### WISCONSIN MOTOR VEHICLE CRASH REPORT

|            | Document Number Override 01L0C4K15Q   | Primary Crash [           | Primary Crash Document # |                      | Crash Number          | Investigating Officer/Deputy OFFICER B. MORTENSON |                           |                 |  |  |
|------------|---|---------------------------|--------------------------|----------------------|-----------------------|---|---------------------------|-----------------|--|--|
| Z          | Crash Date 12/17/2022   | Crash Time<br>03:58 PM    |                          | Date Arri<br>12/17/2 |                       | Time Arrived 06:00 PM                             |                           | <u> </u>        |  |  |
| ₹          | Date Notified   | Time Notified             |                          | Total Un             | its                   | Total Injured                                     | Total Kille               | d               |  |  |
| <b>₹</b>   | 12/17/2022  | 03:58 PM                  |                          | 01                   |                       | 05  | 00                        | Reporting       |  |  |
| <u>5</u>   | On Emergency Hit  | and Run                   | Lane Closu               |                      | Work Zone             |   | or Towed                  | Threshold       |  |  |
| 01L1Q45WRN | Government Property   |                           | hool Zone                | NO                   | Bus Related           | Tags  |                           |                 |  |  |
|            | <b>✓</b> Reportable   | Crash Type<br>DT4000 (STA | NDARD CRASH              | l)                   |                       | <b>✓</b> Amend                                    | ed                        | Secondary Crash |  |  |
|            | Description   |                           |                          |                      |                       |   | December                  | Dec             |  |  |
|            | Diagram<br>DIAGRAM NOT TO<br>SCALE  |                           |                          |                      |                       |   | Reconstruction  Photos By | ь               |  |  |
|            | 1 1   |                           |                          |                      |                       |   | FIIOLOS By                |                 |  |  |
|            |   |                           |                          |                      |                       |   | Additional Infor          | rmation         |  |  |
|            |   | 01                        |                          |                      |                       |   | Additional Infor<br>NONE  | mation          |  |  |
|            | ✓ I, a sworn law enforceme  | nt officer, agre          | ee that I have no        | ot added             | any CJIS data in this | s report.   |                           |                 |  |  |
|            | CRAWFORD WAS TRAVELING WESTBOUND ON HWY 30 APPROACHING THE UNDERPASS FOR HWY 151 IN THE CITY OF MADISON, COUNTY OF DANE. SHE STATED SHE WAS TRAVELING APPROXIMATELY 80 MPH IN A 45 MPH ZONE WHEN A CAR IN FRONT OF HER BRAKED CAUSING HER TO SWERVE. SHE THEN   |                           |                          |                      |                       |   |                           |                 |  |  |
|            | STRUCK THE MEDIATION CONCRETE TRAFFIC BARRIER AND THE VEHICLE EVENTUALLY ROLLED BEFORE COMING TO A REST ON IT'S ROOF. CRAWFORD ADMITTED TO RACING ANOTHER VEHICLE PRIOR TO THE CRASH. BYSTANDERS CONFIRMED THAT CRAWFORD WAS TRAVELING AT A HIGH RATE OF SPEED WEAVING IN AND OUT OF TRAFFIC RACING ANOTHER VEHICLE BEFORE CRASHING. THE OTHER 5 OCCUPANTS IN THE VEHICLE WERE ALL MINORS AND NO ONE IN THE VEHICLE WAS WEARING A SEAT BELT AT THE TIME OF THE CRASH. |                           |                          |                      |                       |   |                           |                 |  |  |
|            | UPDATED INFORMATION   |                           |                          |                      |                       |   |                           |                 |  |  |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| Location  |                                       |                                      |      |            |                   |   |           |                 |                   |               |
|---|---------------------------------------|--------------------------------------|------|------------|-------------------|---|-----------|-----------------|-------------------|---------------|
| ON ABERG AVE/ STH30 V<br>45 FT E                            |                                       |                                      |      |            |                   | Latitude <b>43.10725</b>                    | 1246      |                 | Longitud          | de<br>3397802 |
| OF E WASHINGTON AVE/ IN THE CITY OF MADISOI                 |                                       | H151 SB                              |      |            |                   | X Coordina<br>309729.3                      |           |                 | Y Coord<br>477537 |               |
| IN DANE COUNTY  |                                       |                                      |      |            |                   | Structure NO STR                            |           |                 |                   |               |
| Crash Scene   |                                       |                                      |      |            |                   |   |           |                 |                   |               |
| First Harmful Event   |                                       |                                      |      |            |                   | Eirot Horm                                  | ful Event | Location        |                   |               |
| OVERTURN/ROLLOVER   |                                       |                                      |      |            |                   | First Harmful Event Location ON ROADWAY     |           |                 |                   |               |
| Manner of Collision   |                                       |                                      |      |            |                   | Light Cond                                  | dition    |                 |                   |               |
| 00 - NO COLLISION W/VE                                      | HIC                                   | CLE IN TRANSPORT                     |      |            |                   | DUSK  |           |                 |                   |               |
| Road Surface Condition(s)                                   | · ·                                   |                                      |      |            |                   | Roadway                                     | Factor(s) |                 |                   |               |
| DRY   |                                       |                                      |      |            |                   |   |           |                 |                   |               |
| Environment Factor(s)                                       |                                       |                                      |      |            |                   |   |           |                 |                   |               |
| NONE  | NONE                                  |                                      |      |            |                   | NONE  |           |                 |                   |               |
| Weather Condition(s)  |                                       |                                      |      |            |                   |   |           |                 |                   |               |
| SNOW  |                                       |                                      |      |            |                   |   |           |                 |                   |               |
| Animal Type   |                                       |                                      |      |            |                   | Relation To Trafficway TRAFFICWAY - ON ROAD |           |                 |                   |               |
| Crash Classification - Location PUBLIC PROPERTY             |                                       |                                      |      |            |                   |   |           | - Jurisdiction  |                   |               |
| Tribal Land   |                                       |                                      |      |            |                   | Access Co                                   |           | KISDICTION      |                   | Special Study |
|   |                                       |                                      |      |            |                   | PARTIAL                                     |           | ROL             |                   | Special Study |
| Within Interchange Area                                     |                                       | nction Location                      |      |            | Intersectio       | **  |           |                 |                   |               |
| NO  | NC                                    | N-JUNCTION                           |      | -          | _                 | INTERSECTION                                |           |                 |                   |               |
| Closure Type  CLOSURE-ONE DIRECTION                         | ON                                    |                                      |      | Reasc      | ons for Closu     | ure   |           |                 |                   |               |
| Date Initial Lane/Rd Closed                                 |                                       | Time Initial Lane/Rd Closed 04:00 PM |      | LAW        | ENFORC            | CEMENT, FIRE/EMS                            |           |                 |                   |               |
| Date All Lanes Open   |                                       | Time All Lanes Open                  |      | Date S     | Scene Clear       | ed  | Т         | Time Scene Clea | ared              |               |
| 12/17/2022  |                                       | 05:37 PM                             |      | 12/17      | /2022             |   | C         | )5:37 PM        |                   |               |
| Unit Summary -  |                                       |                                      |      |            |                   |   |           |                 |                   |               |
| Unit Status   |                                       |                                      |      | -          | erating As Cl     | lassification                               |           | Unit Type       | DII E             |               |
| IN TRANSIT Vehicle Type                                     |                                       |                                      | DС   | LASS       |                   |   |           | Operating A     |                   | mente         |
| PASSENGER CAR   |                                       |                                      |      |            |                   |   |           | Operating /     | is Endorse.       | mento         |
| Total Occs 6  | Т                                     | rain/Bus # Recorded                  | Tota | ıl # Citat | tions Issued      |   | Total Tr  | ailers          | Total Haz         | Mat Types     |
| Insurance?  |                                       | Direction Of Travel VESTBOUND        | ~    |            | CrashTire<br>Mark | ı.  | Speed L   | ₋imit           | Total Lan         | es            |
|   | Most Harmful Event: Collision With Sp |                                      |      |            | ction<br>IAL FUNC | TION  |           | NOT APP         |                   |               |
| Traffic Way Traffic Co DIVIDED HWY W/TRAFFIC BARRIER NO COM |                                       |                                      |      |            |                   |   |           | Traffic Con     | trol Inopera      | tive/Missing  |
| Surface Type Road Curvature                                 |                                       |                                      |      |            | Road Grade        |   |           |                 |                   |               |
| BLACKTOP (BITUMINOUS)  Truck Bus or HazMat                  |                                       |                                      |      |            |                   | LEVEL                                       |           |                 |                   |               |
| NO  |                                       |                                      |      |            |                   |   |           |                 |                   |               |
| Vehicle   |                                       |                                      |      |            |                   |   |           |                 |                   |               |

