

01L1N17145

2022-403849

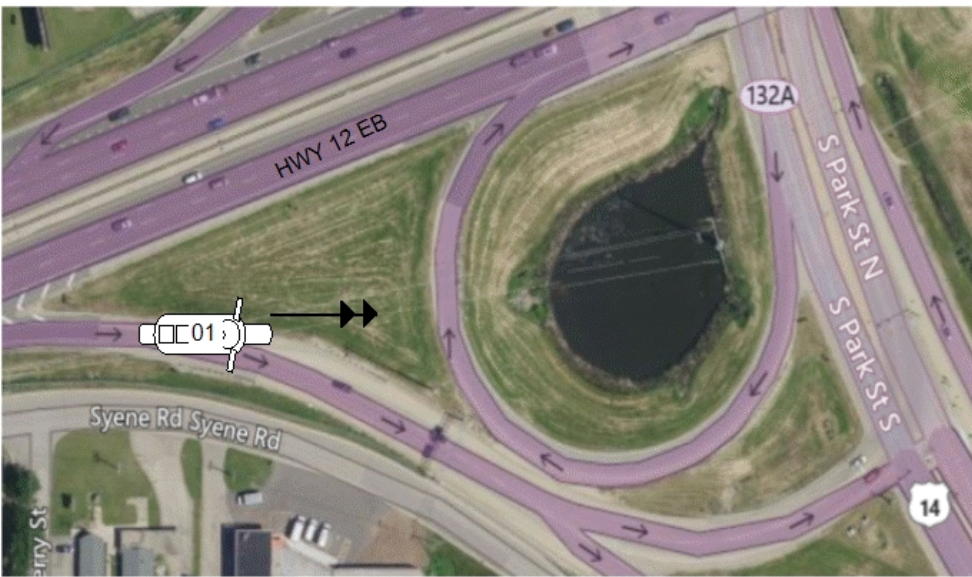
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>CLOSED</b>		Investigating Officer/Deputy <b>OFFICER MITCHELL FAVOR</b>	
Crash Date <b>10/02/2022</b>		Crash Time <b>07:10 PM</b>		Date Arrived <b>10/02/2022</b>		Time Arrived <b>07:25 PM</b>	
Date Notified <b>10/02/2022</b>		Time Notified <b>07:17 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>01</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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 <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 <b>FSU</b>
	Additional Information <b>FATAL CRASH SUPPLEMENT, PHOTOS</b>

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

ON THE DATE TIME AND LOCATION ABOVE I RESPONDED TO A SINGLE MOTORCYCLE CRASH WITH INJURIES. ONCE ON SCENE I MADE CONTACT WITH JASPER WHO STATED SHE SAW A RIDER GO INTO THE DITCH THEN CRASH AROUND HWY 12 EB AND HWY 14 EB. JASPER ARRIVED ON SCENE AND FOUND LEWIS DOWN, BREATHING AND UNCONSCIOUS. EMS AND LE ARRIVED GETTING LEWIS INTO THE AMBULANCE. HE WAS THEN TRANSPORTED TO THE HOSPITAL WHERE HE WAS PRONOUNCED DECEASED. SEE MY PRIMARY REPORT FOR MORE DETAIL. NFA M.FAVOR, 5913

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**Location**

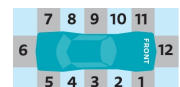
ON RAMP USH151 NB 359 FT W OF USH12 EB IN THE CITY OF MADISON IN DANE COUNTY	Latitude <b>43.035402144</b>	Longitude <b>-89.39502131</b>
	X Coordinate <b>304893.875</b>	Y Coordinate <b>4767530</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>EMBANKMENT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/LIGHTED</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>FULL CONTROL</b>	Special Study
Within Interchange Area <b>YES</b>	Junction Location <b>ENTRANCE RAMP</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>M CLASS</b>		Unit Type <b>MOTORCYCLE</b>		
	Vehicle Type <b>MOTORCYCLE</b>				Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>EASTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>3</b>		
	Most Harmful Event: Collision With <b>EMBANKMENT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</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>UPHILL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE 01	<b>Vehicle</b>					
		License Plate Number <b>815HB</b>		Plate Type <b>MCM - DEALER CYCLE M</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1HD1KB410BB678153</b>		Make <b>HARLEY DAVIDSON</b>	Year <b>2011</b>	Model <b>FHSX</b>			
Color <b>BLK - BLACK</b>		Body Style <b>MB - MOTORBIKE OR POWER DRI</b>		Bus Use			
Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage <b>08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE 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>LEAVING TRAVEL LANE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>UNKNOWN</b>			
01 01	Owner Name <b>JASON RICHARD LEWIS</b>		Owner Address <b>322 N KERCH ST BROOKLYN, WI 53521 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>EMBANKMENT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Driver <b>JASON RICHARD LEWIS</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>01/22/1977</b>	Race <b>WHITE</b>
	Address <b>322 N KERCH ST BROOKLYN, WI 53521 , US</b>		Driver License Number <b>L2004367702200</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
	<b>Individual</b>			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Protective Gear <b>GLOVES, BOOTS, JACKET</b>
	Helmet Use <b>HALF</b>		Helmet Compliance <b>APPROVED</b>	
	Eye Protection <b>UNKNOWN</b>		Tint Compliance <b>UNKNOWN</b>	
	<b>Injury</b>		Injury Severity <b>FATAL INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT APPLICABLE</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>6000358</b>	EMS Run #
	Hospital <b>ST MARYS HOSP</b>		Date of Death <b>10/02/2022</b>	Time of Death <b>20:04</b>
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
	Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
01	001	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>YES</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST GIVEN</b>		Alcohol Test Type <b>OTHER</b>	Alcohol Test Results <b>PENDING</b>
		Drug Test Given <b>TEST GIVEN</b>		Drug Test Type <b>OTHER</b>	Drug Test Results <b>PENDING</b>
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			

## Witness

WITN 01 ESS	Individual	Address	Date of Birth
	<b>RACHEL M JASPER</b> (262) 506-4540	<b>6923 LITTLEMORE DR 211</b> <b>MADISON, WI 53704 , US</b>	<b>09/07/1988</b>