01L0K3KD82 2022-99901

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash [| Document # | Agency MUNI | Crash Number | 0 0 | Investigating Officer/Deputy OFFICER TANNER SANDMIRE | | | |
|----------|---------------------------------|---------------------------|-------------|--|--------------|-----------------------|--|--|------------------------|--|
| 82 | Crash Date 03/17/2022 | Crash Time 05:59 PM | | Date A | | Time Arrived 06:10 PM | | | | |
| 3KD | Date Notified 03/17/2022 | Time Notified 05:59 PM | | Total Units Total Injured Total Kille 02 01 00 | | Total Killed | i | | | |
| X | On Emergency Hi | t and Run | Lane Closu | ire | ☐ Work Zone | Trailer or 1 | Towed | | Reporting Threshold | |
| 7 | Government Property | Active Sc | hool Zone | School NO | Bus Related | Tags | | | | |
| | ✓ Reportable | Crash Type DT4000 (STA | NDARD CRASH |) | | Amended | | | Secondary Crash | |

Description Photos By Additional Information NONE THIS DIAGRAM IS NOT FITCH O-SCALE.

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

ON 03/17/2022 AT S. BREARLY AND JENNIFER ST, UNIT 1 WAS PERFORMING A BACKING MANEUVER WHEN UNIT 1 DRIVER ACCELERATED IN A QUICK MANNER AND HER VEHICLE TRAVELED UP ONTO THE CURB LINE, STRIKING A PEDESTRIAN STANDING IN THAT AREA, CAUSING INJURY. UNIT 1 DRIVER STATED THAT HER FOOT HAD GOTTEN WEDGED AS WELL AS STUCK IN PLACE, PRESSING WHEN SHE HAD PRESSED HER GAS PEDAL. UNIT 1 DRIVER STATED THAT SHE WAS UNABLE TO REMOVE HER FOOT FROM THE AREA WHERE THE GAS PEDAL WAS LOCATED, WHICH CAUSED UNIT 1 TO BACK QUICKLY AND CAUSING UNIT 1 DRIVER TO LOOSE CONTROL OF VEHICLE.