5

#### 01L1Q45WRN

2022-511105

# WISCONSIN MOTOR VEHICLE CRASH REPORT

|                       |                               | License Plate Number            |                          | Plate Type                         | St            | Country of Issuance |               |  |  |
|-----------------------|-------------------------------|---------------------------------|--------------------------|------------------------------------|---------------|---------------------|---------------|--|--|
|                       |                               | AGX7441                         |                          | AUT - AUTOMOBILE                   | WI            | UNITED STATES       |               |  |  |
| _                     | _                             | Vehicle Identification Number   |                          | Make                               | Year          | Model               |               |  |  |
| 6                     | 5                             | 5XYPGDA58HG198912               |                          | KIA MOTORS CORPO                   | RA 2017       | SORENTO             |               |  |  |
|                       |                               | Color                           |                          | Body Style                         |               | Bus Use             |               |  |  |
|                       |                               | BLK - BLACK                     |                          | UT - SPORT UTILITY \               | /EHICLE       |                     |               |  |  |
|                       | щ                             | Initial Contact Point           |                          | Vehicle Damage                     |               |                     | 7 8 9 10 11   |  |  |
| LIND                  | VEHICL                        | 11 - LEFT FRONT CORNE           | ER .                     |                                    |               |                     | 6 7 8 12      |  |  |
| 5                     | ᠴ                             | Extent Of Damage                |                          | 15 - ALL AREAS                     |               |                     | 5 4 3 2 1     |  |  |
|                       | 5                             | DISABLING DAMAGE                |                          |                                    |               |                     | 5 4 5 2 1     |  |  |
|                       |                               | Towed Due To Damage             |                          | Vehicle Removed By                 |               |                     |               |  |  |
|                       |                               | TOWED DUE TO DISABL             | ING DAMAGE               |                                    |               |                     |               |  |  |
|                       |                               | What Driver Was Doing           |                          | Vehicle Factors                    |               |                     |               |  |  |
|                       |                               | GOING STRAIGHT                  |                          | NOT ADDIVIOLD F                    |               |                     |               |  |  |
|                       |                               | Driver Prior Action Other       |                          | NOT APPLICABLE                     |               |                     |               |  |  |
|                       |                               |                                 |                          |                                    |               |                     |               |  |  |
|                       |                               | Driver Actions                  | AULUDE TO CONTROL D      | AN OFF DO ADWAY FA                 | ED TO KE      | ED IN DEGICALATED I | ANE OPERATED  |  |  |
| .                     | Щ                             | EXCEED SPEED LIMIT, FA          | RESSIVE/RECKLESS MA      | AN OFF RUADWAY, FA<br>ANNER RACING | ILED TO KE    | EP IN DESIGNATED L  | ANE, OPERATED |  |  |
| L                     | VEHICL                        | MOTOR VEHICLE IN ACC            | JACOUT E, REGILEEGO IIII | AINTER, RAOIITO                    |               |                     |               |  |  |
| 5                     | 픎                             |                                 |                          |                                    |               |                     |               |  |  |
|                       | <b>&gt;</b>                   |                                 |                          |                                    |               |                     |               |  |  |
|                       |                               |                                 |                          | 1 -                                |               |                     |               |  |  |
|                       |                               | Owner Name  JASMINE MONIQUE CRA | WEODD                    | Owner Address 1148 MORRAINE V      | /IEW/ DD # 2/ | ns                  |               |  |  |
| 5                     | 5                             | JASIMINE MONIQUE CRA            | WFORD                    | MADISON, WI 537                    |               | US                  |               |  |  |
| ٥                     | 0                             |                                 |                          |                                    | ,             |                     |               |  |  |
|                       |                               |                                 |                          |                                    |               |                     |               |  |  |
|                       | ;                             | Sequence Of Events              |                          |                                    |               |                     |               |  |  |
|                       | 6                             | MOTOR VEH IN TRANSP             | ORT                      |                                    |               |                     |               |  |  |
|                       | 05                            | RUN OFF ROADWAY LEF             | FT                       |                                    |               |                     |               |  |  |
|                       | 03                            | CONCRETE TRAFFIC BA             | RRIER                    |                                    |               |                     |               |  |  |
|                       | 9                             | Event                           |                          |                                    |               |                     |               |  |  |
|                       |                               | Individual                      |                          |                                    |               |                     |               |  |  |
|                       |                               | Driver                          |                          | Citations Issued                   | Sex           |                     |               |  |  |
|                       |                               | JASMINE MONIQUE CRA             | WFORD                    | 4                                  | FEMALE        |                     |               |  |  |
|                       | A                             |                                 |                          | Date of Birth                      | Race          |                     |               |  |  |
| <b>-</b>              |                               |                                 |                          | 05/24/1990                         | BLACK/AF      | RICAN AMERICAN      |               |  |  |
| L                     | NDIVID                        | Address                         |                          | Driver License Number              |               |                     |               |  |  |
| _                     | 9                             | 1148 MORRAINE VIEW D            |                          | C6164339068415                     | OOUNTDY       | LINUTED OTATEO      |               |  |  |
|                       | =                             | MADISON, WI 53719 , US          | 5                        | STATE: WISCONSIN                   | COUNTRY:      | UNITED STATES       |               |  |  |
|                       |                               |                                 |                          |                                    |               |                     |               |  |  |
|                       | Car                           | On Duty                         | r Crash                  | Safety Equipment                   |               |                     |               |  |  |
|                       | Sai                           | fety Equipment                  |                          |                                    |               |                     |               |  |  |
|                       |                               | Row                             | Seat Position            | NONE USED - VEHI                   | CLE OCCUP     | ANT                 |               |  |  |
|                       |                               | 01 - FRONT ROW 07 - LEFT        |                          |                                    |               |                     |               |  |  |
|                       |                               | Helmet Use                      |                          | Helmet Compliance                  |               |                     |               |  |  |
|                       |                               | Eye Protection                  |                          | Tint Compliance                    |               |                     |               |  |  |
| _                     | _                             | Injury So                       | everity                  | Airbag                             |               |                     |               |  |  |
| 6                     | 5 6 Injury NO APPARENT INJURY |                                 | DEPLOYED-FRONT           |                                    |               |                     |               |  |  |
| Ejected Ejection Path |                               |                                 | Trapped/Extricated       |                                    |               |                     |               |  |  |
|                       |                               | NOT EJECTED                     | NOT EJECTED/NOT AP       |                                    |               |                     |               |  |  |

#### 01L1Q45WRN

2022-511105

# WISCONSIN MOTOR VEHICLE CRASH REPORT

|            | Medical Transport                                       |   | EMS Agency Identifier |                                 | EMS Run #              |                           |                      |                |
|------------|---|---|-----------------------|---------------------------------|------------------------|---------------------------|----------------------|----------------|
|            |   | NOT TRANSPORTE                                    | )                     |                                 | 5 . (5 .)              |                           | T. (5                |                |
|            |   | Hospital  |                       |                                 | Date of Death          |                           | Time of Death        |                |
|            | ,   | Distracted By N                                   | stracted By Sour      | ce<br>LE (NOT DISTRA            | CTED)                  |                           |                      |                |
|            |   | Distracted By Action NOT DISTRACTED               |                       |                                 |                        |                           |                      |                |
|            | ,   | Non Motorist                                      | riking Unit #         | Location                        |                        |                           |                      |                |
|            |   | Prior Action                                      |                       | •                               |                        |                           |                      |                |
|            |   | Action  |                       |                                 |                        |                           |                      |                |
| TINO       | INDIVIDUAL  |   |                       |                                 |                        |                           |                      |                |
|            |   | Action Other                                      |                       |                                 |                        |                           |                      | To/From School |
|            | L   | Drug & Alcohol N                                  | uspected Alcohol      | Use                             | Suspected Drug Use YES |                           |                      |                |
|            |   | Alcohol Test Given                                |                       | Alcohol Test Type               |                        |                           | Alcohol Test Results |                |
|            |   | TEST GIVEN  |                       | BLOOD                           |                        |                           | PENDING              |                |
|            |   | Drug Test Given TEST GIVEN                        |                       | Drug Test Type<br>BLOOD         |                        | Drug Test Results PENDING |                      |                |
| 6          | 001   | Drug Type   |                       |                                 |                        |                           |                      |                |
|            |   | Individual Condition  UNDER THE INFLUE            | NCE OF MED            | CATIONS/DRUGS                   | S/ ALCOHOL             |                           |                      |                |
|            | Ì   | Individual  |                       |                                 |                        |                           |                      |                |
|            |   | Passenger   |                       |                                 | Citations Issued       | Sex                       |                      |                |
|            | _   | ANTHONY K TAYLO                                   | R JR                  |                                 | 0                      | MALE                      |                      |                |
|            | DUAL  | (708) 973-9355                                    |                       |                                 | Date of Birth          | Race                      | AN AMERICAN          |                |
| ╘          | JD.   |   |                       |                                 | 10/09/2013             | BLACK/AFRIC               | AN AMERICAN          |                |
| <u>N</u>   | INDIVI  | Address<br>1148 MORRAINE VIE<br>MADISON, WI 53719 |                       |                                 | Driver License Numb    | er                        |                      |                |
|            | Sat   | fety Equipment                                    | n Duty Crash          |                                 | Safety Equipment       |                           |                      |                |
|            |   | Row 01 - FRONT ROW                                |                       | osition                         | NONE USED - VE         | HICLE OCCUPANT            | Г                    |                |
|            | Helmet Use  |   |                       | Helmet Compliance               |                        |                           |                      |                |
|            | Eye Protection  |   |                       | Tint Compliance                 |                        |                           |                      |                |
| 2          | O Injum   |   |                       | Airbag  R DEPLOYED-FRONT        |                        |                           |                      |                |
|            | Ejected Ejection Path  NOT EJECTED NOT EJECTED/NOT APPL |   |                       | Trapped/Extricated              |                        |                           |                      |                |
|            | Medical Transport                                       |   |                       | EMS Agency Identifier EMS Run # |                        |                           |                      |                |
| EMS GROUND |   |   | 6000358               |                                 |                        |                           |                      |                |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |   | Hospital  AMERICAN FAMIL          |               |                                    | Date of Death                 |                             | Time of Death        |                |
|------|---|-----------------------------------|---------------|------------------------------------|-------------------------------|-----------------------------|----------------------|----------------|
|      |   | Distracted By                     | Distracted By | Source                             |                               |                             | •                    |                |
|      |   | Distracted By Action              |               |                                    |                               |                             |                      |                |
|      |   | Non Motorist                      | Striking Unit | # Location                         |                               |                             |                      |                |
|      |   | Prior Action                      |               |                                    |                               |                             |                      |                |
|      |   | Action                            |               |                                    |                               |                             |                      |                |
|      | 4                                       |                                   |               |                                    |                               |                             |                      |                |
| LIND | INDIVIDUAL                              |                                   |               |                                    |                               |                             |                      |                |
| 5    | 2                                       |                                   |               |                                    |                               |                             |                      |                |
|      | =                                       |                                   |               |                                    |                               |                             |                      |                |
|      |   | Action Other                      |               |                                    |                               |                             |                      | To/From School |
|      |   | Drug & Alcohol                    | Suspected Al  | cohol Use                          | Suspected Drug Use            | <b>;</b>                    |                      |                |
|      |   | Drug & Alcohol I                  | NO            |                                    | NO                            |                             |                      |                |
|      |   | Alcohol Test Given TEST NOT GIVEN |               | Alcohol Test Type                  | 9                             |                             | Alcohol Test Results |                |
|      |   | Drug Test Given TEST NOT GIVEN    |               | Drug Test Type                     |                               | Drug Test Results           | S                    |                |
| 5    | 005                                     | Drug Type                         |               |                                    |                               |                             |                      |                |
|      |   | Individual Condition              |               |                                    |                               |                             |                      |                |
|      |   | APPEARED NORM                     | AL            |                                    |                               |                             |                      |                |
|      |   |                                   |               |                                    |                               |                             |                      |                |
|      |   | Individual                        |               |                                    | 1                             | -                           |                      |                |
|      |   | Passenger  DAIYONA MILES-B        | HCKINGH       | ΔM                                 | Citations Issued              | Sex                         |                      |                |
|      | A<br>F                                  | (313) 465-2175                    | OCKINGII      | - NIVI                             | Date of Birth                 | FEMALE                      |                      |                |
| ⊨    | DIVIDUAL                                |                                   |               |                                    | 03/07/2009                    | Race BLACK/AFRICAN AMERICAN |                      |                |
| LNO  | <u>≥</u>                                | Address<br>3834 WHITMAN LN        | 219           |                                    | Driver License Numb           | per                         |                      |                |
|      | Z                                       | MADISON, WI 5370                  | 14 , US       |                                    |                               |                             |                      |                |
|      | 0-4                                     |                                   | On Duty Cras  | sh                                 | Safety Equipment              |                             |                      |                |
|      | Sai                                     | fety Equipment                    |               |                                    |                               |                             | _                    |                |
|      |   | Row 02 - SECOND ROW               |               | Seat Position<br><b>09 - RIGHT</b> |                               | HICLE OCCUPAN               | 1                    |                |
|      |   | Helmet Use                        |               |                                    | Helmet Compliance             |                             |                      |                |
|      |   | Eye Protection                    |               |                                    | Tint Compliance               |                             |                      |                |
| 5    | Injury Severity SUSPECTED SERIOUS INJUR |                                   |               | Airbag  DEPLOYED-SIDE              | :                             |                             |                      |                |
|      | Ejected Ejection Path                   |                                   |               |                                    |                               | -                           | Trapped/Extricated   |                |
|      | NOT EJECTED NOT EJECTED/NOT APPL        |                                   |               |                                    |                               | NOT TRAPPED                 |                      |                |
|      |   | Medical Transport  EMS GROUND     |               |                                    | EMS Agency Identifice 6000358 | er                          | EMS Run #            |                |
|      |   | Hospital                          |               |                                    | Date of Death                 |                             | Time of Death        |                |
|      | ST MARYS HOSP                           |                                   |               |                                    |                               |                             |                      |                |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

