WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash [Document #		/ Crash Number TH MUNI	Investigating Officer/Depu OFFICER BRANDON		
2	Crash Date 03/20/2022	Crash Time 12:28 PM		Date A 03/20/		Time Arrived 12:35 PM		
_	Date Notified 03/20/2022	Time Notified 12:31 PM		Total U	Inits	Total Injured 02	Total Kille	ed
160 -	On Emergency Hit	and Run	∠ Lane Closu		Work Zone	Trailer	or Towed	Reporting Threshold
	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags		
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	l)		Amend	ed	Secondary Crash
_	Diagram						Reconstruction	
							Photos By Additional Info	ormation
	- RP	Hoepk	er Rd (AOI)	02 				
	Ronald Reagan Ave		Area of Im	nald Rea Rd. pact - 66	gan Ave / 64' E x 22' N			
	I, a sworn law enforceme	RD BETWEEN R	ONALD REAGAN A	VE AND	MANUFACTURERS DR V	WHEN HE DRIFTED		B LANE OF TRAVEL FOR
	UNEXPLAINED REASONS AND CO	LLIDED WITH VEI	HICLE 2 WHO WAS	W/B ON	HUEPKER RD IN HIS PF	KOPER LANE OF T	≺AVEL.	

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L	-OC	ation											
	_	IOEPKER RD					Latitude			Longitud	de		
		FT W	_				43.1645	79008		-89.318	8801604		
		MANUFACTURERS DI			X Coordin	nate		Y Coord	linate				
		HE CITY OF MADISOI ANE COUNTY	N				311500.	15625		478170)1.5		
	IN D	ANE COUNTY					Structure	Type					
							NO STRUCTURE						
(Cras	sh Scene											
Τ	First	Harmful Event					First Harr	nful Event L	ocation				
	мот	OR VEH IN TRANSPO	ORT				ON ROADWAY						
F	Mann	er of Collision					Light Con	dition					
	02 -	FRONT TO FRONT					DAYLIG						
F	Road	Surface Condition(s)					Roadway	Factor(s)					
	DRY	· ,											
-	Envir	onment Factor(s)											
	NON	E					NONE						
ŀ	Weat	her Condition(s)											
	CLE	AR											
ŀ	Anim	al Type					Relation	To Trafficwa	у				
L	01	Classification - Location					TRAFFICWAY - ON ROAD						
	PUBLIC PROPERTY						Crash Classification - Jurisdiction NO SPECIAL JURISDICTION						
f	Tribal Land				Access Control				Special Study				
L	\ A /: 41- : .	· · · · · · · · · · · · · · · · · · ·				Intersection Type			NO CONTROL				
	NO	n Interchange Area	Junction Location NON-JUNCTION			NOT AN		ECTION					
F	Closu	re Type			Reasons for Closure								
	FUL	L CLOSURE											
f	Date	Initial Lane/Rd Closed	Time Initial Lane/Rd Closed	I	LAW ENFORCE			CEMENT, TOW TRUCK, FIRE/EMS					
		O/2022 All Lanes Open	12:35 PM Time All Lanes Open	Date Scene Clear 03/20/2022				I Tie	ne Scene Clea				
		0/2022	02:30 PM				eu		2:30 PM				
ί	Jnit	Summary											
		Status		Vehi	cle Ope	rating As C	assification	n	Unit Type				
	IN T	RANSIT		DC	D CLASS				AUTOMOBILE Operating As Endorsements				
F	Vehic	le Type									ments		
	(SPC	RT) UTILITY VEHICL	.E										
f	Total	Occs	Train/Bus # Recorded	Total # Citations Issued			d Total Tra		ailers Total Haz		Mat Types		
	1			1				0	0				
Ī	Insur	ance?	Direction Of Travel		Pre	CrashTire		Speed Lir	nit	Total Lan	Lanes		
	YES		EASTBOUND			Mark		35		2			
F	Most	Harmful Event: Collision \	Vith		ial Fun				Emergency				
	МОТ	OR VEH IN TRANSPO	ORT	NO	SPEC	IAL FUNC	TION		NOT APPL	ICABLE			
T	Traffi	c Way		Traff	ic Cont	rol			Traffic Control Inoperative/Missing NO		tive/Missing		
ŀ	TWC	-WAY, NOT DIVIDED		NO	CONT	ROL							
r	Surfa	се Туре		Road	d Curva	ture			Road Grade				
	BLA	CKTOP (BITUMINOU	S)	STR	AIGH	Γ			LEVEL				
		Bus or HazMat											
1	NO												
	\	/ehicle											
		License Plate Number			е Туре		_	St	Country of Iss				
		AAH6475				TOMOBIL	.E	WI	UNITED ST	ATES			
	_	Vehicle Identification Nur		Mal				Year	Model				
	5	5XYKTCA65FG64709	95	KIA	MOT	ORS COR	PORA	2015	SORENTO				

