

5QL2HNC3BR  
24-138261

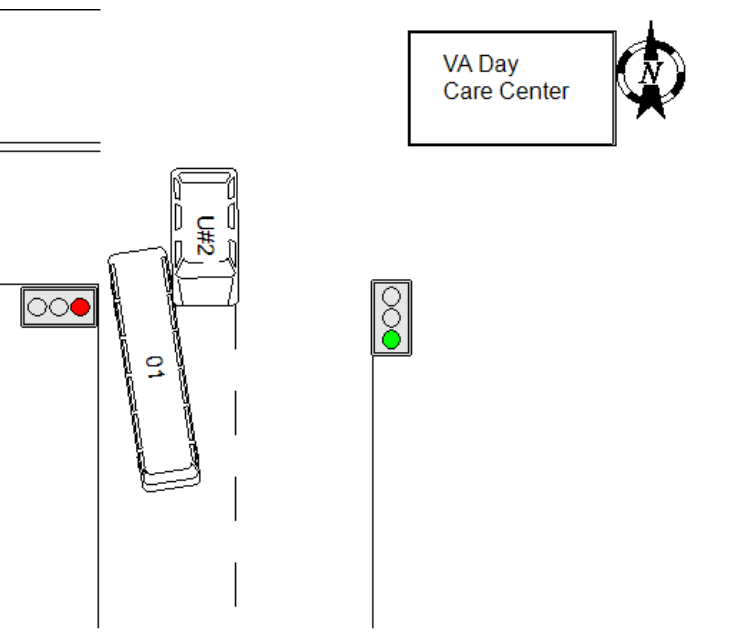
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SHOREWOOD HILLS POLICE DEPARTM  
810 SHOREWOOD BOULEVARD  
MADISON, WI 53705  
(608) 267-1110

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>LIEUTENANT J. WEITZEL</b>	
Crash Date <b>04/04/2024</b>		Crash Time <b>09:34 AM</b>		Date Arrived <b>04/04/2024</b>		Time Arrived <b>10:00 AM</b>	
Date Notified <b>04/04/2024</b>		Time Notified <b>09:40 AM</b>		Total Units <b>02</b>		Total Injured <b>00</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 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 Marshall Ct 		Reconstruction By  Photos By <b>LT WEITZEL</b>  Additional Information <b>NONE, PHOTOS</b>
Diagram not to scale Lt. Jaime Weitzel		

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

U#2 WAS SOUTH ON UNIVERSITY BAY DRIVE AT MARSHALL CT IN THE LANE TO GO STRAIGHT THROUGHT THE INTERSECTION ONTO FARLEY. U#2 STATED THE BUS APPEARED TO BE IN THE LANE THAT WAS TO TURN RIGHT, THEN AT THE LAST MINUTE SHIFTED AND STARTED TO MOVE INTO THE LANE TO TURN LEFT. U#1 STATED HE WAS DRIVING WHEN HE HEARD WHAT SOUNDED LIKE HIM HITTING A POT HOLE THEN CHECKED HIS MIRRORS, DIDN'T SEE ANYTHING THEN KEPT DRIVING, U#1 STATED AT THE STOP LIGHTS AT UBD/UNIV #2 WAVED HIM DOWN SAYING HE STRUCK HER. U#2 HAD MINOR DAMAGE TO THE FRONT RIGHT SIDE OF HER FENDER/WHEEL U#1 HAD MINOR DAMAGE TO THE LEFT SIDE OF THE REAR OF THE BUS. NO CITATIONS ISSUED. I SPOKE WITH THE METRO TRANIST SUPERVISOR WHOS STATED HE REVIEWED VIDEO AND THE METRO BUS DRIVER MERGED INTO THE PASSENGER SIDE OF U#2 WHILE AT MARSHALL CT AT UBD.