|             |  |                                   |                             |                           |                                 |                             |                      | ` ,            |  |
|-------------|--|-----------------------------------|-----------------------------|---------------------------|---------------------------------|-----------------------------|----------------------|----------------|--|
|             |  | Distracted By                     | Distracted By S             | Source                    |                                 |                             |                      |                |  |
|             |  | Distracted By Action              |                             |                           |                                 |                             |                      |                |  |
|             |  | Non Motorist                      | Striking Unit #             | Location                  |                                 |                             |                      |                |  |
|             |  | Prior Action                      |                             |                           |                                 |                             |                      |                |  |
|             |  | Action                            |                             |                           |                                 |                             |                      |                |  |
|             | ۱L   |                                   |                             |                           |                                 |                             |                      |                |  |
| LINO        | DU/  |                                   |                             |                           |                                 |                             |                      |                |  |
| 5           | INDIVIDUAL   |                                   |                             |                           |                                 |                             |                      |                |  |
|             | Z  |                                   |                             |                           |                                 |                             |                      |                |  |
|             |  | Action Other                      |                             |                           |                                 |                             |                      | To/From School |  |
|             |  |                                   |                             |                           |                                 |                             |                      | Ton Tom Concer |  |
|             | L  | Drug & Alcohol                    | Suspected Alco<br><b>NO</b> | ohol Use                  | 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           |                      |                |  |
| _           | 3  | Drug Type                         |                             |                           |                                 |                             |                      |                |  |
| 6           | 003  |                                   |                             |                           |                                 |                             |                      |                |  |
|             |  | Individual Condition              |                             |                           |                                 |                             |                      |                |  |
|             |  | APPEARED NORM                     | AL                          |                           |                                 |                             |                      |                |  |
|             | I  | ndividual                         |                             |                           |                                 |                             |                      |                |  |
|             |  | Passenger<br>AVA A JONES          |                             |                           | Citations Issued  0             | Sex<br>FEMALE               |                      |                |  |
| _           | INDIVIDUAL   | (608) 438-4420                    |                             |                           | Date of Birth <b>01/05/2009</b> | DI ACICIA EDICANI AMEDICANI |                      |                |  |
| L<br>N<br>N | IMIC   | Address 533 MOOSE TRL             |                             |                           | Driver License Numb             | per                         |                      |                |  |
|             | Ξ  | MADISON, WI 5370                  | 4 , US                      |                           |                                 |                             |                      |                |  |
|             |  |                                   | On Duty Crash               | 1                         | Safety Equipment                |                             |                      |                |  |
|             | Sat  | ety Equipment                     |                             |                           |                                 | HICLE OCCUPANT              | -                    |                |  |
|             |  | Row  06 -UNKNOWN RO               |                             | eat Position<br>9 - RIGHT |                                 | HICLE OCCUPANT              |                      |                |  |
|             |  | Helmet Use                        |                             |                           | Helmet Compliance               |                             |                      |                |  |
|             | Eye Protection                                     |                                   |                             |                           | Tint Compliance                 |                             |                      |                |  |
| 7           | 004  | Injury                            | njury Severity              | O MINOR INJURY            | Airbag  DEPLOYED-SIDE           | <u> </u>                    |                      |                |  |
|             |  | Ejected                           | Ejecti                      | on Path                   | <u> </u>                        |                             | Trapped/Extricated   |                |  |
|             | NOT EJECTED NOT EJECTED/NOT APP  Medical Transport |                                   |                             | EMS Agency Identifie      | er                              | NOT TRAPPED EMS Run #       |                      |                |  |
|             | NOT TRANSPORTED                                    |                                   |                             |                           | ,                               |                             |                      |                |  |
|             |  | Hospital                          |                             |                           | Date of Death                   |                             | Time of Death        |                |  |
|             |  | Distracted By                     | Distracted By \$            | Source                    |                                 |                             | <u> </u>             |                |  |

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

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

|          |                      | Distracted By Action  |  |                   |  |                     |  |                  |  |  |  |
|----------|----------------------|---|--|-------------------|--|---------------------|--|------------------|--|--|--|
|          |                      | Non Motorist  | ng Unit #  | Location          |  |                     |  |                  |  |  |  |
|          |                      | Prior Action  |  |                   |  |                     |  |                  |  |  |  |
|          |                      | Action  |  |                   |  |                     |  |                  |  |  |  |
|          |                      |   |  |                   |  |                     |  |                  |  |  |  |
|          | ۲                    |   |  |                   |  |                     |  |                  |  |  |  |
|          | INDIVIDUAL           |   |  |                   |  |                     |  |                  |  |  |  |
| <b>=</b> | ₫                    |   |  |                   |  |                     |  |                  |  |  |  |
| LINO     | ≥                    |   |  |                   |  |                     |  |                  |  |  |  |
|          | 9                    |   |  |                   |  |                     |  |                  |  |  |  |
|          | =                    |   |  |                   |  |                     |  |                  |  |  |  |
|          |                      |   |  |                   |  |                     |  |                  |  |  |  |
|          |                      | Action Other  |  |                   |  |                     |  | To/From School   |  |  |  |
|          |                      | Action Other  |  |                   |  |                     |  | 10/110III School |  |  |  |
|          |                      | Such  | ected Alcohol I  | Heo               | Suspected Drug Use   |                     |  |                  |  |  |  |
|          | 1                    | Drug & Alcohol No   | ected Alcohor  | USE               | NO   |                     |  |                  |  |  |  |
|          |                      | Alcohol Test Given  |  | Alachal Toot Tun  | _  |                     | Alcohol Toot Doculto                     |                  |  |  |  |
|          |                      | TEST NOT GIVEN  |  | Alcohol Test Type | е  |                     | Alcohol Test Results                     |                  |  |  |  |
|          |                      |   |  | Drug Test Type    |  | D. T. et D. e. Ite  |  |                  |  |  |  |
|          |                      | Drug Test Given TEST NOT GIVEN  |  | Drug Test Type    |  | Drug Test Results   | 5  |                  |  |  |  |
|          | _                    | Drug Type   |  |                   |  |                     |  |                  |  |  |  |
| 5        | 90                   | Drug Type   |  |                   |  |                     |  |                  |  |  |  |
|          | _                    |   |  |                   |  |                     |  |                  |  |  |  |
|          | Individual Condition |   |  |                   |  |                     |  |                  |  |  |  |
|          |                      |   |  |                   |  |                     |  |                  |  |  |  |
|          |                      | APPEARED NORMAL   |  |                   |  |                     |  |                  |  |  |  |
|          |                      | L<br>Individual   |  |                   |  |                     |  |                  |  |  |  |
|          |                      |   |  |                   | O'tations Issued   | 10                  |  |                  |  |  |  |
|          |                      | Passenger AMYRIA S TAYLOR   |  |                   | Citations Issued  0  | Sex<br>FEMALE       |  |                  |  |  |  |
|          | ¥                    | (608) 628-5957  |  |                   |  |                     |  |                  |  |  |  |
| _        | $\mathbf{Z}$         |   |  |                   |  |                     |  |                  |  |  |  |
| F        |                      |   |  |                   | Date of Birth<br>01/07/2009  | Race<br>BLACK/AFRIC | AN AMERICAN                              |                  |  |  |  |
| _        | ₹                    | Address   |  |                   | 01/07/2009   | BLACK/AFRIC         | AN AMERICAN                              |                  |  |  |  |
| LIND     |                      | Address<br>2940 TRACEWAY DR   |  |                   |  | BLACK/AFRIC         | AN AMERICAN                              |                  |  |  |  |
| 5        | INDIVIDUAL           |   |  |                   | 01/07/2009   | BLACK/AFRIC         | AN AMERICAN                              |                  |  |  |  |
| 5        | INDIVIE              | 2940 TRACEWAY DR  |  |                   | 01/07/2009   | BLACK/AFRIC         | AN AMERICAN                              |                  |  |  |  |
| Ď        |                      | 2940 TRACEWAY DR<br>MADISON, WI, US   | outy Crash   |                   | 01/07/2009   | BLACK/AFRIC         | AN AMERICAN                              |                  |  |  |  |
| <b>S</b> |                      | 2940 TRACEWAY DR<br>MADISON, WI, US   | outy Crash   |                   | 01/07/2009  Driver License Number  | BLACK/AFRIC         | AN AMERICAN                              |                  |  |  |  |
| Ď        |                      | 2940 TRACEWAY DR<br>MADISON, WI, US   | outy Crash   | osition           | 01/07/2009  Driver License Number  | BLACK/AFRIC         |  |                  |  |  |  |
| Ď        |                      | 2940 TRACEWAY DR<br>MADISON, WI, US   |  |                   | 01/07/2009  Driver License Number  Safety Equipment  | BLACK/AFRIC         |  |                  |  |  |  |
| Ď        |                      | 2940 TRACEWAY DR<br>MADISON, WI, US<br>fety Equipment   | Seat P   |                   | 01/07/2009  Driver License Number  Safety Equipment  | BLACK/AFRIC         |  |                  |  |  |  |
| Ď        |                      | 2940 TRACEWAY DR<br>MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use   | Seat P   |                   | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  | BLACK/AFRIC         |  |                  |  |  |  |
| Ď        |                      | 2940 TRACEWAY DR<br>MADISON, WI , US<br>fety Equipment  Row 02 - SECOND ROW   | Seat P   |                   | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH   | BLACK/AFRIC         |  |                  |  |  |  |
| Ď        | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  | Seat P<br>07 - L   |                   | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance   | BLACK/AFRIC         |  |                  |  |  |  |
|          | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  | Seat P 07 - L  | EFT               | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance   | BLACK/AFRIC         |  |                  |  |  |  |
| 01 UF    |                      | 2940 TRACEWAY DR MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury SUS  | Seat P. 07 - L   | NOR INJURY        | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance   | BLACK/AFRIC         | T  |                  |  |  |  |
|          | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury SUS  | Seat P. 07 - L  7 Severity PECTED MII Ejection Pa            | NOR INJURY        | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance  Airbag  DEPLOYED-SIDE                                | BLACK/AFRIC         | Trapped/Extricated                       |                  |  |  |  |
|          | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury SUS  Ejected NOT EJECTED   | Seat P. 07 - L  7 Severity PECTED MII Ejection Pa            | NOR INJURY        | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE                                 | BLACK/AFRIC         | Trapped/Extricated NOT TRAPPED           |                  |  |  |  |
|          | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury SUS  | Seat P. 07 - L  7 Severity PECTED MII Ejection Pa            | NOR INJURY        | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance  Airbag  DEPLOYED-SIDE                                | BLACK/AFRIC         | Trapped/Extricated                       |                  |  |  |  |
|          | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury SUS  Ejected NOT EJECTED  Medical Transport  | Seat P. 07 - L  7 Severity PECTED MII Ejection Pa            | NOR INJURY        | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE                                 | BLACK/AFRIC         | Trapped/Extricated NOT TRAPPED           |                  |  |  |  |
|          | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  Fety Equipment  Row 02 - SECOND ROW Helmet Use  Eye Protection  Injury SUS  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED                           | Seat P. 07 - L  7 Severity PECTED MII Ejection Pa            | NOR INJURY        | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier | BLACK/AFRIC         | Trapped/Extricated NOT TRAPPED EMS Run # |                  |  |  |  |
|          | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury SUS  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital                | Seat P. 07 - L  7 Severity PECTED MII Ejection Pa            | NOR INJURY ath    | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier | BLACK/AFRIC         | Trapped/Extricated NOT TRAPPED EMS Run # |                  |  |  |  |
|          | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  Fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury SUS  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital  Distracted By | Seat P. 07 - L  V Severity  PECTED MII  Ejection Pa  NOT EJE | NOR INJURY ath    | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier | BLACK/AFRIC         | Trapped/Extricated NOT TRAPPED EMS Run # |                  |  |  |  |
|          | Sat                  | 2940 TRACEWAY DR MADISON, WI , US  fety Equipment  Row 02 - SECOND ROW  Helmet Use  Eye Protection  Injury SUS  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital                | Seat P. 07 - L  V Severity  PECTED MII  Ejection Pa  NOT EJE | NOR INJURY ath    | O1/07/2009  Driver License Number  Safety Equipment  NONE USED - VEH  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier | BLACK/AFRIC         | Trapped/Extricated NOT TRAPPED EMS Run # |                  |  |  |  |

