

01L0GX4FBW

2022-126445

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number STATE OPEN M203		Investigating Officer/Deputy OFFICER MICHAEL MALLOY	
Crash Date 04/06/2022		Crash Time 04:47 PM		Date Arrived 04/07/2022		Time Arrived 04:51 PM	
Date Notified 04/07/2022		Time Notified 04:47 PM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input checked="" type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>Not to Scale</p> <p>Uninvolved Stopped Vehicle</p> <p>Edgewood Ave</p> <p>Monroe St</p> <p>Uninvolved Stopped Vehicle</p> <p>Edgewood Ave</p>		<p>Reconstruction By</p> <p>Photos By</p> <p>Additional Information CRIMINAL INCIDENT, WITNESS STATEMENTS, OTHER VIDEO</p>
<p><input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.</p> <p>PEDESTRIAN 1 WAS CROSSING SOUTHBOUND IN MARKED CROSSWALK, ON EDGEWOOD AVE AT MONROE ST. VEHICLE IN CURB LANE YIELDED TO PEDESTRIAN. VEHICLE 1 FAILED TO YIELD TO PEDESTRIAN, STRIKING PEDESTRIAN.</p>		

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Location

ON MONROE ST 30 FT W OF EDGEWOOD AVE IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.062356266	Longitude -89.421006604
	X Coordinate 302863.34375	Y Coordinate 4770584
	Structure Type	

Crash Scene

First Harmful Event PEDESTRIAN		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 04/06/2022	Time Initial Lane/Rd Closed 04:51 PM	LAW ENFORCEMENT, FIRE/EMS	
Date All Lanes Open 04/06/2022	Time All Lanes Open 05:12 PM	Date Scene Cleared 04/06/2022	Time Scene Cleared 05:12 PM

Unit Summary

UNIT 01	Unit Status HIT AND RUN		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 20	Total Lanes 4	
	Most Harmful Event: Collision With PEDESTRIAN		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control SCHOOL ZONE SIGN/ DEVICE		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number AFC4725		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1GNKVHKD5FJ288925		Make CHEVROLET	Year 2015	Model TRAVERSE		

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UNIT	VEHICLE	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage VEHICLE NOT AT SCENE	16 - VEHICLE NOT AT SCENE		
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
		Driver Prior Action Other	UNKNOWN		
UNIT	VEHICLE	Driver Actions EXCEED SPEED LIMIT, SPEED TOO FAST/COND, FAILED TO YIELD RIGHT-OF-WAY			
		Owner Name MALLORY C CARTER (608) 669-2121	Owner Address 2121 HOUSE ST BELOIT, WI 53511 , US		
UNIT	01	Sequence Of Events			
		01	Event PEDESTRIAN		
		02	Event		
		03	Event		
		04	Event		
UNIT	01	Policy Holder			
		Insurance Company FARMERS-CASUALTY-CO-(MUTUAL)	Individual MALLORY CARTER		
		Individual			
UNIT	INDIVIDUAL	Driver FREDERICK D HOLIFIELD	Citations Issued 0	Sex MALE	
			Date of Birth 09/24/1985	Race BLACK/AFRICAN AMERICAN	
		Address 1313 PARK CIR SUN PRAIRIE, WI 53590 , US	Driver License Number H4142448534403 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT	001	Safety Equipment			
		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN	
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
UNIT	001	Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	

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**MADISON POLICE DEPARTMENT
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UNIT INDIVIDUAL 01 001	Hospital		Date of Death		Time of Death	
	Distracted By	Distracted By Source				
	Distracted By Action					
	Non Motorist	Striking Unit #		Location		
	Prior Action					
	Action					
	Action Other					To/From School
	Drug & Alcohol	Suspected Alcohol Use		Suspected Drug Use		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
Drug Type						
Individual Condition NOT OBSERVED						

Unit Status	Vehicle Operating As Classification	Unit Type
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UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification O CLASS		Unit Type PEDESTRIAN		
		Vehicle Type PEDESTRIAN					Operating As Endorsements	
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
		Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 4		
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
		Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
		Truck Bus or HazMat NO						
UNIT	03	Sequence Of Events						
		01	Event MOTOR VEH IN TRANSPORT					
			Event					
			Event					

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UNIT	04	Event			
UNIT	INDIVIDUAL	Individual			
		Pedestrian MICAH S MANDELL (773) 575-7654		Citations Issued 0	Sex FEMALE
				Date of Birth 09/29/2009	Race WHITE
		Address 2148 WEST LAWN AVE MADISON, WI 53711 , US		Driver License Number	
		Safety Equipment		On Duty Crash	
				Safety Equipment	
		Row 98 - NOT APPLICABLE	Seat Position	NONE	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		02	002	Injury	
Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND				EMS Agency Identifier 6000358	EMS Run #
Hospital UNIVERSITY OF WI HOSPITALS & CLINICS AUT				Date of Death	Time of Death
Distracted By				Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED					
Non Motorist				Striking Unit # 01	Location AT INTERSECTION-IN MARKED CROSSWALK
Prior Action CROSSING ROADWAY					
Action NO IMPROPER ACTION					
Action Other				To/From School YES	
02	002	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			