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Location

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 03/17/2022

Crash Time 05:59 PM

| | 133 | ON S BREARLY ST 33 FT E OF JENIFER ST | | | | Latitude 43.079840097 | | | Longitude -89.366668911 | |
|-----------|--|---|---|---|--|---|---|---|---|--|
| | IN T | THE CITY OF MADISON | | | | | Coordinate 772399.5 | | | |
| | | | | | Structure NO STR | Type RUCTURE | | | | |
| | Cra | sh Scene | | | | | | | | |
| | First | Harmful Event | | | First Harr | mful Event l | Location | | | |
| | | DESTRIAN | | | MEDIAN | | | | | |
| | | ner of Collision | | | Light Con | | | | | |
| | | NO COLLISION W/VEH | HICLE IN TRANSPORT | | DAYLIG | | | | | |
| | | d Surface Condition(s) | | | Roadway | Factor(s) | | | | |
| | DR | Υ | | | | | | | | |
| | Envi | ironment Factor(s) | | | | | | | | |
| | NOI | NE | | | NONE | | | | | |
| | Wea | ather Condition(s) | | | | | | | | |
| | | EAR | | | | | | | | |
| | | | | | | | | | | |
| | Anin | nal Type | | | | To Trafficwa | • | | | |
| | _ | 1.01 | | | | CWAY - C | | | | |
| | | sh Classification - Location BLIC PROPERTY | | | | | - Jurisdiction | | | |
| | | al Land | | | Access C | | NISDICTION | | Special Study | |
| | | | | | NO COM | | | | oposiai otaay | |
| | With | nin Interchange Area | Junction Location | Inter | section Type | _ I I I I I I I I I I I I I I I I I I I | | | | |
| | NO | = | NON-JUNCTION | NO | T AN INTERSE | ECTION | | | | |
| | Uni | t Summary | | <u>'</u> | | | | | | |
| | | | | | | | | | | |
| | Unit | Status | | Vehicle Operating | As Classification | n | Unit Type | | | |
| | IN T | TRANSIT | | Vehicle Operating D CLASS | As Classification | n | Unit Type AUTOMO | BILE | | |
| _ | IN T | TRANSIT icle Type | | | As Classification | n | | | ments | |
| 5 | IN T Vehi | TRANSIT icle Type ORT) UTILITY VEHICLE | | D CLASS | | | AUTOMOI Operating A | s Endorsei | | |
| _ | Vehi (SP | TRANSIT icle Type | E Train/Bus # Recorded | D CLASS Total # Citations I: | | Total Tra | AUTOMOI Operating A | s Endorsei | ments Mat Types | |
| _ | Vehi (SP Tota | TRANSIT icle Type ORT) UTILITY VEHICLE | Train/Bus # Recorded | Total # Citations I: | ssued | Total Tra | AUTOMOI Operating A | Total Haz | Mat Types | |
| _ | Vehi (SP Tota | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs | | Total # Citations I: 1 Pre Crasi | ssued nTire | Total Tra | AUTOMOI Operating A | s Endorsei | Mat Types | |
| _ | Vehi (SP Tota 1 Insu YES | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | Total # Citations I: | ssued nTire | Total Tra 0 Speed Li | AUTOMOI Operating A | Total Haz Total Lan Total Lan | Mat Types es | |
| _ | Vehi (SP Tota 1 Insu YES | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | Total # Citations I: 1 Pre Crasi Mark | ssued nTire | Total Tra 0 Speed Li | AUTOMOI Operating A | Total Haz 0 Total Lan 1 Motor Veh | Mat Types es icle Use | |
| _ | IN T Vehi (SP Tota 1 Insu YES Mos PEI Traff | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S t Harmful Event: Collision W DESTRIAN fic Way | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control | ssued nTire | Total Tra 0 Speed Li | AUTOMOI Operating A sillers imit Emergency NOT APP | Total Haz 0 Total Lan 1 Motor Veh | Mat Types es icle Use | |
| _ | Vehical (SP) Total 1 Insulate Mose PEL Traff | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S t Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | D CLASS Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL | ssued nTire | Total Tra 0 Speed Li | AUTOMOI Operating A iilers mit Emergency NOT APPI Traffic Cont | Total Haz 0 Total Lan 1 Motor Veh LICABLE | Mat Types es icle Use | |
| _ | Vehi (SP Tota 1 Insu YES Mos PEI Traff ONE | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S It Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | D CLASS Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature | ssued nTire | Total Tra 0 Speed Li | AUTOMOI Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade | Total Haz 0 Total Lan 1 Motor Veh LICABLE | Mat Types es icle Use | |
| _ | IN T Vehi (SP Tota 1 Insu YES Mos PEI Traff ONE Surf: | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S It Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | D CLASS Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL | ssued nTire | Total Tra 0 Speed Li | AUTOMOI Operating A iilers mit Emergency NOT APPI Traffic Cont | Total Haz 0 Total Lan 1 Motor Veh LICABLE | Mat Types es icle Use | |
| _ | IN T Vehi (SP Tota 1 Insu YES Mos PEI Traff ONE Surf: | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S It Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE Ick Bus or HazMat | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | D CLASS Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature | ssued nTire | Total Tra 0 Speed Li | AUTOMOI Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade | Total Haz 0 Total Lan 1 Motor Veh LICABLE | Mat Types es icle Use | |
| _ | IN TOTAL Vehic (SP) Total Insuryes Mos PEL Traff ONE Surfi COI Truc NO | ITRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S t Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE Ek Bus or HazMat | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | D CLASS Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature | ssued nTire | Total Tra 0 Speed Li | AUTOMOI Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade | Total Haz 0 Total Lan 1 Motor Veh LICABLE | Mat Types es icle Use | |