Crash Time 03:58 PM

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |            | Non Motorist                                | Striking U     | Init #            | Location            |                             |                   |                                |                |  |
|------|------------|---|----------------|-------------------|---------------------|-----------------------------|-------------------|--------------------------------|----------------|--|
|      |            | Prior Action                                |                |                   |                     |                             |                   |                                |                |  |
| LIND | INDIVIDUAL | Action                                      |                |                   |                     |                             |                   |                                |                |  |
|      |            | Action Other                                |                |                   |                     |                             |                   |                                | To/From School |  |
|      |            |   |                |                   |                     |                             |                   |                                |                |  |
|      | ı          | Drug & Alcohol                              | Suspecte<br>NO | d Alcohol L       | se                  | 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 |                                |                |  |
| 6    | 002        | Drug Type                                   |                |                   |                     |                             |                   |                                |                |  |
|      |            | Individual Condition                        |                |                   |                     |                             |                   |                                |                |  |
|      |            | APPEARED NORM                               | <b>I</b> AL    |                   |                     |                             |                   |                                |                |  |
|      | 1          | Individual                                  |                |                   |                     |                             |                   |                                |                |  |
|      |            | Passenger                                   | - N            |                   |                     | Citations Issued            | Sex               |                                |                |  |
|      | ļ          | MAYAH L JOHNSC<br>(414) 202-5705            | ON             |                   |                     | 0                           | FEMALE            |                                |                |  |
| LINO | /IDO/      |   |                |                   |                     | Date of Birth<br>11/07/2008 | BLACK/AFRICA      | AN AMERICAN                    |                |  |
| 5    | INDIVIDUAL | Address<br>214 KENNEDY HE<br>MADISON, WI, U |                |                   |                     | Driver License Numbe        | r                 |                                |                |  |
|      | Sat        | fety Equipment                              | On Duty (      | Crash             |                     | Safety Equipment            |                   |                                |                |  |
|      |            | Row<br>02 - SECOND ROV                      | v              | Seat Po           |                     | NONE USED - VEH             | IICLE OCCUPANT    | -                              |                |  |
|      |            | Helmet Use                                  |                | · ·               |                     | Helmet Compliance           |                   |                                |                |  |
|      |            | Eye Protection                              |                |                   |                     | Tint Compliance             |                   |                                |                |  |
| 5    | 900        | Injury                                      | Injury Sev     | erity<br>CTED MIN | IOR INJURY          | Airbag  DEPLOYED-SIDE       |                   |                                |                |  |
|      |            | Ejected NOT EJECTED                         |                | Ejection Pa       | th<br>CTED/NOT APPL | -ICABLE                     |                   | Trapped/Extricated NOT TRAPPED |                |  |
|      |            | Medical Transport  NOT TRANSPORT            | ED             |                   |                     | EMS Agency Identifier       |                   | EMS Run #                      |                |  |
|      |            | Hospital                                    |                |                   |                     | Date of Death               |                   | Time of Death                  |                |  |
|      |            | Distracted By                               | Distracted     | d By Source       | 2                   | 1                           |                   | ı                              |                |  |
|      |            | Distracted By Action                        |                |                   |                     |                             |                   |                                |                |  |
|      |            | Non Motorist                                | Striking U     | Init #            | Location            |                             |                   |                                |                |  |

Crash Date 12/17/2022
Crash Time 03:58 PM

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/17/2022

Crash Time 03:58 PM

|          |            | Prior Action                      |                         |                                     |                              |                   |                      |                |
|----------|------------|-----------------------------------|-------------------------|-------------------------------------|------------------------------|-------------------|----------------------|----------------|
|          |            | Action                            |                         |                                     |                              |                   |                      |                |
|          | JAL        |                                   |                         |                                     |                              |                   |                      |                |
| UNIT     | INDIVIDUAL |                                   |                         |                                     |                              |                   |                      |                |
| <u>ر</u> | NDI        |                                   |                         |                                     |                              |                   |                      |                |
|          | -          |                                   |                         |                                     |                              |                   |                      |                |
|          |            | Action Other                      |                         |                                     |                              |                   |                      | To/From School |
|          | L          |                                   |                         |                                     |                              |                   |                      |                |
|          |            | Alaskal Tark Danilla              |                         |                                     |                              |                   |                      |                |
|          |            | Alcohol Test Given TEST NOT GIVEN |                         | Alcohol Test Type                   |                              |                   | Alcohol Test Results |                |
|          |            | Drug Test Given TEST NOT GIVEN    |                         | Drug Test Type                      |                              | Drug Test Results |                      |                |
| 10       | 900        | Drug Type                         |                         | -                                   |                              |                   |                      |                |
|          |            |                                   |                         |                                     |                              |                   |                      |                |
|          |            | Individual Condition              |                         |                                     |                              |                   |                      |                |
|          |            | APPEARED NORM                     | MAL                     |                                     |                              |                   |                      |                |
|          | ,          | Violations                        |                         |                                     |                              |                   |                      |                |
|          | 10         | UTC Number<br>BF811269            | Issue To?<br><b>001</b> | Statute Number <b>346.63(2)(a)1</b> | Description OWI CAUSE INJURY | (PASSENGER        | < 16 YRS) (2+)       |                |
|          | 02         | UTC Number BF211270               |                         |                                     |                              |                   |                      |                |
|          | 03         | UTC Number BF811271               | Issue To?<br><b>001</b> | Statute Number <b>341.04(1)</b>     | Description NON-REGISTRATIO  | N OF AUTO, ET     | C                    |                |
|          | 90         | UTC Number<br>BF811272            | Issue To?<br><b>001</b> | Statute Number 344.62(1)            | Description OPERATE MOTOR \  | /EHICLE W/O IN    | SURANCE              |                |

