

01L1MPBQ77

2022-288349

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 MUNI		Investigating Officer/Deputy OFFICER LUKE LEITERMAN	
Crash Date 07/20/2022		Crash Time 02:16 PM		Date Arrived 07/20/2022		Time Arrived 02:25 PM	
Date Notified 07/20/2022		Time Notified 02:18 PM		Total Units 03		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

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

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

UNIT 1 WAS DRIVING INBOUND ON NORTHPORT DR APPROACHING TROY DR. UNIT 1 DRIVER STATED HE ATTEMPTED TO BRAKE TO SLOW DOWN, BUT THE BRAKES DIDN'T WORK. UNIT 1 DRIVER STATED HE BEGAN HONKING HIS HORN TO SIGNAL TO UNIT 2 IN FRONT OF HIM, HOWEVER, UNIT 2 DID NOT MOVE. UNIT 1 DRIVER WAS UNABLE TO SLOW DOWN AND STOP, AND ENDED UP COLLIDING WITH UNIT 2, THEN UNIT 3, WHICH WERE BOTH STOPPED IN TRAFFIC. UNIT 1 REAR ENDED UNIT 2, THEN SIDE SWIPED UNIT 3. I OBSERVED MODERATE DAMAGE TO ALL VEHICLES. UNIT 1 DRIVER WAS TRANSPORTED BY EMS TO THE HOSPITAL FOR A SUSPECTED BROKEN ARM. UNIT 1 DRIVER WAS CITED FOR FAILURE TO KEEP VEHICLE UNDER CONTROL AND OPERATING WHILE SUSPENDED. UNIT 1 DRIVER WAS WARNED FOR NOT HAVING INSURANCE. THE NON MANDATORY COURT DATE WAS EXPLAINED. NFA. PO LEITERMAN - 5343

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Location

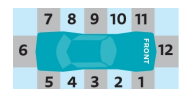
ON NORTHPORT DR/ STH113 SB 49 FT W OF TROY DR IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.133930816	Longitude -89.371147152
	X Coordinate 307148.34375	Y Coordinate 4778417
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR				Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0		
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 35	Total Lanes 6		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	UNIT 01 VEHICLE 01	Vehicle					
		License Plate Number KINGR0C		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1LNHM97V21Y682357		Make LINCOLN	Year 2001	Model CONTINENTA			
Color WHI - WHITE		Body Style SD - SEDAN		Bus Use			
Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 11 - LEFT FRONT CORNER, 12 - FRONT					
Extent Of Damage FUNCTIONAL DAMAGE							



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01 01	Owner Name RAKIM E GOFFIN (608) 445-5720		Owner Address 425 S BIRD ST SUN PRAIRIE, WI 53590 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Individual			
	Driver RAKIM E GOFFIN (608) 445-5720		Citations Issued 2	Sex MALE
	Date of Birth 02/24/1991		Race BLACK/AFRICAN AMERICAN	
	Address 425 S BIRD ST SUN PRAIRIE, WI 53590 , US		Driver License Number G1507259106407 STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Safety Equipment			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	
	Airbag DEPLOYED-FRONT			
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	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	

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UNIT 01	INDIVIDUAL 001	Prior Action		
		Action		
		Action Other		To/From School
		Drug & Alcohol		Suspected Alcohol Use NO
				Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type
				Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type
				Drug Test Results
				Drug Type
		Individual Condition APPEARED NORMAL		
UNIT 01	INDIVIDUAL 002	Individual		
		Passenger TASHI MONIQUE GOFFIN (608) 773-9706		
		Citations Issued 0	Sex FEMALE	
		Date of Birth 07/23/1993	Race BLACK/AFRICAN AMERICAN	
		Address 204 KENNEDY HTS MADISON, WI 53704 , US		
		Driver License Number G1508139376301 STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment		
		On Duty Crash		
		Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW		
Seat Position 09 - RIGHT				
Helmet Use				
Helmet Compliance				
Eye Protection				
Tint Compliance				
Injury				
Injury Severity NO APPARENT INJURY				
Airbag DEPLOYED-FRONT				
Ejected NOT EJECTED				
Ejection Path NOT EJECTED/NOT APPLICABLE				
Trapped/Extricated NOT TRAPPED				
Medical Transport NOT TRANSPORTED				
EMS Agency Identifier				
EMS Run #				
Hospital				
Date of Death				
Time of Death				
Distracted By				
Distracted By Source				
Distracted By Action				
Non Motorist				
Striking Unit #				
Location				
Prior Action				

