

01L1J2PGFG

2022-346840

# 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>620E MUNI</b>		Investigating Officer/Deputy <b>OFFICER CHASE LEWIS</b>	
Crash Date <b>08/26/2022</b>		Crash Time <b>05:17 PM</b>		Date Arrived <b>08/26/2022</b>		Time Arrived <b>05:21 PM</b>	
Date Notified <b>08/26/2022</b>		Time Notified <b>05:17 PM</b>		Total Units <b>05</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 checked="" 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

<p>Diagram</p>	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.

UNIT 4 WAS DRIVING EASTBOUND IN THE LEFT LANE. UNIT 4 WAS SLOWING DOWN QUICKLY DUE TO TRAFFIC COMING TO A STOP. UNIT 1 WAS BEHIND AND UNABLE TO SLOW IN TIME AND BEGAN TO CHANGE LANES QUICKLY. UNIT 1 SIDE SWIPE UNIT 4. UNIT 1 THEN SIDE SWIPE UNIT 2 AS THEY CONTINUED EASTBOUND THROUGH TRAFFIC. UNIT 3 HAD TO SLOW AND MERGE QUICKLY DUE TO UNIT 1 SWERVING THROUGH TRAFFIC AND HITTING OTHER CARS. UNIT 5 WAS IN FRONT OF UNIT 3 AND MAY HAVE BEEN REAR ENDED BY UNIT 3 BUT WAS NOT ON SCENE UNIT 1 WAS ALSO NOT ON SCENE AFTER ACCIDENT.

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**Location**

INTERSECTION ON S STOUGHTON RD/ USH EB AT USH12 EB IN THE CITY OF MADISON IN DANE COUNTY	Latitude <b>43.045947009</b>	Longitude <b>-89.306718141</b>
	X Coordinate <b>312119.8125</b>	Y Coordinate <b>4768499.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>07 - SIDESWIPE/SAME DIRECTION</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		<b>BACKUP DUE TO PRIOR CRASH</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLEAR</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - 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>	
Closure Type <b>LANE CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>08/26/2022</b>	Time Initial Lane/Rd Closed <b>05:17 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK</b>	
Date All Lanes Open <b>08/26/2022</b>	Time All Lanes Open <b>06:00 PM</b>	Date Scene Cleared <b>08/26/2022</b>	Time Scene Cleared <b>06:22 PM</b>

**Unit Summary**

UNIT 01	Unit Status <b>HIT AND RUN</b>		Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</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>4</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>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>					
01	<b>Vehicle</b>					
	License Plate Number		Plate Type	St	Country of Issuance	
	Vehicle Identification Number		Make	Year	Model	

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UNIT VEHICLE	Color		Body Style	Bus Use
	Initial Contact Point <b>99 - UNKNOWN</b>		Vehicle Damage	
	Extent Of Damage <b>VEHICLE NOT AT SCENE</b>		<b>16 - VEHICLE NOT AT SCENE</b>	
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>UNKNOWN</b>			
	Owner Name		Owner Address	
01 01	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>UNKNOWN</b>		Citations Issued <b>0</b>	Sex
			Date of Birth	Race
	Address , ,		Driver License Number	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT APPLICABLE</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death

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UNIT INDIVIDUAL	01	001	<b>Distracted By</b>		Distracted By Source		
			Distracted By Action				
	01	001	<b>Non Motorist</b>		Striking Unit #	Location	
			Prior Action				
	Action						
	Action Other			To/From School			
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use		Suspected Drug Use		
	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>NOT OBSERVED</b>							
UNIT TRUCK	01	01	<b>Carrier</b>				
			<input type="checkbox"/> Use Vehicle Owner Same as Carrier		Source		
	Name		Address				
	GVWR		Vehicle Configuration		Cargo Body Type		
	US DOT #		Carrier Type		Permitted Load		
	<input type="checkbox"/> OS/OW Load	WI Permit Number		<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present	
	Measured Height		Measured Length		Measured Width		
					Measured Weight		

## Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>CARGO VAN (10,000 LBS OR LESS)</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>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</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>	

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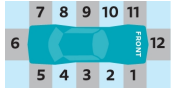
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Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
Truck Bus or HazMat <b>NO</b>					

UNIT 02	<b>Vehicle</b>					
	License Plate Number <b>KX3242</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1GCHG39R711186259</b>		Make <b>CHEVROLET</b>	Year <b>2001</b>	Model <b>G3500</b>	
	Color <b>WHI - WHITE</b>		Body Style <b>VN - VAN</b>		Bus Use	
	Initial Contact Point <b>09 - LEFT SIDE MIDDLE</b>		Vehicle Damage <b>07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE</b>			
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>					
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing <b>CHANGING LANES</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
	Driver Prior Action Other					
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
Owner Name <b>MARK ROGER ANDERSON (608) 201-4944</b>		Owner Address <b>315 ENGLAND ST APT 9 CAMBRIDGE, WI 53523 , US</b>				

<b>Sequence Of Events</b>					
UNIT 01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
	Event				

UNIT 01	<b>Policy Holder</b>				
	Insurance Company <b>STATE-FARM-FIRE-&amp;-CASUALTY-CO</b>		Individual <b>MARK ANDERSON</b>		