Crash Date 03/20/2022

Crash Time 12:28 PM

01L09LVN1C

2022-103402

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		Color		Body Style		Bus Use				
		WHI - WHITE		UT - SPORT UTILITY	/ VEHICLE					
	ш	Initial Contact Point		Vehicle Damage						
_		11 - LEFT FRONT CORNER		7 8 9 10 1						
UNIT	¥	Extent Of Damage		01 - RIGHT FRONT			6 2 12			
n	VEHICL	DISABLING DAMAGE		11 - LEFT FRONT C	ORNER, 12 - FRO	NT	5 4 3 2 1			
	>	Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING	2 DAMAGE	venice removed by						
		What Driver Was Doing	DAMAGE	Vehicle Factors						
		UNKNOWN		Verlicie Faciois						
		Driver Prior Action Other		UNKNOWN						
		Driver Frior Action Other		o.mo.m.						
		Driver Actions								
	ш	FAILED TO KEEP IN DESIG	NATEDIANE							
_		TAILED TO REEL IN DEGICE	IVATED LAIVE							
UNIT	VEHICL									
n	亩									
	>									
				10 411						
		Owner Name DONALD CRAIG DOUGLAS	II	Owner Address 4518 JAY DR						
10	5	(608) 286-5666	"	MADISON, WI 53704 , US						
)		(000, 000								
	;	Sequence Of Events								
	2	Event MOTOR VEH IN TRANSPOR	т							
	0	MOTOR VEH IN TRANSPOR	(I							
	05	Event								
	0									
	03	Event								
	0									
	4	Event								
	04									
_		Policy Holder								
UNIT		Insurance Company		Individual						
Б		PROGRESSIVE-CASUALTY	-INS-CO	DONALD DOUGLA	AS					
		Individual								
		Driver		Citations Issued	Low					
		DONALD CRAIG DOUGLAS	П	Citations Issued Sex 1 MALE						
	A	(608) 286-5666		Date of Birth	MALE Race					
_	DUAL				WHITE					
늘	=	Address		01/20/1931						
N	INDIN	Address 4518 JAY DR		Driver License Number D2421835102607						
	Z	MADISON, WI 53704 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
		On Duty Cr	ach							
	Sat	fety Equipment	asii	Safety Equipment						
			1	CHOILI DED 8 1 A	DELT					
		Row 01 - FRONT ROW	Seat Position	SHOULDER & LAP BELT						
			07 - LEFT	Halmat Oamalianaa						
		Helmet Use		Helmet Compliance						
		Evo Protection		Tint Consuling						
		Eye Protection		Tint Compliance						
	_	Injury Seve	rity	Airbag						
01	90	Injury Seve	TED MINOR INJURY	DEPLOYED-FROM	JT					
			ection Path	DEI EUTED-FROM	11	Trapped/Extricated				
		l '	OT EJECTED/NOT API	PLICARI F		NOT TRAPPED				
		Medical Transport	C. LULGILD/NOT AFT	EMS Agency Identifie	r	EMS Run #				
		EMS GROUND		1	•	LIVIO IXUII #				
		5 5.1.55.1.5		1.		1				

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Crash Date 03/20/2022

Crash Time 12:28 PM

		Hospital ST MARYS HOSP					Date of Death				Time of Death		
	ļ	Distracted By	Distract NOT A	ted By Sou	urce BLE (NOT DIS	ΓRA	CTED)						
		Distracted By Action UNKNOWN											
		Non Motorist	Striking	g Unit #	Location								
		Prior Action											
		Action											
_	UAL												
LNO	NDIVIDUAL												
	N N												
		Action Other										To/From School	
			Susner	cted Alcoho			Suspected Drug Use						
	L	Orug & Alcohol	NO	oted 7 ticorit			NO						
		Alcohol Test Given TEST GIVEN			Alcohol Test BLOOD	Туре	3			Alcohol Tes PENDING	t Results		
		Drug Test Given TEST GIVEN			Drug Test Ty BLOOD	ре		Drug PENI	Test Results				
5	001	Drug Type											
)	Individual Condition											
		APPEARED NORM	ИAL										
	ļ	Violations											
	01	UTC Number BF461732	Issue 1	To?	Statute Number 346.13(1)		Description UNSAFE LANE DEV	IATIO	N				
		Summary				LV	abiala Onesation As Olassi	c: t:					
		Status RANSIT					ehicle Operating As Classi CLASS	ncation		Unit Type AUTOMO	BILE		
05		cle Type SSENGER CAR							Operating As Endorsements				
	Total	Occs	Т	rain/Bus #	Recorded		Total # Citations Issued 0		Total Trailers		Total HazMat Types		
	Insur	rance?		Direction Of			Pre CrashTire		Speed Lim	it	Total Lanes		
FNO		Harmful Event: Collision	on With		טאט		Mark pecial Function	NI .	35	Emergency Motor Vehicle Use			
		TOR VEH IN TRANS ic Way	SPORT	Γ			raffic Control	N		NOT APPLICABLE Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVID	ED				oad Curvature			NO Road Grade			
	BLA	CKTOP (BITUMING	OUS)				TRAIGHT			LEVEL			
	Trucl	k Bus or HazMat											
	1	Vehicle											
		License Plate Number	r				Plate Type AUT - AUTOMOBILE		St WI	Country of Is			
		טטטו זנ				/	AUI - AUI UNUBILE		441	UNITED S	MIES		