# The Following Pages Show Earlier Versions of this Report.

### WISCONSIN MOTOR VEHICLE CRASH REPORT

| Document Number Override  | Primary Crash Document #  |  | Crash Number   | OFFICER M  |  |   |
|---|---|--|--|--|--|---|
| Crash Date 12/17/2022   | Crash Time<br>03:58 PM  | Date Ar  |  | Time Arrived 06:00 PM  |  |   |
| Date Notified   | Time Notified   | Total U  | nits   | Total Injured  | Total Kille                                | ed  |
| 12/17/2022  | 03:58 PM  | 01   | Т  | 02   | 00   |   |
| On Emergency Hit  | and Run 🗾 Lane (  |  | ☐ Work Zone  | Trailer o  | r Towed                                    | Reporting Threshold   |
| Government Property   | Active School Zone  | School<br><b>NO</b>  | Bus Related  | Tags   |  |   |
| <b>▼</b> Reportable   | Crash Type DT4000 (STANDARD CR  | ASH)   |  | Amende   | d  | Secondary Crash   |
| Description   |   |  |  |  |  |   |
| Diagram DIAGRAM NOT TO SCALE  |   |  |  | F  | Reconstruction                             | n By  |
|   |   |  |  | F  | Photos By                                  |   |
|   |   |  |  |  | Additional Info                            | rmation   |
| I, a sworn law enforceme CRAWFORD WAS TRAVELING WES STATED SHE WAS TRAVELING AP STRUCK THE MEDIATION CONCRE ADMITTED TO RACING ANOTHER WEAVING IN AND OUT OF TRAFFIC ONE IN THE VEHICLE WAS WEADING | STBOUND ON HWY 30 APPROA<br>PROXIMATELY 80 MPH IN A 45<br>ETE TRAFFIC BARRIER AND TH<br>VEHICLE PRIOR TO THE CRAS<br>C RACING ANOTHER VEHICLE | ACHING THE U<br>MPH ZONE W<br>HE VEHICLE EN<br>SH. BYSTANDE<br>BEFORE CRAS | NDERPASS FOR HWY 1<br>HEN A CAR IN FRONT (<br>/ENTUALLY ROLLED BE<br>RS CONFIRMED THAT (<br>SHING. THE OTHER 5 O | 51 IN THE CITY OF<br>DF HER BRAKED CA<br>FORE COMING TO<br>CRAWFORD WAS TR | USING HER 1<br>A REST ON IT<br>RAVELING AT | TO SWERVE. SHE THEN<br>T'S ROOF. CRAWFORD<br>A HIGH RATE OF SPEED |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

| Lo   | cation   |                                |                 |                     |                        |   |               |                         |           |               |   |
|--|--|--------------------------------|-----------------|---------------------|------------------------|---|---------------|-------------------------|-----------|---------------|---|
|  | N ABERG AVE/ STH30                               | WB                             |                 |                     |                        | Latitude  |               | Ī                       | Longitud  | e             |   |
|  | FT E   |                                |                 |                     |                        | 43.1072   | 51246         |                         | -89.338   | 397802        |   |
|  | F E WASHINGTON AVE<br>THE CITY OF MADISO         |                                |                 |                     |                        | X Coordin   | ate           |                         | Y Coordi  | nate          |   |
|  | DANE COUNTY                                      | VIN .                          |                 |                     |                        | 309729.3  | 3125          |                         | 477537    | 9             |   |
|  |  |                                |                 |                     |                        | Structure   |               |                         |           |               |   |
|  |  |                                |                 |                     |                        | NO STR  | UCTURE        |                         |           |               |   |
| Cra  | ash Scene  |                                |                 |                     |                        |   |               |                         |           |               |   |
| Firs                                       | rst Harmful Event                                |                                |                 |                     |                        | First Harm  | nful Event Lo | ocation                 |           |               |   |
|  | VERTURN/ROLLOVER                                 |                                |                 |                     |                        | ON ROADWAY  |               |                         |           |               |   |
|  | anner of Collision                               |                                |                 |                     |                        | Light Condition  DUSK                                     |               |                         |           |               |   |
|  | pad Surface Condition(s)                         | EHICLE IN TRANSPORT            |                 |                     |                        | Roadway Factor(s)   |               |                         |           |               |   |
| DF   |  |                                |                 |                     |                        | - Neddinay Factor(c)                                      |               |                         |           |               |   |
| Fn   | nvironment Factor(s)                             |                                |                 |                     |                        |   |               |                         |           |               |   |
|  | ONE  |                                |                 |                     |                        | NONE  |               |                         |           |               |   |
| We   | eather Condition(s)                              |                                |                 |                     |                        |   |               |                         |           |               |   |
|  | NOW  |                                |                 |                     |                        |   |               |                         |           |               |   |
|  |  |                                |                 |                     |                        |   |               |                         |           |               |   |
| Ani  | nimal Type                                       |                                |                 |                     |                        |   | o Trafficway  |                         |           |               | _ |
| C  | anh Classification   Las-ti-                     | <b>.</b>                       |                 |                     |                        | TRAFFICWAY - ON ROAD  Crash Classification - Jurisdiction |               |                         |           |               |   |
|  | ash Classification - Location  JBLIC PROPERTY    | 1                              |                 |                     |                        |   |               | Jurisdiction  ISDICTION |           |               |   |
|  | Tribal Land                                      |                                |                 |                     |                        | Access Co   |               | IODIOTION               |           | Special Study |   |
|  |  |                                |                 |                     |                        |   | L CONTRO      | OL                      |           | .,,           |   |
| Wit<br>NC                                  | ithin Interchange Area                           | Junction Location NON-JUNCTION |                 |                     | Intersection           | on Type<br>INTERSE  | CTION         |                         |           |               |   |
|  | osure Type                                       | HOR CONCINCT                   |                 | Reaso               | ons for Clos           |   | .011011       |                         |           |               |   |
|  | LOSURE-ONE DIRECTI                               | ON                             |                 |                     | J.10 101 0100          |   |               |                         |           |               |   |
| Da   | ate Initial Lane/Rd Closed                       | Time Initial Lane/Rd Close     | ed              | LAW                 | ENFORCEMENT, FIRE/EMS  |   |               |                         |           |               |   |
| 12   | 2/17/2022  | 04:00 PM                       |                 |                     |                        |   |               |                         |           |               |   |
|  | ate All Lanes Open                               | Time All Lanes Open            | Date Scene Clea |                     |                        |   |               |                         |           |               |   |
|  | 2/17/2022  | 05:37 PM                       |                 | 12/17/2022          |                        |   | 05            | :37 PM                  |           |               |   |
|  | nit Summary 💻                                    |                                |                 |                     |                        |   |               |                         |           |               |   |
|  | nit Status                                       |                                |                 | -                   | erating As C           | lassification   | 1             | Unit Type               | . –       |               |   |
|  | TRANSIT  hicle Type                              |                                | טט              | LASS                |                        |   |               | Operating As            |           | nents         |   |
|  | ASSENGER CAR                                     |                                |                 |                     |                        |   |               | Operating AS            | 14013611  | nonta         |   |
|  | otal Occs  | Train/Bus # Recorded           | Tota            | ıl # Cita           | tions Issued           | <u> </u>  | Total Trail   | ers   T                 | otal Hazi | Mat Types     |   |
| 6  |  |                                | 4               |                     |                        |   | 0             | O                       |           |               |   |
| Ins  | surance?   | Direction Of Travel            |                 | Pre                 | CrashTire              | )   | Speed Lim     | nit T                   | otal Lane | es            |   |
| NC   |  | WESTBOUND                      |                 |                     | Mark                   |   | 45            | 6                       |           |               |   |
|  | ost Harmful Event: Collision  ONCRETE TRAFFIC BA |                                |                 | cial Fun            | iction<br>IAL FUNC     | CTION   |               | NOT APPLI               |           | cle Use       |   |
|  | affic Way  |                                | Traf            | fic Cont            | rol                    |   |               | Traffic Control         | Inoperat  | ive/Missing   |   |
| DIVIDED HWY W/TRAFFIC BARRIER N            |  |                                | NO              | CONT                | ROL                    |   |               | NO                      |           |               |   |
|  |  |                                |                 | d Curva             |                        |   |               | Road Grade              |           |               |   |
| BLACKTOP (BITUMINOUS)  Truck Bus or HazMat |  |                                | RVE R           | IGHT                |                        |   | LEVEL         |                         |           |               |   |
| Truck Bus or HazMat  NO                    |  |                                |                 |                     |                        |   |               |                         |           |               |   |
|  | Vehicle  |                                |                 |                     |                        |   |               |                         |           |               |   |
| License Plate Number Plate Type            |  |                                |                 |                     | St Country of Issuance |   |               |                         |           |               |   |
| AGX7411                                    |  |                                |                 | AUT - AUTOMOBILE WI |                        | 1   | UNITED STATES |                         |           |               |   |
| Vehicle Identification Number Make         |  |                                |                 |                     | Year Model             |   |               |                         |           |               |   |
| 0  | 5N1AA0NE7DN602503                                |                                |                 | SSAN                |                        |   | 2013          | ARMADA                  |           |               |   |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