UNIT 01	<b>Individual</b>				
	Driver <b>MARK ROGER ANDERSON (608) 201-4944</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth <b>04/28/1969</b>	Race <b>WHITE</b>	
	Address <b>315 ENGLAND ST APT 9 CAMBRIDGE, WI 53523 , US</b>		Driver License Number <b>A5365566914800</b> STATE: WISCONSIN COUNTRY: UNITED STATES		

<b>Safety Equipment</b>		On Duty Crash
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Row

Seat Position

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02	002	Safety Equipment		
		01 - FRONT ROW	07 - LEFT	
		SHOULDER & LAP BELT		
		Helmet Use		
		Helmet Compliance		
		Eye Protection		
		Tint Compliance		
		Injury	Injury Severity	Airbag
			NO APPARENT INJURY	NON DEPLOYED
		Ejected	Ejection Path	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
		Medical Transport		EMS Agency Identifier
		NOT TRANSPORTED		EMS Run #
		Hospital		Date of Death
				Time of Death
Distracted By	Distracted By Source			
	NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action				
NOT DISTRACTED				
Non Motorist	Striking Unit #	Location		
Prior Action				
Action				
Action Other				
To/From School				
Drug & Alcohol	Suspected Alcohol Use			
	NO			
Suspected Drug Use				
NO				
Alcohol Test Given		Alcohol Test Type		
TEST NOT GIVEN		Alcohol Test Results		
Drug Test Given		Drug Test Type		
TEST NOT GIVEN		Drug Test Results		
Drug Type				
Individual Condition				
APPEARED NORMAL				

## Unit Summary

03	Unit Status		Vehicle Operating As Classification		Unit Type	
	IN TRANSIT		M CLASS		MOTORCYCLE	
	Vehicle Type				Operating As Endorsements	
	MOTORCYCLE					
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
	1		0	0	0	
UNIT	Insurance?	Direction Of Travel	Pre CrashTire Mark		Speed Limit	Total Lanes
	YES	EASTBOUND	<input type="checkbox"/>		55	4
	Most Harmful Event: Collision With		Special Function		Emergency Motor Vehicle Use	
MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION		NOT APPLICABLE		

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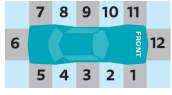
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Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
Truck Bus or HazMat <b>NO</b>					

UNIT 03	<b>Vehicle</b>					
	License Plate Number <b>912NE</b>		Plate Type <b>MCM - DEALER CYCLE M</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>538SMFZ61KCG10749</b>		Make <b>UNK</b>	Year <b>2019</b>	Model <b>SPECK DESI</b>	
	Color <b>BLK - BLACK</b>		Body Style <b>MC - MOTORCYCLE</b>		Bus Use	
	Initial Contact Point <b>12 - FRONT</b>					
	Extent Of Damage <b>DISABLING DAMAGE</b>					
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By			
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
	Driver Prior Action Other					
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
Owner Name <b>ERIC CRISPIN SCHNARR (608) 345-5954</b>		Owner Address <b>3059 SIGGELKOW RD MC FARLAND, WI 53558 , US</b>				

<b>Sequence Of Events</b>	
Event <b>01</b>	<b>MOTOR VEH IN TRANSPORT</b>
Event <b>02</b>	
Event <b>03</b>	
Event <b>04</b>	

UNIT 03	<b>Policy Holder</b>	
	Insurance Company <b>FARMERS-CASUALTY-INS-CO</b>	Individual <b>ERIC SCHNARR</b>

UNIT 03	<b>Individual</b>			
	Driver <b>ERIC CRISPIN SCHNARR (608) 345-5954</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth <b>11/16/1968</b>	Race <b>WHITE</b>
	Address <b>3059 SIGGELKOW RD MC FARLAND, WI 53558 , US</b>		Driver License Number <b>S5602036841603</b> STATE: WISCONSIN COUNTRY: UNITED STATES	

<b>Safety Equipment</b>	On Duty Crash
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Row

Seat Position

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03	003	01 - FRONT ROW		07 - LEFT	Protective Gear <b>GLOVES, JACKET, LONG PANTS</b>				
		Helmet Use <b>FULL-FACE</b>		Helmet Compliance <b>APPROVED</b>					
		Eye Protection <b>YES: WORN</b>		Tint Compliance <b>UNKNOWN</b>					
		<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</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 # <b>MEDIC 6</b>			
		Hospital <b>ST MARYS HOSP</b>		Date of Death		Time of Death			
		<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				
			Prior Action						
		Action							
		Action Other					To/From School		
		03	003	<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</b>									

## Unit Summary

04	UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</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>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input checked="" type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>4</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>		



