

5QL2HNC3BT
24-176676

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 LIEUTENANT J. WEITZEL	
Crash Date 04/29/2024		Crash Time 12:19 PM		Date Arrived 04/29/2024		Time Arrived 12:22 PM	
Date Notified 04/29/2024		Time Notified 12:20 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input checked="" 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> <p>EAST BOUND UNIVERSITY AT MIDVALE</p> <p>DIAGRAM NOT TO SCALE LT. JAIME WEITZEL</p>		<p>Reconstruction By</p> <p>Photos By LT WEITZEL</p> <p>Additional Information NONE, PHOTOS</p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

U#1 WAS STOPPED BEHIND A BUS THAT WAS AT A BUS STOP, THE BUS STARTED TO MOVE, THEN STOPPED AGAIN, U#1 ATTEMPTED TO GO AROUND THE BUS AND STRUCK U#2. U#1 HAD FUNCTIONAL DAMAGE TO THE FRONT BUMPER AREA THAT CONSISTED OF THE BUMPER FALLING OFF, FLUID LEAKING AND THE HOOD PARTIALLY CRUMPLED. U#2 HAD MINOR DAMAGE TO THE RIGHT REAR QUARTER PANEL WITH METAL SCRAPING UP AGAINST THE TIRE. NO CITATIONS ISSUED AND NO INJURIES WERE REPORT. NFA

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Location

ON UNIVERSITY AVE/ CTHMS EB 38 FT E OF N MIDVALE BLVD IN THE CITY OF MADISON IN DANE COUNTY	Latitude 43.075305876	Longitude -89.451006232
	X Coordinate 300462.5	Y Coordinate 4772093
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		BACKUP DUE TO REGULAR CONGESTION, WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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	Intersection Type FOUR-WAY INTERSECTION	
Work Zone Crash Location ACTIVITY AREA		Work Zone Crash Type WORK ON SHOULDER OR MEDIAN	
Workers Present YES		Law Enforcement Present NO	
Work Zone Speed Limit 30	Advisory/Regulatory Speed Limit REGULATORY	Normal Posted Speed Limit 35	

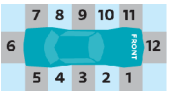
Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY MEDIAN W/BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
01	Vehicle					
	License Plate Number [REDACTED]		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number [REDACTED]		Make TOYOTA	Year 2014	Model RAV4		

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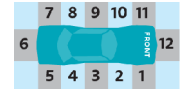
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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT	
	Extent Of Damage FUNCTIONAL DAMAGE		
	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG	Vehicle Removed By OPERATOR	
	What Driver Was Doing CHANGING LANES	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
UNIT VEHICLE	Driver Actions LOOKED BUT DID NOT SEE		
	Owner Name [REDACTED]	Owner Address [REDACTED] MADISON, WI 53705 , US	
UNIT VEHICLE	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT VEHICLE	Policy Holder		
	Insurance Company STATE-FARM-GENERAL-INS-CO	INDIVIDUAL [REDACTED]	
UNIT INDIVIDUAL	Individual		
	DRIVER [REDACTED]	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address [REDACTED]	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment 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 #

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UNIT VEHICLE	Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR	
	Extent Of Damage FUNCTIONAL DAMAGE			
	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors NOT APPLICABLE	
UNIT VEHICLE	Driver Prior Action Other			
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name [REDACTED]		Owner Address MADISON, WI 53705 , US	
	Sequence Of Events			
UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT VEHICLE	Policy Holder			
	Insurance Company ALLSTATE-INS-CO		INDIVIDUAL [REDACTED]	
UNIT INDIVIDUAL	Individual			
	DRIVER [REDACTED]		Citations Issued 0	Sex FEMALE
	Date of Birth [REDACTED]		Race WHITE	
	Address [REDACTED]		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT VEHICLE	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	
	UNIT VEHICLE	Injury		Airbag
Injury Severity NO APPARENT INJURY		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				

Witness

WITN 01 ESS	[REDACTED]		Address	Date of Birth
			, ,	