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Location

INTERSECTION ON UNIVERSITY BAY DR AT MARSHALL CT IN THE VILLAGE OF SHOREWOOD HILLS IN DANE COUNTY	Latitude <b>43.074506006</b>	Longitude <b>-89.433800827</b>
	X Coordinate <b>301860.65625</b>	Y Coordinate <b>4771963.5</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>WET, SNOW</b>	Roadway Factor(s)  <b>BACKUP DUE TO REGULAR CONGESTION</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY, SNOW</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>INTERSECTION</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>C CLASS</b>		Unit Type <b>BUS</b>	
	Vehicle Type <b>PASSENGER BUS/TRANSIT BUS</b>	Operating As Endorsements <b>P - PASSENGER BUS</b>			
	Total Occs <b>2</b>	Train/Bus # Recorded <b>2</b>	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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>20</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>TRAFFIC SIGNAL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>VEHICLE DESIGNED TO CARRY 9 OR MORE PPL, INCLUDING DRIVER</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number [REDACTED]	Plate Type <b>MUN - MUNICIPAL</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number [REDACTED]	Make <b>GILLIG</b>	Year <b>2011</b>	Model <b>BUS</b>
	Color <b>WHI - WHITE</b>	Body Style <b>BU - BUS</b>		Bus Use <b>TRANSIT/COMMUTER</b>
	Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage <b>08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE</b>		
Extent Of Damage <b>MINOR DAMAGE</b>				

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>LEAVING TRAVEL LANE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE</b>			
01	Owner Name [REDACTED]		Owner Address [REDACTED]	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>TRANSIT-MUTUAL-INS-CORP-OF-WISCONSIN</b>		GOVERNMENT [REDACTED]	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER [REDACTED]		Citations Issued <b>0</b>	Sex <b>MALE</b>
	[REDACTED]		Date of Birth [REDACTED]	Race <b>BLACK/AFRICAN AMERICAN</b>
	Address [REDACTED]		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	[REDACTED]		<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
	[REDACTED]		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</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 <b>UNKNOWN</b>		
Distracted By Action <b>UNKNOWN</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	<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>					
		<b>Individual</b>					
		PASSENGER [REDACTED]			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		[REDACTED]			Date of Birth [REDACTED]	Race <b>BLACK/AFRICAN AMERICAN</b>	
		Address [REDACTED]			Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		01	003	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
Row <b>01 - FRONT ROW</b>	Seat Position <b>10 - UNKNOWN SE</b>			<b>NONE USED - VEHICLE OCCUPANT</b>			
Helmet Use				Helmet Compliance			
Eye Protection				Tint Compliance			
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>			Trapped/Extricated <b>NOT TRAPPED</b>			
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
01	003	<b>Distracted By</b>				Distracted By Source	
		Distracted By Action					
01	003	<b>Non Motorist</b>		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action					
		Action					
		Action Other			To/From School		
	01	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>				
	01	01	<b>Carrier</b>		Source <b>DRIVER</b>		
			<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Name		
Name			Address				
GVWR <b>NOT APPLICABLE</b>			Vehicle Configuration <b>BUS(SEATS FOR MORE THAN 15 OCCUPANTS, INCLU</b>	Cargo Body Type <b>BUS (SEATS FOR MORE THAN 15 OCCUPAN</b>			
US DOT # █			Carrier Type <b>NOT IN COMMERCE/GOVERNMENT</b>	Permitted Load <b>NOT APPLICABLE</b>			
UNIT	TRUCK	BUS	<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>AUTOMOBILE</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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>20</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>TRAFFIC SIGNAL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

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UNIT VEHICLE	<b>Vehicle</b>			
	License Plate Number [REDACTED]	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number [REDACTED]	Make <b>JEEP</b>	Year <b>2014</b>	Model <b>GRAND CHER</b>
	Color <b>RED - RED</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT</b>		
	Extent Of Damage <b>MINOR 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		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
Owner Name [REDACTED]	Owner Address [REDACTED]			
UNIT VEHICLE	<b>Sequence Of Events</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
UNIT VEHICLE	Event			
	Event			
UNIT VEHICLE	<b>Policy Holder</b>			
	Insurance Company <b>USAA-CASUALTY-INS-CO</b>	INDIVIDUAL [REDACTED]		
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER [REDACTED]	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
	Address [REDACTED]	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT VEHICLE	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	

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02	002	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</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 <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	
UNIT	INDIVIDUAL	<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>					
		02	002				