

01L09LVN1F

2022-216955

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

01L09LVN1F

Document Number Override 01L03SSFCK		Primary Crash Document #		Agency Crash Number W125 CRIM		Investigating Officer/Deputy OFFICER BRANDON MORTENSON	
Crash Date 06/07/2022		Crash Time 03:51 AM		Date Arrived 06/07/2022		Time Arrived 03:53 AM	
Date Notified 06/07/2022		Time Notified 03:51 AM		Total Units 02		Total Injured 00	Total Killed 01
<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 type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>DIAGRAM NOT TO SCALE. MEASUREMENTS APPROXIMATE.</p> <p>WESTWARD WAY</p> <p>MINERAL POINT RD</p> <p>MINERAL POINT RD</p>	Reconstruction By
	Photos By
	<p>Additional Information</p> <p>CRIMINAL INCIDENT, FATAL CRASH SUPPLEMENT, PHOTOS, SURVEILLANCE VIDEO</p>

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

WHILE TRAVELING WESTBOUND ON MINERAL POINT RD IN THE #1 (SOUTHERNMOST) LANE, JUST EAST OF WESTWARD WAY, #1 STRUCK THE REAR OF #2, WHO WAS ALSO TRAVELING WESTBOUND IN THE #1 (SOUTHERNMOST) LANE.

Amended Crash Summary

CHANGE IMPAIRMENT STATUS

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UNIT 01	VEHICLE	Vehicle Identification Number WDBTK65G05T051342	Make MERCEDES BENZ	Year 2005	Model CLK
		Color BLU - BLUE	Body Style CV - CONVERTIBLE	Bus Use	
		Initial Contact Point 99 - UNKNOWN	Vehicle Damage		
		Extent Of Damage VEHICLE NOT AT SCENE	16 - VEHICLE NOT AT SCENE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By		
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
UNIT 01	VEHICLE	Driver Prior Action Other	UNKNOWN		
		Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, OTHER CONTRIBUTING ACTION			
		Owner Name OKIMA L JONES (608) 982-6995	Owner Address 1109 SCHUMANN ST SUN PRAIRIE, WI 53590 , US		
Sequence Of Events					
UNIT 01	01	Event PEDALCYCLE			
		Event			
		Event			
		Event			
UNIT 01	02	Event			
		Event			
		Event			
		Event			
UNIT 01	03	Event			
		Event			
		Event			
		Event			
UNIT 01	04	Event			
		Event			
		Event			
		Event			
Individual					
UNIT 01	INDIVIDUAL	Driver OKIMA L JONES (608) 982-6995	Citations Issued 1	Sex FEMALE	
			Date of Birth 06/21/1979	Race BLACK/AFRICAN AMERICAN	
		Address 1109 SCHUMANN ST SUN PRAIRIE, WI 53590 , US	Driver License Number J5206527972109 STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 01	001	Safety Equipment		On Duty Crash	
		Row 01 - FRONT ROW		Seat Position 07 - LEFT	
		Helmet Use		Safety Equipment RESTRAINT USE UNKNOWN	
		Eye Protection		Helmet Compliance	
				Tint Compliance	
		Injury		Injury Severity NO APPARENT INJURY	
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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UNIT INDIVIDUAL	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 YES		Suspected Drug Use	
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD		Alcohol Test Results PENDING	
	Drug Test Given TEST GIVEN		Drug Test Type BLOOD		Drug Test Results PENDING	
01 001	Drug Type					
	Individual Condition NOT OBSERVED					
	Violations					
	UTC Number BF461779		Issue To? 001		Statute Number 346.67(1)	
01	Description HIT AND RUN-INVOLVE DEATH					

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification O CLASS		Unit Type BICYCLE	
	Vehicle Type BICYCLE				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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 40	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number		Plate Type	St	Country of Issuance	

02

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WISCONSIN MOTOR VEHICLE CRASH REPORT