| _ | IN TOTAL Vehic (SP) Total Insuryes Mos PEL Traff ONE Surfi COI Truc NO | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S It Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE Ick Bus or HazMat | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | D CLASS Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature | ssued nTire | Total Tra 0 Speed Li | AUTOMOI Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade | Total Haz O Total Lan 1 Motor Veh LICABLE rol Inopera | Mat Types es icle Use | |
| _ | IN TOTAL Vehic (SP) Total Insuryes Mos PEL Traff ONE Surfi COI Truc NO | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S It Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE Ek Bus or HazMat Vehicle | Train/Bus # Recorded Direction Of Travel SOUTHBOUND | D CLASS Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT | nTire | Total Tra 0 Speed Li 25 | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL | Total Haz 0 Total Lan 1 Motor Veh LICABLE rol Inopera | Mat Types es icle Use | |
| | IN T Vehi (SP Total 1 Insu YES Mos PEL Traff ONL Surf. COI Truc NO | ITRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? St Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE Ek Bus or HazMat Vehicle License Plate Number ANC2049 Vehicle Identification Number | Train/Bus # Recorded Direction Of Travel SOUTHBOUND lith | Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOM Make | nTire | Total Tra 0 Speed Li 25 | AUTOMOI Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model | Total Haz 0 Total Lan 1 Motor Veh LICABLE rol Inopera | Mat Types es icle Use | |
| _ | IN TOTAL Vehic (SP) Total Insuryes Mos PEL Traff ONE Surfi COI Truc NO | ITRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S It Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE Ex Bus or HazMat Vehicle License Plate Number ANC2049 Vehicle Identification Numb 5J6RM4H73DL086004 | Train/Bus # Recorded Direction Of Travel SOUTHBOUND lith | Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOM Make HONDA | nTire | Total Tra 0 Speed Li 25 | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model CR-V | Total Haz 0 Total Lan 1 Motor Veh LICABLE rol Inopera | Mat Types es icle Use | |
| | IN T Vehi (SP Total 1 Insu YES Mos PEL Traff ONL Surf. COI Truc NO | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs Trance? The tharmful Event: Collision Webstrian The Way E-WAY TRAFFIC The Type NCRETE The Bus or HazMat Vehicle License Plate Number ANC2049 Vehicle Identification Number 5J6RM4H73DL086004 Color | Train/Bus # Recorded Direction Of Travel SOUTHBOUND lith | Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOM Make HONDA Body Style | obile | Total Tra 0 Speed Li 25 St WI Year 2013 | AUTOMOI Operating A iilers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model | Total Haz 0 Total Lan 1 Motor Veh LICABLE rol Inopera | Mat Types es icle Use | |
| | IN TOTAL TRANSPORT OF THE PROPERTY OF THE PROP | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S t Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE tk Bus or HazMat Vehicle License Plate Number ANC2049 Vehicle Identification Numb 5J6RM4H73DL086004 Color RED - RED | Train/Bus # Recorded Direction Of Travel SOUTHBOUND lith | Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOM Make HONDA Body Style UT - SPORT U | OBILE | Total Tra 0 Speed Li 25 St WI Year 2013 | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model CR-V | Total Haz 0 Total Lan 1 Motor Veh LICABLE rol Inopera | Mat Types es icle Use | |
| 01 ONI 01 | IN T Vehi (SP Total 1 Insu YES PEL Traff ONE COI Truck NO | TRANSIT icle Type ORT) UTILITY VEHICLE II Occs Trance? The tharmful Event: Collision Webstrian The Way E-WAY TRAFFIC The Type NCRETE The Bus or HazMat Vehicle License Plate Number ANC2049 Vehicle Identification Number 5J6RM4H73DL086004 Color | Train/Bus # Recorded Direction Of Travel SOUTHBOUND lith | Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOM Make HONDA Body Style UT - SPORT U Vehicle Damage | SSUED TIPE FUNCTION OBILE TILITY VEHIC | St WI Year 2013 | AUTOMOI Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model CR-V Bus Use | Total Haz O Total Lan 1 Motor Veh LICABLE rol Inopera | Mat Types es icle Use tive/Missing | |
| 01 ONI 01 | IN T Vehi (SP Total 1 Insu YES PEL Traff ONE COI Truck NO | ITRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S t Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE ck Bus or HazMat Vehicle License Plate Number ANC2049 Vehicle Identification Numb 5J6RM4H73DL086004 Color RED - RED Initial Contact Point | Train/Bus # Recorded Direction Of Travel SOUTHBOUND lith | Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOM Make HONDA Body Style UT - SPORT U | OBILE TILITY VEHIC | St WI Year 2013 | AUTOMOI Operating A illers imit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model CR-V Bus Use | Total Haz 0 Total Lan 1 Motor Veh LICABLE rol Inopera | Mat Types es icle Use tive/Missing 7 8 9 10 11 6 | |
| | IN TOTAL TRANSPORT OF THE PROPERTY OF THE PROP | ITRANSIT icle Type ORT) UTILITY VEHICLE II Occs rance? S t Harmful Event: Collision W DESTRIAN fic Way E-WAY TRAFFIC ace Type NCRETE ck Bus or HazMat Vehicle License Plate Number ANC2049 Vehicle Identification Numb 5J6RM4H73DL086004 Color RED - RED Initial Contact Point 06 - REAR | Train/Bus # Recorded Direction Of Travel SOUTHBOUND ith | Total # Citations I: 1 Pre Crasi Mark Special Function NO SPECIAL F Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOM Make HONDA Body Style UT - SPORT U Vehicle Damage 04 - RIGHT SI | OBILE TILITY VEHIC | St WI Year 2013 | AUTOMOI Operating A illers imit Emergency NOT APPI Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model CR-V Bus Use | Total Haz 0 Total Lan 1 Motor Veh LICABLE rol Inopera | Mat Types es icle Use tive/Missing | |