|             |             | Color                             |   | Body Style                           | VEHICLE        | Bus Use            |               |  |  |  |
|-------------|-------------|-----------------------------------|---|--------------------------------------|----------------|--------------------|---------------|--|--|--|
|             | ш           | BLK - BLACK Initial Contact Point |   | JT - SPORT UTILITY<br>/ehicle Damage | VEHICLE        |                    |               |  |  |  |
| _           |             | 11 - LEFT FRONT CORNE             |   | Verlicie Damage                      |                |                    | 7 8 9 10 11   |  |  |  |
|             | =           | Extent Of Damage                  |   | 15 - ALL AREAS                       |                |                    | 6 2 12        |  |  |  |
| ⊃           | VEHICL      | DISABLING DAMAGE                  |   | TO ALL AREAG                         |                |                    | 5 4 3 2 1     |  |  |  |
|             | <b>&gt;</b> | Towed Due To Damage               | l v   | /ehicle Removed By                   |                |                    |               |  |  |  |
|             |             | TOWED DUE TO DISABL               |   | ,                                    |                |                    |               |  |  |  |
|             |             | What Driver Was Doing             | V   | /ehicle Factors                      |                |                    |               |  |  |  |
|             |             | GOING STRAIGHT                    |   |                                      |                |                    |               |  |  |  |
|             |             | Driver Prior Action Other         | N   | NOT APPLICABLE                       |                |                    |               |  |  |  |
|             |             |                                   |   |                                      |                |                    |               |  |  |  |
|             |             | Driver Actions                    | AULURE TO CONTROL DAI                           | N OFF DOADWAY F                      | All ED TO KEED | IN DECICNATED I    | ANE OPERATED  |  |  |  |
| _           | LE          | MOTOR VEHICLE IN AGG              | AILURE TO CONTROL, RAI<br>BRESSIVE/RECKLESS MAN | N OFF ROADWAT, F<br>NNER. RACING     | AILED TO KEEP  | IN DESIGNATED L    | ANE, OPERATED |  |  |  |
| LNO         | VEHICL      |                                   |   | ,                                    |                |                    |               |  |  |  |
| <b>&gt;</b> | 点           |                                   |   |                                      |                |                    |               |  |  |  |
|             | >           |                                   |   |                                      |                |                    |               |  |  |  |
|             |             | Owner Name                        |   | Owner Address                        |                |                    |               |  |  |  |
| _           | _           | TARANISHA DELORES T               | HOMAS   | 1148 MORRAINE                        |                |                    |               |  |  |  |
| 2           | 01          |                                   |   | MADISON, WI 53                       | 3719 , US      |                    |               |  |  |  |
|             |             |                                   |   |                                      |                |                    |               |  |  |  |
|             | 9           | Sequence Of Events                |   |                                      |                |                    |               |  |  |  |
|             | 01          | Event MOTOR VEH IN TRANSP         | ORT   |                                      |                |                    |               |  |  |  |
|             | )           |                                   |   |                                      |                |                    |               |  |  |  |
|             | 02          | RUN OFF ROADWAY LEF               | FT  |                                      |                |                    |               |  |  |  |
|             | 03          | Event CONCRETE TRAFFIC BA         | DDIED   |                                      |                |                    |               |  |  |  |
|             |             | Event                             | RRIER   |                                      |                |                    |               |  |  |  |
|             | 04          | Lvoin                             |   |                                      |                |                    |               |  |  |  |
|             | ļ           | Individual                        |   | _                                    |                |                    |               |  |  |  |
|             |             | Driver  JASMINE MONIQUE CRA       | WEODD   | Citations Issued                     | Sex            |                    |               |  |  |  |
|             | ٩L          | JASMINE WONIQUE CRA               | WFORD   | 4                                    | FEMALE<br>Race |                    |               |  |  |  |
|             | )U          |                                   |   | Date of Birth<br>05/24/1990          |                | AN AMERICAN        |               |  |  |  |
|             | INDIVIDUAL  | Address                           |   | Driver License Numbe                 | er             |                    |               |  |  |  |
| <b>–</b>    |             | 1148 MORRAINE VIEW D              |   | C6164339068415                       |                |                    |               |  |  |  |
|             | =           | MADISON, WI 53719 , US            | 3   | STATE: WISCONS                       | IN COUNTRY: UN | ITED STATES        |               |  |  |  |
|             |             |                                   |   |                                      |                |                    |               |  |  |  |
|             | Sad         | On Duty                           | Crash   | Safety Equipment                     |                |                    |               |  |  |  |
|             | Sai         | fety Equipment                    |   |                                      |                | _                  |               |  |  |  |
|             |             | Row FRONT ROW                     | Seat Position                                   | NONE USED - VEH                      | HICLE OCCUPAN  | Т                  |               |  |  |  |
|             |             | 01 - FRONT ROW                    | 07 - LEFT                                       | Holmat Camplianas                    |                |                    |               |  |  |  |
|             |             | Helmet Use                        |   | Helmet Compliance                    |                |                    |               |  |  |  |
|             |             | Eye Protection                    |   | Tint Compliance                      |                |                    |               |  |  |  |
|             |             |                                   |   | ,                                    |                |                    |               |  |  |  |
| 5           | 90          | Injury So                         | everity<br>PARENT INJURY                        | Airbag  DEPLOYED-FRON                | ıT             |                    |               |  |  |  |
|             |             | Ejected Ejection Path             |   | 1                                    |                | Trapped/Extricated |               |  |  |  |
|             |             | NOT EJECTED                       | LICABLE   |                                      | NOT TRAPPED    |                    |               |  |  |  |
|             |             | Medical Transport                 | ·   | EMS Agency Identifier                | r              | EMS Run#           |               |  |  |  |
|             |             | NOT TRANSPORTED                   |   |                                      |                | <br>               |               |  |  |  |
|             |             | Hospital                          |   | Date of Death                        |                | Time of Death      |               |  |  |  |
|             |             |                                   |   | 1                                    |                | 1                  |               |  |  |  |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

|          |            | Distracted By   | Distracted NOT APP | By Source<br>PLICABL | E (NOT DISTRA           | CTED)                             |                           |                             |                |  |  |  |
|----------|------------|---|--------------------|----------------------|-------------------------|-----------------------------------|---------------------------|-----------------------------|----------------|--|--|--|
|          |            | Distracted By Action NOT DISTRACTED                   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          | '          | Non Motorist  | Striking Un        | it#                  | Location                |                                   |                           |                             |                |  |  |  |
|          |            | Prior Action  |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          |            | Action  |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          | L          |   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
| <b>—</b> | INDIVIDUAL |   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
| LNO      | IVIE       |   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          | N N        |   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          |            |   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          |            | Action Other  |                    |                      |                         |                                   |                           |                             | To/From School |  |  |  |
|          |            | 2   | Suspected          | Alcohol U            | se                      | Suspected Drug Use                | 1                         |                             |                |  |  |  |
|          | L          | Orug & Alcohol Alcohol Test Given                     | NO                 |                      | Alachal Tast Tuns       | YES                               |                           | Alcohol Test Results        |                |  |  |  |
|          |            | TEST GIVEN  |                    |                      | Alcohol Test Type BLOOD | ;                                 |                           | PENDING                     |                |  |  |  |
|          |            | Drug Test Given TEST GIVEN                            |                    |                      | Drug Test Type<br>BLOOD |                                   | Drug Test Results PENDING | 5                           |                |  |  |  |
| 5        | 001        | Drug Type   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          | 0          |   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          |            | Individual Condition                                  |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          |            | UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL     |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          | i          | ndividual   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          |            | Passenger ANTHONY TAYLOR                              |                    |                      |                         | Citations Issued  0               | Sex<br>MALE               |                             |                |  |  |  |
|          | INDIVIDUAL |   |                    |                      |                         | Date of Birth                     | Race<br>BLACK/AFRIC       | Race BLACK/AFRICAN AMERICAN |                |  |  |  |
|          | INID       | Address   |                    |                      |                         | 10/09/2013  Driver License Numb   |                           | ANTANERIOAN                 |                |  |  |  |
| ر        | IND        | 1148 MORRAINE VIEW DR # 305<br>MADISON, WI 53719 , US |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          |            |   |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          | Saf        | ety Equipment   | On Duty Co         | rash                 |                         | Safety Equipment                  |                           |                             |                |  |  |  |
|          |            | Row Seat Position                                     |                    |                      |                         | NONE USED - VEHICLE OCCUPANT      |                           |                             |                |  |  |  |
|          |            | 01 - FRONT ROW Helmet Use                             |                    | 09 - RI              | GHT                     | Helmet Compliance                 |                           |                             |                |  |  |  |
|          |            | Eve Ducto di co                                       |                    |                      |                         |                                   |                           |                             |                |  |  |  |
|          |            | Eye Protection  |                    |                      |                         | Tint Compliance                   |                           |                             |                |  |  |  |
| 5        | 005        | Injury  | Injury Seve        | -                    | RIOUS INJUR             | Airbag                            | NT                        |                             |                |  |  |  |
|          |            | Ejected   | E                  | jection Pa           | th                      | DEPLOYED-FRONT Trapped/Extricated |                           |                             |                |  |  |  |
|          |            | NOT EJECTED  Medical Transport                        | N                  | OT EJE               | CTED/NOT APP            | LICABLE  EMS Agency Identifie     | 2r                        | NOT TRAPPED EMS Run #       |                |  |  |  |
|          |            | EMS GROUND  |                    |                      |                         | 6000358                           |                           |                             |                |  |  |  |
|          |            | Hospital  AMERICAN FAMIL                              | Y CHILDI           | RENS H               | OSP                     | Date of Death                     |                           | Time of Death               |                |  |  |  |
|          |            | Distracted By   | Distracted         |                      |                         | <u>l</u>                          |                           | ı                           |                |  |  |  |
|          |            | Distracted by   |                    |                      |                         |                                   |                           |                             |                |  |  |  |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