MADISON POLICE DEPARTMENT
211 S CARROLL ST
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02	UNIT VEHICLE	Vehicle Identification Number 227322101014749	Make	Year 2022	Model JETSON
		Color BLK - BLACK	Body Style BI - BICYCLE	Bus Use	
		Initial Contact Point 06 - REAR	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By		
		What Driver Was Doing	Vehicle Factors		
Driver Prior Action Other	NOT APPLICABLE				
02	UNIT VEHICLE	Driver Actions			
02	02	Owner Name TAYLOR M DUNN	Owner Address 2509 PERRY ST #104 MADISON, WI 53713 , US		
Sequence Of Events					
01	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
02	02	Event			
		Event			
		Event			
		Event			
03	03	Event			
		Event			
		Event			
		Event			
04	04	Event			
		Event			
		Event			
		Event			
Individual					
02	INDIVIDUAL	Bicyclist TAYLOR M DUNN	Citations Issued 0	Sex MALE	
			Date of Birth 10/08/1992	Race WHITE	
		Address 2509 PERRY ST #104 MADISON, WI 53713 , US	Driver License Number D5008139236806 STATE: WISCONSIN COUNTRY: UNITED STATES		
02	002	Safety Equipment		On Duty Crash	
		Safety Equipment			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	REFLECTIVE CLOTHING (JACKET, BACKPACK, ETC), LIGHTING	
		Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance			
02	002	Injury	Injury Severity FATAL INJURY	Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
				EMS Run #	

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UNIT INDIVIDUAL 02 002	Hospital		Date of Death 06/07/2022		Time of Death 04:47	
	<i>Distracted By</i>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	<i>Non Motorist</i>		Striking Unit # 01		Location NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK	
	Prior Action WALKING/CYCLING ALONG ROADWAY WITH TRAFFIC (IN OR ADJACENT TO TRAVEL LAN					
	Action NO IMPROPER ACTION					
	Action Other					To/From School NO
	<i>Drug & Alcohol</i>		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 NOT OBSERVED						

The Following Pages Show Earlier Versions of
this Report.

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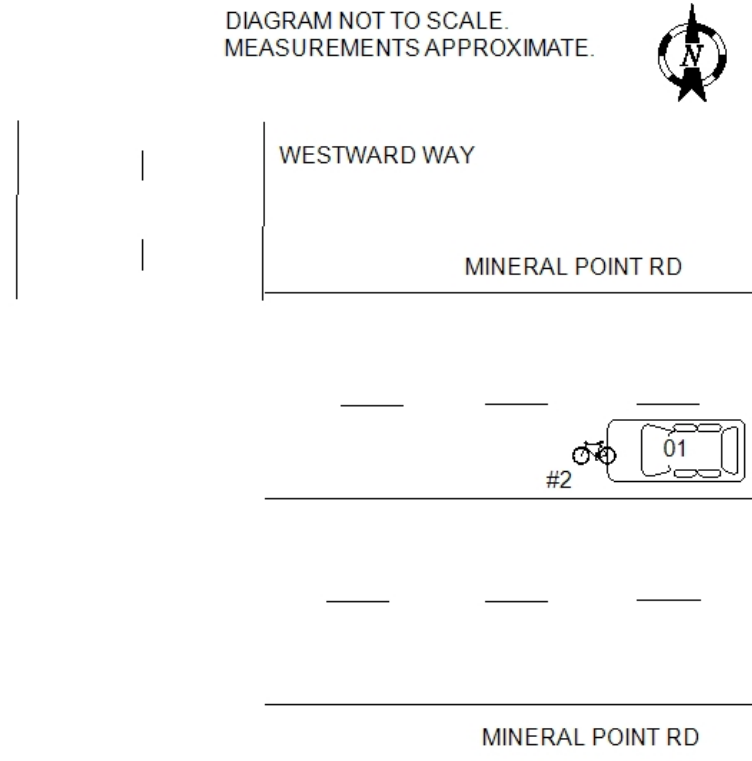
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Document Number Override		Primary Crash Document #		Agency Crash Number W125 CRIM		Investigating Officer/Deputy OFFICER SAMUEL BRIER	
Crash Date 06/07/2022		Crash Time 03:51 AM		Date Arrived 06/07/2022		Time Arrived 03:53 AM	
Date Notified 06/07/2022		Time Notified 03:51 AM		Total Units 02		Total Injured 00	Total Killed 01
<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 type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
<p>DIAGRAM NOT TO SCALE. MEASUREMENTS APPROXIMATE.</p> 		Photos By
		Additional Information CRIMINAL INCIDENT, FATAL CRASH SUPPLEMENT, PHOTOS, SURVEILLANCE VIDEO

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

WHILE TRAVELING WESTBOUND ON MINERAL POINT RD IN THE #1 (SOUTHERNMOST) LANE, JUST EAST OF WESTWARD WAY, #1 STRUCK THE REAR OF #2, WHO WAS ALSO TRAVELING WESTBOUND IN THE #1 (SOUTHERNMOST) LANE.

