		Bus Use			
Initial Contact Point 99 - UNKNOWN		Vehicle Damage					
Extent Of Damage VEHICLE NOT AT SCENE		16 - VEHICLE NOT AT SCENE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing UNKNOWN		Vehicle Factors	
	Driver Prior Action Other		UNKNOWN	
	Driver Actions UNKNOWN			
01	Owner Name		Owner Address , ,	
Sequence Of Events				
01 02 03 04	Event PEDESTRIAN			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Driver UNKNOWN UNKNOWN		Citations Issued 0	Sex
			Date of Birth	Race
	Address , ,		Driver License Number	
01 002	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
Distracted By	Distracted By Source			
	Distracted By Action			
Non Motorist	Striking Unit #		Location	

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UNIT	INDIVIDUAL	Prior Action				
		Action				
		Action Other			To/From School	
	01	002	Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use
			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 NOT OBSERVED			

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification O CLASS		Unit Type PEDESTRIAN	
		Vehicle Type PEDESTRIAN				Operating As Endorsements	
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? NOT APPLICABLE	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit N/A	Total Lanes 0	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
		Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type CONCRETE		Road Curvature UNKNOWN		Road Grade UNKNOWN	
		Truck Bus or HazMat NO					

Sequence Of Events

IT	IDUAL	01	Event MOTOR VEH IN TRANSPORT	
		02	Event	
		03	Event	
		04	Event	
		Individual		
IDUAL	Pedestrian JAMES HENRY VAN GILDER (608) 417-6206		Citations Issued 0	Sex MALE
			Date of Birth 06/18/2000	Race WHITE

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UN	INDIV	Address 356 SWITCH GRASS CT HARTLAND, WI 53029 , US		Driver License Number V5244480021805 STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		Safety Equipment	
02	001	Row 98 - NOT APPLICABLE	Seat Position	NONE	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		Injury SUSPECTED SERIOUS INJUR		Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE	
		Medical Transport OTHER		EMS Agency Identifier	EMS Run #
		Hospital UNITYPOINT HEALTH-MERITER		Date of Death	Time of Death
		Distracted By NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action NOT DISTRACTED			
		Non Motorist		Striking Unit # 01	Location DRIVEWAY ACCESS
UNIT	INDIVIDUAL	Prior Action WALKING/CYCLING ON SIDEWALK			
		Action NO IMPROPER ACTION			
		Action Other			To/From School NO
		Drug & Alcohol 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			