|          |            | Distracted By Action   |   |                  |  |                             |  |                  |  |  |  |  |
|----------|------------|--|---|------------------|--|-----------------------------|--|------------------|--|--|--|--|
|          |            | Non Motorist Striking  | Unit # L                                    | ocation          |  |                             |  |                  |  |  |  |  |
|          |            | Prior Action   |   |                  |  |                             |  |                  |  |  |  |  |
|          |            | Action   |   |                  |  |                             |  |                  |  |  |  |  |
|          |            |  |   |                  |  |                             |  |                  |  |  |  |  |
|          | ᆜ          |  |   |                  |  |                             |  |                  |  |  |  |  |
|          | INDIVIDUAL |  |   |                  |  |                             |  |                  |  |  |  |  |
| Ę        | ≧          |  |   |                  |  |                             |  |                  |  |  |  |  |
| LINO     | ≥          |  |   |                  |  |                             |  |                  |  |  |  |  |
|          | 9          |  |   |                  |  |                             |  |                  |  |  |  |  |
| <b> </b> |            |  |   |                  |  |                             |  |                  |  |  |  |  |
|          |            |  |   |                  |  |                             |  |                  |  |  |  |  |
|          |            | Action Other   |   |                  |  |                             |  | To/From School   |  |  |  |  |
|          |            | Action Other   |   |                  |  |                             |  | 10/110III SCHOOL |  |  |  |  |
|          |            | Suspec   | ted Alcohol Use                             |                  | Suspected Drug Use   |                             |  |                  |  |  |  |  |
|          |            | Drug & Alcohol No  | ted Alcohol Ose                             |                  | NO   |                             |  |                  |  |  |  |  |
|          |            | Alcohol Test Given   | I A   | Icohol Test Type | <u> </u>   |                             | Alcohol Test Results                     |                  |  |  |  |  |
|          |            |  |   | iconoi rest rype | <del>.</del>   |                             | Alcohol Test Results                     |                  |  |  |  |  |
|          |            | TEST NOT GIVEN   |   | rug Test Type    |  | Down Took Doorsky           |  |                  |  |  |  |  |
|          |            | Drug Test Given TEST NOT GIVEN   |   | rug rest rype    |  | Drug Test Results           | <b>i</b>                                 |                  |  |  |  |  |
|          | ٠.         |  |   |                  |  |                             |  |                  |  |  |  |  |
| 5        | 005        | Drug Type  |   |                  |  |                             |  |                  |  |  |  |  |
|          | J          |  |   |                  |  |                             |  |                  |  |  |  |  |
|          |            | Individual Condition   | ividual Condition                           |                  |  |                             |  |                  |  |  |  |  |
|          |            |  |   |                  |  |                             |  |                  |  |  |  |  |
|          |            | APPEARED NORMAL  |   |                  |  |                             |  |                  |  |  |  |  |
|          | - 1        | Individual   |   |                  |  |                             |  |                  |  |  |  |  |
|          |            | Passenger DAIYONA MILES-BUCKINGHAM   |   |                  | Citations Issued   |                             |  |                  |  |  |  |  |
|          | ب          |  |   |                  | 0  | FEMALE                      |  |                  |  |  |  |  |
|          | Š          |  |   |                  | Date of Birth  | Race BLACK/AFRICAN AMERICAN |  |                  |  |  |  |  |
|          | INDIVIDUAL |  |   |                  | 03/07/2009   |                             | AN AWERICAN                              |                  |  |  |  |  |
| 5        | $\leq$     | Address  |   |                  | Driver License Number  |                             |  |                  |  |  |  |  |
|          | Z          | MADISON, WI 53713 , US   | 5   |                  |  |                             |  |                  |  |  |  |  |
|          |            | , ,  |   |                  |  |                             |  |                  |  |  |  |  |
|          |            | On Duty  | , Crook                                     |                  | O-f-t- Fit   |                             |  |                  |  |  |  |  |
|          | Sat        | fety Equipment   | y Crasn                                     |                  | Safety Equipment   |                             |  |                  |  |  |  |  |
|          |            | , , ,  |   |                  | NONE USED, VEHICLE OCCUPANT  |                             |  |                  |  |  |  |  |
|          |            | l n  | 0 . 0                                       |                  | NONE LIGED - VEH   | ICLE OCCUBANT               | Γ  |                  |  |  |  |  |
|          |            | Row  | Seat Positi                                 |                  | NONE USED - VEH  | ICLE OCCUPAN                | Γ  |                  |  |  |  |  |
|          |            | 02 - SECOND ROW  | Seat Positi                                 |                  |  | ICLE OCCUPAN                | Г  |                  |  |  |  |  |
|          |            |  |   |                  | NONE USED - VEH  Helmet Compliance   | ICLE OCCUPAN                | T  |                  |  |  |  |  |
|          |            | 02 - SECOND ROW<br>Helmet Use  |   |                  | Helmet Compliance  | ICLE OCCUPAN                |  |                  |  |  |  |  |
|          |            | 02 - SECOND ROW  |   |                  |  | ICLE OCCUPAN                |  |                  |  |  |  |  |
| _        | 13         | 02 - SECOND ROW  Helmet Use  Eye Protection  | 09 - RIGH                                   | łT               | Helmet Compliance  | ICLE OCCUPAN                |  |                  |  |  |  |  |
| 01       | 003        | 02 - SECOND ROW  Helmet Use  Eye Protection  | 09 - RIGH                                   | łT               | Helmet Compliance Tint Compliance  | ICLE OCCUPAN                |  |                  |  |  |  |  |
| 10       | 003        | 02 - SECOND ROW  Helmet Use  Eye Protection  | 09 - RIGH                                   | łT               | Helmet Compliance  Tint Compliance  Airbag   | ICLE OCCUPAN                | Trapped/Extricated                       |                  |  |  |  |  |
| 10       | 003        | O2 - SECOND ROW  Helmet Use  Eye Protection  Injury S SUSPI  Ejected NOT EJECTED   | everity  ECTED SERIC  Ejection Path         | łT               | Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE   | ICLE OCCUPAN                | Trapped/Extricated NOT TRAPPED           |                  |  |  |  |  |
| 01       | 003        | D2 - SECOND ROW Helmet Use Eye Protection Injury S SUSPI Ejected NOT EJECTED Medical Transport   | everity  ECTED SERIC  Ejection Path         | DUS INJUR        | Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier         | ICLE OCCUPAN                | Trapped/Extricated                       |                  |  |  |  |  |
| 01       | 003        | O2 - SECOND ROW  Helmet Use  Eye Protection  Injury S SUSPI  Ejected NOT EJECTED  Medical Transport EMS GROUND   | everity  ECTED SERIC  Ejection Path         | DUS INJUR        | Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier 6000358 | ICLE OCCUPAN                | Trapped/Extricated NOT TRAPPED EMS Run # |                  |  |  |  |  |
| 01       | 003        | O2 - SECOND ROW  Helmet Use  Eye Protection  Injury S SUSPI  Ejected NOT EJECTED  Medical Transport EMS GROUND  Hospital   | everity  ECTED SERIC  Ejection Path         | DUS INJUR        | Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier         | ICLE OCCUPAN                | Trapped/Extricated NOT TRAPPED           |                  |  |  |  |  |
| 01       | 003        | Distract  O2 - SECOND ROW  Helmet Use  Eye Protection  Injury SUSPI  Ejected NOT EJECTED  Medical Transport EMS GROUND  Hospital ST MARYS HOSP                       | everity  ECTED SERIC  Ejection Path         | DUS INJUR        | Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier 6000358 | ICLE OCCUPAN                | Trapped/Extricated NOT TRAPPED EMS Run # |                  |  |  |  |  |
| 01       | 003        | O2 - SECOND ROW  Helmet Use  Eye Protection  Injury S SUSPI  Ejected NOT EJECTED  Medical Transport EMS GROUND  Hospital ST MARYS HOSP  Distracted By  Distracted By | everity ECTED SERIC Ejection Path NOT EJECT | DUS INJUR        | Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier 6000358 | ICLE OCCUPAN                | Trapped/Extricated NOT TRAPPED EMS Run # |                  |  |  |  |  |
| 01       | 003        | Distract  O2 - SECOND ROW  Helmet Use  Eye Protection  Injury SUSPI  Ejected NOT EJECTED  Medical Transport EMS GROUND  Hospital ST MARYS HOSP                       | everity ECTED SERIC Ejection Path NOT EJECT | DUS INJUR        | Helmet Compliance  Tint Compliance  Airbag DEPLOYED-SIDE  LICABLE  EMS Agency Identifier 6000358 | ICLE OCCUPAN                | Trapped/Extricated NOT TRAPPED EMS Run # |                  |  |  |  |  |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|                 |            | Non Motorist                      | Striking       | Unit #             | Location                       |                              |                   |                                |                |  |  |
|-----------------|------------|-----------------------------------|----------------|--------------------|--------------------------------|------------------------------|-------------------|--------------------------------|----------------|--|--|
|                 |            | Prior Action                      |                |                    |                                |                              |                   |                                |                |  |  |
|                 |            | Action                            |                |                    |                                |                              |                   |                                |                |  |  |
|                 | _          |                                   |                |                    |                                |                              |                   |                                |                |  |  |
| ⊢               | INDIVIDUAL |                                   |                |                    |                                |                              |                   |                                |                |  |  |
| UNIT            | Ĭ          |                                   |                |                    |                                |                              |                   |                                |                |  |  |
|                 |            |                                   |                |                    |                                |                              |                   |                                |                |  |  |
|                 |            |                                   |                |                    |                                |                              |                   |                                |                |  |  |
|                 |            | Action Other                      |                |                    |                                |                              |                   |                                | To/From School |  |  |
|                 |            |                                   | Suspect        | ed Alcohol U       | se                             | Suspected Drug Use           |                   |                                |                |  |  |
|                 | -          | Drug & Alcohol                    | NO             |                    | Alaskal Task Tona              | NO                           |                   | Alashal Task Daniska           |                |  |  |
|                 |            | Alcohol Test Given TEST NOT GIVEN |                |                    | Alcohol Test Type              |                              |                   | Alcohol Test Results           |                |  |  |
|                 |            | Drug Test Given TEST NOT GIVEN    | Drug Test Type |                    |                                |                              | Drug Test Results | 1                              |                |  |  |
| _               | 003        | Drug Type                         |                |                    |                                |                              |                   |                                |                |  |  |
| 01              | 8          |                                   |                |                    |                                |                              |                   |                                |                |  |  |
|                 |            | Individual Condition              |                |                    |                                |                              |                   |                                |                |  |  |
| APPEARED NORMAL |            |                                   |                |                    |                                |                              |                   |                                |                |  |  |
|                 | 1          | LIndividual                       |                |                    |                                |                              |                   |                                |                |  |  |
|                 |            | Passenger                         |                |                    |                                | Citations Issued             | Sex               |                                |                |  |  |
|                 | A<br>F     | AVON A JONES                      |                |                    |                                | 0 FEMALE  Date of Birth Race |                   |                                |                |  |  |
| ⊨               | INDIVIDUAL |                                   |                |                    |                                | 01/05/2009                   | BLACK/AFRICA      | AN AMERICAN                    |                |  |  |
| UNIT            | <u>≥</u>   | Address                           |                |                    |                                | Driver License Number        |                   |                                |                |  |  |
|                 | 2          | , ,US                             |                |                    |                                |                              |                   |                                |                |  |  |
|                 |            |                                   | On Duty        | Crash              |                                | Safety Equipment             |                   |                                |                |  |  |
|                 | Sa         | fety Equipment                    |                |                    |                                |                              |                   |                                |                |  |  |
|                 |            | Row<br>06 -UNKNOWN RO             | ow .           | Seat Po<br>09 - RI |                                | NONE USED - VEHICLE OCCUPANT |                   |                                |                |  |  |
|                 |            | Helmet Use                        |                |                    |                                | Helmet Compliance            |                   |                                |                |  |  |
|                 |            | Eye Protection                    | Eye Protection |                    |                                |                              | Tint Compliance   |                                |                |  |  |
| _               | 4          |                                   | Injury Se      | everity            |                                | Airbag                       |                   |                                |                |  |  |
| 01              | 00         |                                   | NO AP          | PARENT II          | NJURY DEPLOYED-SIDE            |                              |                   |                                |                |  |  |
|                 |            | Ejected  NOT EJECTED              |                | Ejection Pa        | <sup>tn</sup><br>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                  |                |  |  |
|                 |            |                                   | Dietracto      | ed By Source       | <u> </u>                       |                              |                   |                                |                |  |  |
|                 |            | Distracted By                     | Distraction    | by Source          | <b>,</b>                       |                              |                   |                                |                |  |  |
|                 |            | Distracted By Action              |                |                    |                                |                              |                   |                                |                |  |  |
|                 |            | Non Motorist                      | Striking       | Unit #             | Location                       |                              |                   |                                |                |  |  |
|                 |            | 14011 1410101131                  |                |                    |                                |                              |                   |                                |                |  |  |