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Location

ON MINERAL POINT RD 252 FT E OF WESTWARD WAY IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.060567095	Longitude -89.514740717
	X Coordinate 295224.53125	Y Coordinate 4770610
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event PEDALCYCLE		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DARK/LIGHTED	
Road Surface Condition(s) WET		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 NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 06/07/2022	Time Initial Lane/Rd Closed 03:52 AM	LAW ENFORCEMENT, FIRE/EMS	
Date All Lanes Open 06/07/2022	Time All Lanes Open 08:30 AM	Date Scene Cleared 06/07/2022	Time Scene Cleared 08:31 AM

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 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? UNKNOWN	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 40	Total Lanes 4	
	Most Harmful Event: Collision With PEDALCYCLE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO					
01	Vehicle					
	License Plate Number AMD5585		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number WDBTK65G05T051342		Make MERCEDES BENZ	Year 2005	Model CLK	

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UNIT VEHICLE	Color BLU - BLUE	Body Style CV - CONVERTIBLE	Bus Use
	Initial Contact Point 99 - UNKNOWN	Vehicle Damage	
	Extent Of Damage VEHICLE NOT AT SCENE	16 - VEHICLE NOT AT SCENE	
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	UNKNOWN	
UNIT VEHICLE	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, OTHER CONTRIBUTING ACTION		
	Owner Name OKIMA L JONES (608) 982-6995	Owner Address 1109 SCHUMANN ST SUN PRAIRIE, WI 53590 , US	
	Sequence Of Events		
01	01	Event PEDALCYCLE	
	02	Event	
	03	Event	
	04	Event	
UNIT INDIVIDUAL	Individual		
	Driver OKIMA L JONES (608) 982-6995	Citations Issued 1	Sex FEMALE
		Date of Birth 06/21/1979	Race BLACK/AFRICAN AMERICAN
	Address 1109 SCHUMANN ST SUN PRAIRIE, WI 53590 , US	Driver License Number J5206527972109 STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 07 - LEFT
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death

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UNIT INDIVIDUAL	Distracted By		Distracted By Source		
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use	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					
Violations					
01	001	UTC Number BF461779	Issue To? 001	Statute Number 346.67(1)	Description HIT AND RUN-INVOLVE DEATH

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification O CLASS		Unit Type BICYCLE		
	02	Vehicle Type BICYCLE				Operating As Endorsements		
	02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	02	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 40	Total Lanes 4		
	02	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	02	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	02	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade DOWNHILL		
	02	Truck Bus or HazMat NO						
	Vehicle							
	02	License Plate Number		Plate Type	St	Country of Issuance		
02	Vehicle Identification Number 227322101014749		Make	Year 2022	Model JETSON			

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UNIT	VEHICLE	Color BLK - BLACK	Body Style BI - BICYCLE	Bus Use	
		Initial Contact Point 06 - REAR	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By		
		What Driver Was Doing	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions			
		Owner Name TAYLOR M DUNN	Owner Address 2509 PERRY ST #104 MADISON, WI 53713 , US		
		Sequence Of Events			
		01	Event MOTOR VEH IN TRANSPORT		
UNIT	VEHICLE	02	Event		
		03	Event		
		04	Event		
		Individual			
UNIT	INDIVIDUAL	Bicyclist TAYLOR M DUNN	Citations Issued 0	Sex MALE	
			Date of Birth 10/08/1992	Race WHITE	
		Address 2509 PERRY ST #104 MADISON, WI 53713 , US	Driver License Number D5008139236806 STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment			
UNIT	VEHICLE	On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	REFLECTIVE CLOTHING (JACKET, BACKPACK, ETC), LIGHTING	
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		Injury	Injury Severity FATAL INJURY	Airbag NOT APPLICABLE	
		Ejected NOT APPLICABLE	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #	
		Hospital	Date of Death 06/07/2022	Time of Death 04:47	

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UNIT INDIVIDUAL 02 002	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
	Non Motorist	Striking Unit # 01	Location NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK	
	Prior Action WALKING/CYCLING ALONG ROADWAY WITH TRAFFIC (IN OR ADJACENT TO TRAVEL LAN			
	Action NO IMPROPER ACTION			
	Action Other			To/From School NO
	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 NOT OBSERVED				