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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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
Truck Bus or HazMat <b>NO</b>						
<b>Vehicle</b>						
UNIT 04	VEHICLE	License Plate Number <b>AGV9178</b>		Plate Type <b>AUT - AUTOMOBILE</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1C4PJMCB0FW514615</b>		Make <b>JEEP</b>	Year <b>2015</b>	Model <b>CHEROKEE</b>
		Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>		Vehicle Damage <b>02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER</b>		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>				
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>		
		Driver Prior Action Other				
		Driver Actions <b>NO CONTRIBUTING ACTION</b>				
		UNIT 04	VEHICLE	Owner Name <b>BRIAN J RATHBUN (608) 416-9171</b>		Owner Address <b>565 GARFIELD AVE EVANSVILLE, WI 53536 , US</b>
<b>Sequence Of Events</b>						
UNIT 04	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
		Event				
		Event				
		Event				
UNIT 04	02	Event				
		Event				
		Event				
		Event				
UNIT 04	03	Event				
		Event				
		Event				
		Event				
UNIT 04	04	Event				
		Event				
		Event				
		Event				
<b>Policy Holder</b>						
UNIT 04	INDIVIDUAL	Insurance Company <b>CLIFF INSURANCE</b>		Individual <b>KAYLEE BILLIOT</b>		
		<b>Individual</b>				
		Driver <b>KAYLEE JEAN BILLIOT (608) 416-9171</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth <b>11/19/2003</b>		Race <b>WHITE</b>		
Address <b>565 GARFIELD AVE EVANSVILLE, WI 53536 , US</b>		Driver License Number <b>B4305100391908</b> STATE: WISCONSIN COUNTRY: UNITED STATES				
<b>Safety Equipment</b>						
On Duty Crash						

Row

Seat Position

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04	004	Safety Equipment		
		01 - FRONT ROW	07 - LEFT	
		SHOULDER & LAP BELT		
		Helmet Use		
		Helmet Compliance		
		Eye Protection		
		Tint Compliance		
		Injury	Injury Severity	Airbag
			NO APPARENT INJURY	NON DEPLOYED
		Ejected	Ejection Path	Trapped/Extricated
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
		Medical Transport		EMS Agency Identifier
		NOT TRANSPORTED		EMS Run #
		Hospital		Date of Death
				Time of Death
Distracted By	Distracted By Source			
	NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action				
NOT DISTRACTED				
Non Motorist	Striking Unit #	Location		
Prior Action				
Action				
Action Other				
To/From School				
Drug & Alcohol	Suspected Alcohol Use			
	NO			
Suspected Drug Use				
NO				
Alcohol Test Given		Alcohol Test Type		
TEST NOT GIVEN		Alcohol Test Results		
Drug Test Given		Drug Test Type		
TEST NOT GIVEN		Drug Test Results		
Drug Type				
Individual Condition				
APPEARED NORMAL				

## Unit Summary

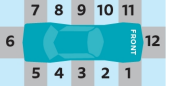
05	Unit Status		Vehicle Operating As Classification		Unit Type	
	HIT AND RUN		D CLASS		AUTOMOBILE	
	Vehicle Type				Operating As Endorsements	
	PASSENGER CAR					
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
	1		0	0	0	
UNIT	Insurance?	Direction Of Travel	Pre CrashTire Mark		Speed Limit	Total Lanes
	UNKNOWN	EASTBOUND	<input type="checkbox"/>		55	4
	Most Harmful Event: Collision With		Special Function		Emergency Motor Vehicle Use	
MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION		NOT APPLICABLE		

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>		
Truck Bus or HazMat <b>NO</b>						
<b>Vehicle</b>						
UNIT 05	License Plate Number		Plate Type	St	Country of Issuance	
	Vehicle Identification Number		Make	Year	Model	
	Color		Body Style		Bus Use	
	Initial Contact Point <b>99 - UNKNOWN</b>		Vehicle Damage			
	Extent Of Damage <b>VEHICLE NOT AT SCENE</b>		<b>16 - VEHICLE NOT AT SCENE</b>			
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
	What Driver Was Doing		Vehicle Factors			
	Driver Prior Action Other		<b>UNKNOWN</b>			
	Driver Actions <b>UNKNOWN</b>					
	Owner Name		Owner Address , ,			
<b>Sequence Of Events</b>						
UNIT 05	01	Event <b>MOTOR VEH IN TRANSPORT</b>				
	02	Event				
	03	Event				
	04	Event				
UNIT 05	<b>Individual</b>					
	Driver <b>UNKNOWN</b>		Citations Issued <b>0</b>	Sex		
			Date of Birth	Race		
	Address , ,		Driver License Number			
	Safety Equipment		On Duty Crash			
Row <b>99 - UNKNOWN</b>		Seat Position		<b>RESTRAINT USE UNKNOWN</b>		
Helmet Use		Helmet Compliance				

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

MADISON POLICE DEPARTMENT  
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05	005	Eye Protection		Tint Compliance				
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NOT APPLICABLE</b>			
			Ejected <b>NOT APPLICABLE</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT APPLICABLE</b>		
			Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death		
		<b>Distracted By</b>	Distracted By Source					
			Distracted By Action					
			<b>Non Motorist</b>	Striking Unit #	Location			
		Prior Action						
		UNIT	INDIVIDUAL	Action				
Action Other								
To/From School								
<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use			Suspected Drug Use				
	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			
05	005			Drug Type				
				Individual Condition <b>NOT OBSERVED</b>				