Form DT4000

Wisconsin Motor Vehicle Crash

01L09LVN1C

2022-103402

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~ 1		Vehicle Identification Number		Make	Year		Model			
02		2G4WD582991254496	BUICK	BUICK 2009		LACROSSE C				
		Color	Body Style							
		BLK - BLACK	Body Style 4D - 4DR							
	ш	Initial Contact Point	Vehicle Damage							
_		11 - LEFT FRONT CORNI	Verliele Barriage				7 8 9 10 11			
UNIT	2		01 - RIGHT FRO	NT CORNER, 10	- LE	FT SIDE FRONT,	6 7 12			
Б	VEHICL	Extent Of Damage		T CORNER, 12 -			5 4 3 2 1			
	>	DISABLING DAMAGE								
		Towed Due To Damage	Vehicle Removed B	у						
		TOWED DUE TO DISABL	ING DAMAGE							
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	ш	NO CONTRIBUTING ACT	ION							
_	VEHICLE									
UNIT	¥									
n	亩									
	>									
		Owner Name		Owner Address						
02	02	RONALD JAMES LEHR (608) 244-1425		325 ORIOLE LN MADISON, WI 53704 , US						
0	0	(000) 244-1423		in the sett, the set of the						
	;	Sequence Of Events								
		Event								
	9	MOTOR VEH IN TRANSP	ORT							
		Event								
	02	LVOIR								
		Event								
	03	Lvent								
	9	Event								
_		Policy Holder								
UNIT		Insurance Company		Individual						
\supset		AMERICAN-FAMILY-INS-	-co	RONALD LEHR						
		Individual								
				Citatiana Isawad	10					
		Driver RONALD JAMES LEHR		Citations Issued	Sex					
	7	(608) 244-1425		0	MALE					
	Ď	(666, 2111126		Date of Birth	Race					
╘	INDIVIDUA			09/12/1946						
UNIT	≥	Address		Driver License Number						
_	무	325 ORIOLE LN	.	L6007304633202 STATE: WISCONSIN COUNTRY: UNITED STATES						
	=	MADISON, WI 53704 , US	•	STATE. WISC	JNSIN COUNTRI	. UN	IIIED SIAIES			
	_	On Dut	y Crash	Safety Equipment						
	Sa	fety Equipment		SHOULDER & LAP BELT						
		Row	Seat Position							
		01 - FRONT ROW	07 - LEFT							
		Helmet Use	· ·	Helmet Complian	ice					
		TIOITION OUT		r ionnet oumpilat						
		Eye Protection		Tint Compliant						
		Lye Flotection		Tint Compliance						
	۵.	I laisean C	Coverity	Airbog						
05	002	Injury S Injury	=	Airbag						
_	0	1 1 000.	ECTED SERIOUS INJUR	DEPLOYED-F	KUNI		T			
		Ejected	Ejection Path	D. 1045: -			Trapped/Extricated			
		NOT EJECTED	NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED				

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Crash Date 03/20/2022

Crash Time 12:28 PM

		Medical Transport			EMS Agency Identifier		EMS Run #	
		EMS GROUND			1			
		Hospital UNIVERSITY OF WI H	IOSPITALS & C	CLINICS AUT	Date of Death		Time of Death	
		Distr	racted By Source	2				
			KNOWN					
		Distracted By Action UNKNOWN						
		Non Motorist	king Unit #	Location				
		Prior Action						
		Action						
	_							
L	INDIVIDUAL							
UNIT	/ID							
n								
	Z							
		Action Other						To/From School
	L	Drug & Alcohol NO	pected Alcohol Us	se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	9		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
02	002	Drug Type						
		La dividual Caraditian						
		Individual Condition						
		APPEARED NORMAL						
	Witi	ness						
_	Indiv	idual			Address			Date of Birth
5	CON				Address 4101 BROWN LN MADISON, WI 53704	, US		Date of Birth 06/24/1961
	CON	idual NNIE A BETTIN			4101 BROWN LN	, US		
WITN ESS	(608	idual NNIE A BETTIN 3) 445-3320			4101 BROWN LN	, us		
WIN	(608	idual NNIE A BETTIN B) 445-3320 NESS Idual			4101 BROWN LN MADISON, WI 53704 Address			
02 WITN ESS	Witi	idual NNIE A BETTIN B) 445-3320 NESS Idual HAEL RUST			4101 BROWN LN MADISON, WI 53704 Address 1798 GAINSBORO AV			06/24/1961
WIN	Witi	idual NNIE A BETTIN B) 445-3320 NESS Idual			4101 BROWN LN MADISON, WI 53704 Address			06/24/1961