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

| | | Towed Due To Damage | | Vehicle Removed By | | | | | |
|------|------------|--|------------------------------------|---|-------------------|--------------------|--|--|--|
| | | TOWED DUE TO DISABL | ING DAMAGE | SCHMIDTS AUTO | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | |
| | | BACKING | | | | | | | |
| | | Driver Prior Action Other | | UNKNOWN | | | | | |
| | | | | | | | | | |
| | | Driver Actions | | l. | | | | | |
| | Щ | UNSAFE BACKING, OTH | ER CONTRIBUTING ACT | ION | | | | | |
| ╘ | 占 | | | | | | | | |
| UNIT | VEHICLE | | | | | | | | |
| _ | Ä | | | | | | | | |
| | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | |
| _ | _ | LISA ANN JOHNSON | | 4405 DIAMOND | | | | | |
| 0 | 2 | (608) 442-5753 | | MADISON, WI 53 | 3/14 , US | | | | |
| | | | | | | | | | |
| | ; | Sequence Of Events | | | | | | | |
| | | Event | | | | | | | |
| | 2 | MOTOR VEH IN TRANSP | ORT | | | | | | |
| | 02 | Event | | | | | | | |
| | 0 | PEDESTRIAN | | | | | | | |
| | 03 | Event | | | | | | | |
| | 0 | | | | | | | | |
| | 9 | Event | | | | | | | |
| | 0 | | | | | | | | |
| _ | 1 | Policy Holder | | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | | |
|) | | ALLSTATE-INS-CO | | LISA JOHNSON | LISA JOHNSON | | | | |
| | 1 | Individual | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | |
| | _ | LISA ANN JOHNSON | | 1 FEMALE Date of Birth Race | | | | | |
| | Ϋ́ | (608) 442-5753 | | | | | | | |
| ⊨ | INDIVIDUAL | | | 11/23/1963 | 11/23/1963 WHITE | | | | |
| UNIT | ≥ | Address | | Driver License Number | er | | | | |
| _ | 呈 | 4405 DIAMOND DR MADISON, WI 53714, US | • | J5255216392301 | SIN COLINTRY: LIN | ITED STATES | | | |
| | _ | WADISON, WI 557 14 , 03 | • | STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment | | | | | |
| | | | | | | | | | |
| | Sat | On Duty fety Equipment | Crash | | | | | | |
| | Ou. | | | | D DELT | | | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LA | PBELI | | | | |
| | | Helmet Use | 07 - LEFT | Helmet Compliance | | | | | |
| | | Tiellilet OSE | | Heimer Compliance | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | |
| | | , | | Time Compilation | | | | | |
| _ | Ξ | Injury S | everity | Airbag | | | | | |
| 01 | 9 | Injury NO AP | PARENT INJURY | NON DEPLOYED | | | | | |
| | | Ejected | Ejection Path | <u> </u> | | Trapped/Extricated | | | |
| | | NOT EJECTED | NOT EJECTED/NOT AP | | | NOT TRAPPED | | | |
| | | Medical Transport | | EMS Agency Identifie | er | EMS Run # | | | |
| | | NOT TRANSPORTED | | | | | | | |
| | | Hospital | | Date of Death | | Time of Death | | | |
| | | 15: | - d D. C | | | | | | |
| | | Distracted By NOT A | ed By Source PPLICABLE (NOT DISTR | ACTED) | | | | | |
| | | Distracted By Action | LIOADEE (NOT DIOTN | | | | | | |
| | | NOT DISTRACTED | | | | | | | |