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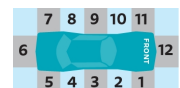
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UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
		Suspected Alcohol Use NO		Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
		Drug Type				
		Individual Condition APPEARED NORMAL				
		Violations				
		01	UTC Number B1341420	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL
		02	UTC Number B1341421	Issue To? 001	Statute Number 343.44(1)(a)	Description OPERATING WHILE SUSPENDED

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER CAR				Operating As Endorsements			
		Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0			
		Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 6			
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE			
		Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO			
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL			
		Truck Bus or HazMat NO							
		02	02	Vehicle					
				License Plate Number AKZ8073		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1G6KD57Y36U254621				Make CADILLAC	Year 2006	Model DTS			
Color BLK - BLACK				Body Style SD - SEDAN		Bus Use			
Initial Contact Point 06 - REAR									



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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	05 - RIGHT REAR CORNER, 06 - REAR	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name SAMANTHA L ALLEN (920) 723-9319	Owner Address 1002 MONROE ST #7 FORT ATKINSON, WI 53538 , US	
		Sequence Of Events		
UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual JAMES QUANDT	
		Individual		
		Driver JAMES PATRICK QUANDT (920) 222-3053	Citations Issued 0	Sex MALE
UNIT	VEHICLE	Date of Birth 11/03/1984	Race WHITE	
		Address 1002 MONROE ST #7 FORT ATKINSON, WI 53538 , US		
		Driver License Number Q5304558440305 STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment		
UNIT	VEHICLE	On Duty Crash	Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
UNIT	VEHICLE	Injury NO APPARENT INJURY	Airbag NON DEPLOYED	
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death

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UNIT INDIVIDUAL	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 TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
Individual Condition APPEARED NORMAL				
UNIT INDIVIDUAL	Individual			
	Passenger AUSTIN JAMES SCHMITT (608) 535-2771		Citations Issued 0	Sex MALE
			Date of Birth 02/18/2003	Race HISPANIC
	Address 3635 NAPOLI LN # 1 MIDDLETON, WI 53562 , US		Driver License Number S5300100305809 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
UNIT INDIVIDUAL	Distracted By		Distracted By Source	

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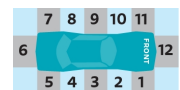
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UNIT 02 004	INDIVIDUAL	Distracted By Action	
		Non Motorist	Striking Unit # Location
		Prior Action	
	Action		
	Action Other		
	To/From School		
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
Individual Condition APPEARED NORMAL			

Unit Summary

UNIT 03	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
	Vehicle Type PASSENGER CAR	Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	Speed Limit 35
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control TRAFFIC SIGNAL	Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL
	Truck Bus or HazMat NO		

UNIT 03 VEHICLE	Vehicle			
	License Plate Number 227ZUU	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3C4NJDBB7MT504949	Make JEEP	Year 2021	Model COMPASS
	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 10 - LEFT SIDE FRONT	Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
Extent Of Damage FUNCTIONAL DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
03	Owner Name ASHLEY DEANNE WHELAN (715) 770-9111		Owner Address 515 HIGH ST DANE, WI 53529 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
02	Event			
	Event			
03	Event			
	Event			
04	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		Individual ASHLEY WHELAN	
UNIT	Individual			
	Driver ASHLEY DEANNE WHELAN (715) 770-9111		Citations Issued 0	Sex FEMALE
INDIVIDUAL	Date of Birth 06/27/1994		Race WHITE	
	Address 515 HIGH ST DANE, WI 53529 , US		Driver License Number W4500049472709 STATE: WISCONSIN COUNTRY: UNITED STATES	
03	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
005	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
005	Eye Protection		Airbag NON DEPLOYED	
	Injury		Injury Severity NO APPARENT INJURY	
005	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
005	Hospital		Date of Death	Time of Death
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
005	Distracted By Action NOT DISTRACTED			

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UNIT INDIVIDUAL 03 005	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 TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition APPEARED NORMAL				