

5QL2245WST  
24-193338

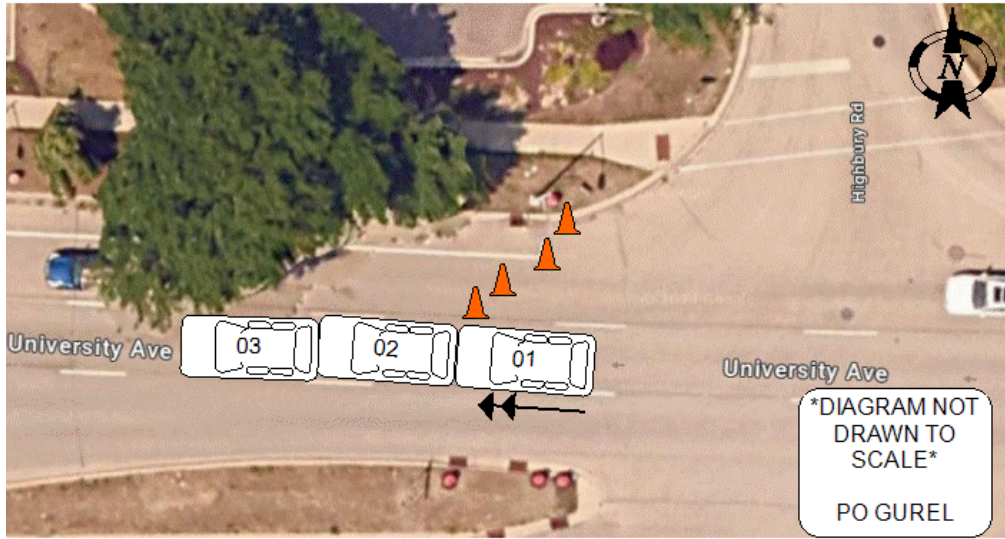
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

5QL2245WST

Document Number Override		Primary Crash Document #		Agency Crash Number <b>24-193338</b>		Investigating Officer/Deputy <b>OFFICER H. GUREL</b>		
Crash Date <b>05/09/2024</b>		Crash Time <b>04:50 PM</b>		Date Arrived <b>05/09/2024</b>		Time Arrived <b>04:59 PM</b>		
Date Notified <b>05/09/2024</b>		Time Notified <b>04:52 PM</b>		Total Units <b>03</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 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 <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>PHOTOS</b>

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

UNIT 2 AND 3 WERE STOPPED IN TRAFFIC DUE TO REGULAR CONGESTION. THE DRIVER OF UNIT 1 SAYS SHE WAS MERGING FROM THE RIGHT LANE TO THE MIDDLE LANE DUE TO LANE CLOSURE AND DID NOT HAVE ENOUGH TIME TO AVOID HITTING UNIT 2. THE OCCUPANTS OF UNIT 2 SAID THAT THE DRIVER OF UNIT 1 DID NOT APPEAR TO BE PAYING FULL ATTENTION WHILE DRIVING. UNIT 1 HIT THE BACK BUMPER OF UNIT 2 CAUSING IT TO HIT UNIT 3. UNIT 1 HAD DAMAGE TO THE REAR BUMPER, UNIT 2 HAD DAMAGE TO THE FRONT AND REAR BUMPERS, AND UNIT 3 HAD DAMAGE TO THE REAR BUMPER. UNITS 2 AND 3 DID NOT CONTRIBUTE TO THE COLLISION IN ANYWAY AS THEY WERE STOPPED IN TRAFFIC. PHOTOS OF THE DAMAGE ARE ATTACHED TO THIS CASE FILE.

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Location

ON UNIVERSITY AVE/ CTHMS WB 92 FT E OF HIGHBURY RD IN THE VILLAGE OF SHOREWOOD HILLS IN DANE COUNTY	Latitude <b>43.075298317</b>	Longitude <b>-89.448468968</b>
	X Coordinate <b>300669.03125</b>	Y Coordinate <b>4772086.5</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>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s) <b>BACKUP DUE TO REGULAR CONGESTION</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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>	
Work Zone Crash Location <b>ADVANCE WARNING AREA</b>		Work Zone Crash Type <b>LANE CLOSURE</b>	
Workers Present <b>NO</b>		Law Enforcement Present <b>NO</b>	
Work Zone Speed Limit <b>35</b>	Advisory/Regulatory Speed Limit <b>ADVISORY</b>	Normal Posted Speed Limit <b>35</b>	