Crash Date 12/17/2022
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### WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |            | Prior Action                   |               |             |                  |                     |        |                 |                      |                |
|------|------------|--------------------------------|---------------|-------------|------------------|---------------------|--------|-----------------|----------------------|----------------|
| İ    |            | Action                         |               |             |                  |                     |        |                 |                      |                |
|      |            |                                |               |             |                  |                     |        |                 |                      |                |
|      | INDIVIDUAL |                                |               |             |                  |                     |        |                 |                      |                |
| ╘    | 2          |                                |               |             |                  |                     |        |                 |                      |                |
| UNIT | ≥          |                                |               |             |                  |                     |        |                 |                      |                |
|      | 2          |                                |               |             |                  |                     |        |                 |                      |                |
|      | _          |                                |               |             |                  |                     |        |                 |                      |                |
|      |            |                                |               |             |                  |                     |        |                 |                      |                |
|      |            | Action Other                   |               |             |                  |                     |        |                 |                      | To/From School |
|      |            |                                | Suspected     | d Alcohol U | lse              | Suspected Drug Us   | se .   |                 |                      |                |
|      | 1          | Drug & Alcohol                 | NO            |             |                  | NO                  |        |                 |                      |                |
|      |            | Alcohol Test Given             |               |             | Alcohol Test Typ | e                   |        |                 | Alcohol Test Results |                |
|      |            | TEST NOT GIVEN                 |               |             |                  |                     |        |                 |                      |                |
|      |            | Drug Test Given TEST NOT GIVEN | ı             |             | Drug Test Type   |                     | Dru    | ug Test Results |                      |                |
|      |            | Drug Type                      | •             |             |                  |                     |        |                 |                      |                |
| 2    | 004        | Drug Type                      |               |             |                  |                     |        |                 |                      |                |
|      |            |                                |               |             |                  |                     |        |                 |                      |                |
|      |            | Individual Condition           |               |             |                  |                     |        |                 |                      |                |
|      |            | APPEARED NOR                   | MAL           |             |                  |                     |        |                 |                      |                |
|      |            |                                |               |             |                  |                     |        |                 |                      |                |
|      |            | ndividual                      |               |             |                  | Table 1             |        |                 |                      |                |
|      |            | Passenger MYRIA SB TAYLOR      |               |             |                  | Citations Issued  0 | Se     | X<br>MALE       |                      |                |
|      | ¥          |                                |               |             |                  | Date of Birth Race  |        |                 |                      |                |
| ⊨    | INDIVIDUAL |                                |               |             |                  | 01/07/2009          | BL     | ACK/AFRIC       | AN AMERICAN          |                |
| E S  | ≥          | Address                        |               |             |                  | Driver License Num  | nber   |                 |                      |                |
| _    | 불          | , ,                            |               |             |                  |                     |        |                 |                      |                |
|      |            |                                |               |             |                  |                     |        |                 |                      |                |
|      |            |                                | On Duty C     | rash        |                  | Safety Equipment    |        |                 |                      |                |
|      | Sat        | fety Equipment                 |               |             |                  |                     |        |                 |                      |                |
|      |            | Row Seat Posit                 |               |             |                  | NONE USED - V       | EHICLE | OCCUPANT        | •                    |                |
|      |            | 02 - SECOND RO                 | W             | 07 - LE     | FT               | Helmet Compliance   |        |                 |                      |                |
|      |            | Helmet Use                     |               |             |                  | neimei Compilance   |        |                 |                      |                |
|      |            | Eye Protection                 |               |             |                  | Tint Compliance     |        |                 |                      |                |
|      |            |                                |               |             |                  |                     |        |                 |                      |                |
| 2    | 002        | Injury                         | Injury Sev    |             |                  | Airbag              |        |                 |                      |                |
|      | 0          | Ejected                        | 110 / 11 /    | jection Pa  |                  | DEPLOYED-SID        | E      |                 | Trapped/Extricated   |                |
|      |            | NOT EJECTED                    |               |             | <br>CTED/NOT APP | LICABLE             |        | NOT TRAPPED     |                      |                |
|      |            | Medical Transport              |               |             |                  | EMS Agency Identif  | fier   |                 | EMS Run #            |                |
|      |            | NOT TRANSPORTED                |               |             |                  |                     |        |                 |                      |                |
|      |            | Hospital                       |               |             |                  | Date of Death       |        |                 | Time of Death        |                |
|      |            |                                | Distracted    | By Source   | <u> </u>         |                     |        |                 |                      |                |
|      |            | Distracted By                  | Distracted    | Dy Source   | •                |                     |        |                 |                      |                |
|      |            | Distracted By Action           | !             |             |                  |                     |        |                 |                      |                |
|      |            |                                | Ctrilein a 11 | oit #       | Location         |                     |        |                 |                      |                |
|      |            | Non Motorist                   | Striking U    | int#        | Location         |                     |        |                 |                      |                |
|      |            | Prior Action                   |               |             | <u>I</u>         |                     |        |                 |                      |                |

### WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|      |                                |                                   |                        |           |                      |                                 |                             |                      | ,              |  |
|------|--------------------------------|-----------------------------------|------------------------|-----------|----------------------|---------------------------------|-----------------------------|----------------------|----------------|--|
|      |                                |                                   |                        |           |                      |                                 |                             |                      |                |  |
|      | _                              | Action                            |                        |           |                      |                                 |                             |                      |                |  |
| ⊨    | JUA                            |                                   |                        |           |                      |                                 |                             |                      |                |  |
| LINO | NDIVIDUAL                      |                                   |                        |           |                      |                                 |                             |                      |                |  |
|      | Z                              |                                   |                        |           |                      |                                 |                             |                      |                |  |
|      |                                |                                   |                        |           |                      |                                 |                             |                      |                |  |
|      |                                | Action Other                      |                        |           |                      |                                 |                             |                      | To/From School |  |
|      |                                |                                   | Suspected .            | Alcohol U | se                   |                                 |                             |                      |                |  |
|      | L                              | Drug & Alcohol NO                 |                        |           |                      | 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           |                      |                |  |
| 7    | 900                            | Drug Type                         |                        |           |                      |                                 |                             |                      |                |  |
|      |                                | Individual Condition              |                        |           |                      |                                 |                             |                      |                |  |
|      |                                | APPEARED NORM                     | IAL                    |           |                      |                                 |                             |                      |                |  |
|      |                                | lndividual                        |                        |           |                      |                                 |                             |                      |                |  |
|      |                                | Passenger                         |                        |           |                      | Citations Issued                | Sex                         |                      |                |  |
|      | ۱۲                             | MIA L JOHNSON                     |                        |           |                      | 0                               | FEMALE                      |                      |                |  |
| ⊨    | IDU/                           |                                   |                        |           |                      | Date of Birth<br>11/07/2008     | Race<br>BLACK/AFRIC         | AN AMERICAN          |                |  |
| LIND | INDIVIDUAL                     | Address                           |                        |           |                      | Driver License Number           |                             |                      |                |  |
|      | =                              | , ,                               |                        |           |                      |                                 |                             |                      |                |  |
|      | Safety Equipment On Duty Crash |                                   |                        |           |                      | Safety Equipment                |                             |                      |                |  |
|      |                                | Row 02 - SECOND ROW               | Seat Po                |           |                      | NONE USED - VEHICLE OCCUPANT    |                             | г                    |                |  |
|      |                                | Helmet Use                        |                        |           |                      | Helmet Compliance               |                             |                      |                |  |
|      |                                | Eye Protection                    |                        |           |                      | Tint Compliance                 |                             |                      |                |  |
| 7    | 900                            | I *                               | Injury Seve<br>NO APPA | •         | INJURY DEPLOYED-SIDE |                                 |                             |                      |                |  |
|      |                                | Ejected                           |                        | ection Pa |                      | DEI EOTED-OIDE                  |                             | Trapped/Extricated   |                |  |
|      |                                | NOT EJECTED                       |                        |           | CTED/NOT APPL        |                                 |                             | NOT TRAPPED          |                |  |
|      |                                | Medical Transport NOT TRANSPORTED |                        |           |                      | EMS Agency Identifier EMS Run # |                             |                      |                |  |
|      |                                | Hospital                          | Hospital               |           |                      |                                 | Date of Death Time of Death |                      |                |  |
|      |                                | Distracted By                     | Distracted E           | By Source | )                    |                                 |                             |                      |                |  |
|      |                                | Distracted By Action              |                        |           |                      |                                 |                             |                      |                |  |
|      |                                | Non Motorist                      | Striking Uni           | t #       | Location             |                                 |                             |                      |                |  |
|      |                                | Prior Action                      |                        |           | <u>I</u>             |                                 |                             |                      |                |  |

Crash Date 12/17/2022
Crash Time 03:58 PM

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/17/2022

Crash Time 03:58 PM

| LINIT | INDIVIDUAL | Action                            |                         |                                     |                                       |                   |                      |                |  |  |
|-------|------------|-----------------------------------|-------------------------|-------------------------------------|---------------------------------------|-------------------|----------------------|----------------|--|--|
| ח     | INDIV      | Action Other                      |                         |                                     |                                       |                   |                      | To/From School |  |  |
|       |            | Action Other                      |                         | 10/From School                      |                                       |                   |                      |                |  |  |
|       | L          | Orug & Alcohol                    | Suspected Alco          | hol Use                             | 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 |                      |                |  |  |
| 01    | 900        | Drug Type                         |                         |                                     |                                       |                   |                      |                |  |  |
|       |            | Individual Condition              |                         |                                     |                                       |                   |                      |                |  |  |
|       |            | APPEARED NORM                     | <b>/</b> IAL            |                                     |                                       |                   |                      |                |  |  |
|       | ١          | <b>Violations</b>                 |                         |                                     |                                       |                   |                      |                |  |  |
|       | 01         | UTC Number<br>BF811269            | Issue To?<br><b>001</b> | Statute Number <b>346.63(2)(a)1</b> | Description OWI CAUSE INJURY          | (PASSENGER        | < 16 YRS) (2+)       |                |  |  |
|       | 02         | UTC Number<br>BF211270            | Issue To?<br><b>001</b> | Statute Number <b>343.44(1)(a)</b>  | Description OPERATING WHILE SUSPENDED |                   |                      |                |  |  |
|       | 03         | UTC Number<br>BF811271            | Issue To?<br><b>001</b> | Statute Number 341.04(1)            | Description NON-REGISTRATIO           | N OF AUTO, ET     | C                    |                |  |  |
|       | 90         | UTC Number BF811272               | Issue To?<br><b>001</b> | Statute Number 344.62(1)            | Description OPERATE MOTOR \           | /EHICLE W/O IN    | SURANCE              |                |  |  |