Crash Date 03/17/2022

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

| | | _ | | | | | | | | |
|------|------------------------------------|---|-----------------------------|-------------------------------|---|-----------|------------------------|--|------------|----------------|
| | | Non Motorist | Striking Unit # | Location | | | | | | |
| | | Prior Action | | | | | | | | |
| | | Action | | | | | | | | |
| | ٩L | | | | | | | | | |
| l⊨ | INDIVIDUAL | | | | | | | | | |
| LINO | DIVI | | | | | | | | | |
| | Ξ | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | | | To/From School |
| | ı | Drug & Alcohol | Suspected Alcoho | l Use | Suspected Drug Use | | | | | I |
| | | Alcohol Test Given | | Alcohol Test Typ | _ | | | Alcohol Tes | t Results | |
| | | TEST NOT GIVEN Drug Test Given | | Drug Test Type | | Drug To | st Results | | | |
| | | TEST NOT GIVEN | | Diag rest type | | Diug ie | si Nesulis | | | |
| 2 | 001 | Drug Type | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | APPEARED NORM | ма | | | | | | | |
| | | | WAL | | | | | | | |
| | 1 | Violations | | | | | | | | |
| | 01 | UTC Number BE794576 | Issue To? S 001 S | tatute Number 46.87 | Description UNSAFE BACKING | OF VEH | ICLE (GI | REAT BOD | ILY HARM |) |
| ı | Uni | t Summary | | | | | | | | |
| | | Status | | \ | Vehicle Operating As Classi | ification | | Unit Type | | |
| | | N-CONTACT | | (| O CLASS | | | PEDESTRIAN Operating As Endorsements | | |
| 05 | | cle Type DESTRIAN | | | | | | Operating A | s Endorsem | nents |
| | | l Occs | Train/Bus # F | Recorded 1 | Total # Citations Issued Total Traile | | | ers | Total Haz | Mat Types |
| | 1 | 10101 0000 | | |) | | 0 | | 0 | |
| L | | Insurance? Direction Of Travel UNKNOWN NOT ON ROADWAY | | | Pre CrashTire Mark | | Speed Lim 25 | it | Total Lane | S |
| FIND | Most Harmful Event: Collision With | | | | Special Function | | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | PEDESTRIAN Traffic Way | | | | NO SPECIAL FUNCTION | | | Traffic Control Inoperative/Missing | | |
| | | E-WAY TRAFFIC | | | Traffic Control NO CONTROL Road Curvature | | | NO Road Grade | | |
| İ | | ace Type | | | | | | | | |
| | | NCRETE k Bus or HazMat | | | STRAIGHT LEVEL | | | | | |
| | NO | | | | | | | | | |
| | 9 | Sequence Of Ev | vents | | | | | | | |
| | 01 | Event MOTOR VEH IN TE | RANSPORT | | | | | | | |
| | 02 | Event PEDESTRIAN | | | | | | | | |
| | 03 | Event | | | | | | | | |
| | | Event | | | | | | | | |
| | Ò | | | | | | | | | |
| | 04 | Individual | | | | | | | | |