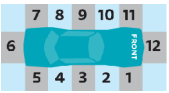
Unit Summary

UNIT 01	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>WESTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>35</b>	Total Lanes <b>3</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/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					
01	<b>Vehicle</b>					
	License Plate Number [REDACTED]		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>GA</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number [REDACTED]		Make <b>JEEP</b>	Year <b>2019</b>	Model <b>CHEROKEE</b>		

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UNIT VEHICLE	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>12 - FRONT</b>	
	Extent Of Damage <b>MINOR DAMAGE</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>CHANGING LANES</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
Driver Prior Action Other			
UNIT VEHICLE	Driver Actions <b>UNKNOWN</b>		
	Owner Name [REDACTED]	Owner Address [REDACTED]	
UNIT VEHICLE	<b>Sequence Of Events</b>		
	Event <b>MOTOR VEH IN TRANSPORT</b>		
	Event		
	Event		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>ALLSTATE-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]	STATE: GEORGIA COUNTRY: UNITED STATES
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	
UNIT VEHICLE	Injury <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 #

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UNIT	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>UNKNOWN</b>			
	Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<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**

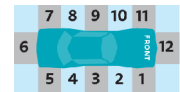
UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements		
	Total Occs <b>2</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>		Direction Of Travel <b>WESTBOUND</b>		<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>35</b>	Total Lanes <b>3</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/O TRAFFIC BARRIER</b>			Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>						
	<b>Vehicle</b>						
	02	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>HONDA</b>		Year <b>2020</b>	Model <b>ACCORD</b>		
Color <b>BLK - BLACK</b>		Body Style <b>SD - SEDAN</b>			Bus Use		

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UNIT VEHICLE	Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>06 - REAR, 12 - FRONT</b>	
	Extent Of Damage <b>MINOR DAMAGE</b>		
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>STOP IN TRAFFIC</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other		
UNIT VEHICLE	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		
	Event		
UNIT VEHICLE	<b>Policy Holder</b>		
	Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>	INDIVIDUAL [REDACTED]	
UNIT INDIVIDUAL	<b>Individual</b>		
	DRIVER [REDACTED]	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race
	Address [REDACTED]	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</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

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UNIT	<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	
	<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	<b>Individual</b>	
	PASSENGER [REDACTED]	Citations Issued <b>0</b> Sex <b>FEMALE</b>
	[REDACTED]	Date of Birth [REDACTED] Race <b>AMERICAN INDIAN OR ALASKAN NATIVE</b>
	Address [REDACTED]	Driver License Number [REDACTED] <b>STATE: CALIFORNIA COUNTRY: UNITED STATES</b>
	<b>Safety Equipment</b>	On Duty Crash Safety Equipment
	Row <b>01 - FRONT ROW</b> Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</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	
<b>Distracted By</b>	Distracted By Source	

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UNIT	INDIVIDUAL	Distracted By Action		
		<b>Non Motorist</b>	Striking Unit # Location	
		Prior Action		
		Action		
		Action Other To/From School		
		<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

UNIT	03	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>2</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>WESTBOUND</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>35</b>	Total Lanes <b>3</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/O TRAFFIC BARRIER</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
		Truck Bus or HazMat <b>NO</b>				

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>KIA MOTORS CORPORAT</b>	Year <b>2011</b>	Model <b>SOUL</b>
		Color <b>ONG - ORANGE</b>	Body Style <b>LL - CARRYALL</b>	Bus Use	
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</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>STOP IN TRAFFIC</b>		Vehicle Factors			
	Driver Prior Action Other		<b>NOT APPLICABLE</b>			
	Driver Actions <b>NO CONTRIBUTING ACTION</b>					
03	Owner Name [REDACTED]		Owner Address [REDACTED]			
	<b>Sequence Of Events</b>					
01	Event <b>MOTOR VEH IN TRANSPORT</b>					
	Event					
	Event					
	Event					
UNIT	<b>Policy Holder</b>					
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		INDIVIDUAL [REDACTED]			
UNIT INDIVIDUAL	<b>Individual</b>					
	DRIVER [REDACTED]		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
	[REDACTED]		Date of Birth [REDACTED]	Race <b>WHITE</b>		
	Address [REDACTED]		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
03	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>			
	Helmet Use		Helmet Compliance			
	Eye Protection		Tint Compliance			
004	<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>						



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UNIT	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				To/From School
03 004	<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>				
UNIT	INDIVIDUAL	PASSENGER [REDACTED]		Citations Issued <b>0</b>	Sex <b>MALE</b>
		[REDACTED]		Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address [REDACTED]		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
03 005	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</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
<b>Distracted By</b>		Distracted By Source			
Distracted By Action					
<b>Non Motorist</b>		Striking Unit #	Location		

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UNIT INDIVIDUAL          03 005	Prior Action		
	Action		
	Action Other		To/From School
	<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>		