

01L072BC61

2022-80094

# 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 <b>MUNI</b>		Investigating Officer/Deputy <b>OFFICER TYLER HESS</b>	
Crash Date <b>03/03/2022</b>		Crash Time <b>04:20 PM</b>		Date Arrived <b>03/03/2022</b>		Time Arrived <b>04:30 PM</b>	
Date Notified <b>03/03/2022</b>		Time Notified <b>04:21 PM</b>		Total Units <b>01</b>		Total Injured <b>02</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

## Description

Diagram 	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

VEHICLE 1 WAS TRAVELING NB ON JOHN Q HAMMONS WHEN ACCORDING TO FRONT PASSENGER THE DRIVER WAS ON THE PHONE, UPSET, AND INTOXICATED AND DROVE OFF THE ROADWAY COLLIDING WITH A TREE. PASSENGER WAS TRANSPORTED TO UW HOSPITAL FOR A POSSIBLE BROKEN WRIST AND DRIVER WAS TRANSPORTED TO THE VA HOSPITAL FOR NON-LIFE THREATENING INJURIES. THE DRIVER INITIALLY ADVISED THEY WERE NOT OPERATING VEHICLE HOWEVER LATER STATED THEY ATTEMPTED TO BACK THE VEHICLE UP AFTER IT CRASHED. THE FRONT DRIVER SEAT WAS ALSO FAR FORWARD CONSISTENT WITH THE HEIGHT OF THE DRIVER/REGISTERED OWNER. DRIVER CITED FOR CRASH AND OWI, SEE ADDITIONAL REPORTS UNDER THIS CASE NUMBER FOR FURTHER INFORMATION. NFA

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**Location**

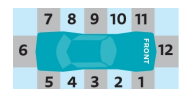
ON JOHN Q HAMMONS 913 FT N OF FOURIER DR IN THE CITY OF MADISON IN DANE COUNTY	Latitude <b>43.084427535</b>	Longitude <b>-89.523921493</b>
	X Coordinate <b>294556.65625</b>	Y Coordinate <b>4773282.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>TREE</b>		First Harmful Event Location <b>OFF ROADWAY, LOCATION UNKNOWN</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - NOT ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements		
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>NORTHBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>30</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>KTBEAR</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>LRBFX3SX0LD019354</b>		Make <b>BUICK</b>	Year <b>2020</b>	Model <b>ENVISION</b>			
Color <b>BLK - BLACK</b>		Body Style <b>TK - TRUCK</b>		Bus Use			
Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>					
Extent Of Damage <b>DISABLING DAMAGE</b>							



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>RAN OFF ROADWAY, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER</b>				
01	01	Owner Name <b>KATIE JO BLUE (910) 261-3947</b>		Owner Address <b>850 VIOLET LN OREGON, WI 53575 , US</b>	
<b>Sequence Of Events</b>					
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event <b>MOTOR VEH IN TRANSPORT</b>			
	03	Event			
	04	Event			
UNIT TRAILER/	<b>Trailer/Towed</b>				
	Trailer Plate #	Plate Type	Make <b>UNK</b>	State	Country of Issuance
	Unit Type <b>EQUIPMENT</b>	Individual <b>KATIE JO BLUE (910) 261-3947</b>		Address <b>850 VIOLET LN OREGON, WI 53575 , US</b>	
UNIT INDIVIDUAL	Vehicle Identification Number <b>4177208</b>				
	<b>Individual</b>				
	Driver <b>KATIE JO BLUE (910) 261-3947</b>		Citations Issued <b>3</b>	Sex <b>FEMALE</b>	
	Date of Birth <b>11/14/1975</b>		Race <b>WHITE</b>		
01	Address <b>850 VIOLET LN OREGON, WI 53575 , US</b>		Driver License Number <b>B4005107591407 STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash		
	Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>2</b>	EMS Run # <b>MFD M2</b>	
	Hospital <b>WILLIAM S MIDDLETON MEM VETERANS HOSP</b>		Date of Death	Time of Death	

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UNIT INDIVIDUAL	<b>Distracted By</b>		Distracted By Source <b>OTHER ELECTRONIC DEVICE</b>	
	Distracted By Action <b>MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC)</b>			
	<b>Non Motorist</b>	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			
	To/From School			
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
01 001	Drug Type			
	Individual Condition <b>EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC), UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>			
	<b>Individual</b>			
	Passenger <b>JOHN HARTMAN (904) 930-0672</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>05/02/1973</b>	Race <b>WHITE</b>
	Address , ,		Driver License Number	
	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01 002	<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	Airbag <b>DEPLOYED-COMBINATION</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>EMS GROUND</b>		EMS Agency Identifier <b>7</b>	EMS Run # <b>MFD M7</b>
	Hospital <b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AUT</b>		Date of Death	Time of Death
	<b>Distracted By</b>		Distracted By Source	

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UNIT	INDIVIDUAL	Distracted By Action					
		<b>Non Motorist</b>	Striking Unit #	Location			
			Prior Action				
	01	002	Action				
			Action Other			To/From School	
			<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
				Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type		Drug Test Results	
			Drug Type				
			Individual Condition <b>APPEARED NORMAL, UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>				
<b>Violations</b>							
03	02	01	UTC Number <b>BF290178</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>	
		02	UTC Number <b>BF290177</b>	Issue To? <b>001</b>	Statute Number <b>346.62(2)</b>	Description <b>RECKLESS DRIVING-ENDANGER SAFETY</b>	
		03	UTC Number <b>BF452825</b>	Issue To? <b>001</b>	Statute Number <b>346.63(1)(a)</b>	Description <b>OPERATING WHILE UNDER THE INFLUENCE</b>	