Crash Time 05:59 PM

01L0K3KD82

2022-99901

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | , WILLIAM A BRIGHT | | | Citations Issued Sex | | | | | | |
|-----|------------------|--|---------------|-------------|-----------------------------------|------------------------|-------------------|----------------------|----------------|--|--|
| - 1 | _ | | | | 0 | MALE | | | | | |
| - 1 | 4 | | | | Date of Birth | Race | | | | | |
| H٠ | ۵ ا | | | | | 12/09/1950 | 0 WHITE | | | | |
| EN | INDIVIDUAL | Address | | | Driver License Number | | | | | | |
| _ | | 4600 WINNEQUAH RD MONONA, WI 53716 , US | | | B6239215044904 STATE: WISCONSI | N COUNTRY: UNI | TED STATES | | | | |
| - 1 | | MONONA, WI 33710 , 03 | | | | | | | | | |
| - 1 | On Duty Crash Sa | | | | | Cofety Favinment | | | | | |
| - 1 | Saf | ety Equipment | On Duty Cia | 1511 | | Safety Equipment | | | | | |
| - 1 | Г | Row Seat Position | | | UNKNOWN | | | | | | |
| - 1 | | 98 - NOT APPLICABLE | | illori | | | | | | | |
| - 1 | - | Helmet Use | | | | Helmet Compliance | | | | | |
| - 1 | | | | | | | | | | | |
| - 1 | | Eye Protection | | | | Tint Compliance | | | | | |
| - 1 | [| | | | A inter- | | | | | | |
| 05 | 005 | | Injury Severi | - | IOUS INJUR | Airbag NOT APPLICABLE | | | | | |
| - 1 | o 「 | Ejected | | ection Path | | NOT APPLICABLE | | Trapped/Extricated | | | |
| - 1 | | NOT APPLICABLE | ' | | TED/NOT APPL | ICABLE | | NOT APPLICABLE | | | |
| - 1 | - | Medical Transport | | | | EMS Agency Identifier | | EMS Run # | | | |
| | | NOT TRANSPORTE | ED | | | | | | | | |
| - 1 | | Hospital | | | | Date of Death | | Time of Death | | | |
| - 1 | | | | | | | | | | | |
| - 1 | | Distracted By | Distracted B | y Source | : (NOT DISTRA | TED) | | | | | |
| - 1 | Г | Distracted By Action | NOI ALLE | LICABLI | - (NOT DISTINAL | J1LD) | | | | | |
| - 1 | | NOT DISTRACTED |) | | | | | | | | |
| - 1 | L | | Striking Unit | # | Location | | | | | | |
| - 1 | | Non Motorist | 01 | | SIDEWALK | | | | | | |
| - 1 | Prior Action | | | | | | | | | | |
| | | ADJACENT TO ROADWAY (E.G., SHOULDER, MEDIAN) | | | | | | | | | |
| - 1 | | Action | | | | | | | | | |
| - 1 | إ | | | | | | | | | | |
| uI | N N | | | | | | | | | | |
| | 9 | NO IMPROPER AC | TION | | | | | | | | |
| > ∥ | INDIVIDUAL | | | | | | | | | | |
| - 1 | Z | | | | | | | | | | |
| - 1 | | | | | | | | | | | |
| - 1 | - | Action Other | | | | | | | To/From School | | |
| - 1 | | | | | | | | | NO | | |
| - 1 | L | | Suspected A | Alcohol Us | e | Suspected Drug Use | | | | | |
| - 1 | L | Orug & Alcohol | | | | | | | | | |
| - 1 | | Alcohol Test Given | | | Alcohol Test Type | | | Alcohol Test Results | | | |
| | | TEST NOT GIVEN | | | | | | | | | |
| - 1 | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | Drug Test Results | | | | |
| | 2 | Drug Type | | | | | | | | | |
| 05 | 002 | -3.16- | | | | | | | | | |
| | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | |
| | NOT OBSERVED | | | | | | | | | | |
| | | NOT OBSERVED | | | | | | | | | |