

5QL30RFP3F
24-31020

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

5QL30RFP3F

Document Number Override		Primary Crash Document #	Agency Crash Number 24-31020	Investigating Officer/Deputy OFFICER H. GUREL	
Crash Date 01/21/2024		Crash Time 07:40 PM	Date Arrived 01/21/2024	Time Arrived 07:55 PM	
Date Notified 01/21/2024		Time Notified 07:51 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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

Diagram 	Reconstruction By
	Photos By
	Additional Information PHOTOS

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

THE DRIVER OF UNIT 2 WAS LEGALLY STOPPED AT THE RED LIGHT IN THE #2 LEFT TURN LANE. THE DRIVER OF UNIT 1 WAS SWITCHING FROM THE #1 LEFT TURN LANE TO THE #2 LEFT TURN LANE. DUE TO THE ICY ROAD, UNIT 1 WAS UNABLE TO STOP AND HIT UNIT 2, WHICH WAS STOPPED LEGALLY. THE DRIVER OF UNIT 1 TRIED TO STEER INTO THE SNOWBANK IN ORDER TO AVOID HITTING UNIT 2 BUT WAS UNABLE TO. UNIT 1 HAD DAMAGE TO THE DRIVER'S SIDE FRONT CORNER. UNIT 2 HAD DAMAGE TO THE REAR PASSENGER SIDE CORNER, DUE TO THE AMOUNT OF ICE AND EXTREMELY SLIPPERY ROAD CONDITIONS, UNIT 1 WAS NOT ISSUED A CITATION. THERE WERE NO INJURIES REPORTED. PHOTOS OF DAMAGE ARE ATTACHED TO THIS CASE FILE.

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Location

INTERSECTION ON UNIVERSITY AVE/ CTHMS WB AT N MIDVALE BLVD IN THE VILLAGE OF SHOREWOOD HILLS IN DANE COUNTY	Latitude 43.075305802	Longitude -89.451067004
	X Coordinate 300457.53125	Y Coordinate 4772093.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DARK/LIGHTED	
Road Surface Condition(s) ICE		Roadway Factor(s) NONE	
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	
Closure Type LANE CLOSURE		Reasons for Closure	
Date Initial Lane/Rd Closed 01/21/2024	Time Initial Lane/Rd Closed 07:40 PM	LAW ENFORCEMENT, TOW TRUCK	
Date All Lanes Open 01/21/2024	Time All Lanes Open 10:02 PM	Date Scene Cleared 01/22/2024	Time Scene Cleared 10:02 PM

Unit Summary

UNIT	01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE
		Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements		
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 3
	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 CURVE LEFT	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 HYUNDAI	Year 2020	Model KONA		

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UNIT VEHICLE	Color RED - RED	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 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 OWNER	
	What Driver Was Doing CHANGING LANES	Vehicle Factors NOT APPLICABLE	
Driver Prior Action Other			
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name [REDACTED]	Owner Address [REDACTED]	
UNIT 01	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT 01	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual [REDACTED]	
UNIT INDIVIDUAL	Individual		
	Driver [REDACTED]	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN
	Address [REDACTED]	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 01	Safety Equipment		
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
UNIT 001	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 INDIVIDUAL	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 TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
01 001	Drug Type					
	Individual Condition APPEARED NORMAL					
	Individual					
	Passenger [REDACTED]		Citations Issued 0		Sex MALE	
			Date of Birth [REDACTED]		Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN	
	Address [REDACTED]		Driver License Number			
	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			
01 002	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	

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT INDIVIDUAL	Distracted By Distracted By Source	
	Distracted By Action	
	Non Motorist	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	Drug & Alcohol	Suspected Alcohol Use Suspected Drug Use NO NO
	Alcohol Test Given	Alcohol Test Type Alcohol Test Results TEST NOT GIVEN
	Drug Test Given	Drug Test Type Drug Test Results TEST NOT GIVEN
	Drug Type	
Individual Condition APPEARED NORMAL		
UNIT INDIVIDUAL	Individual	
	Passenger [REDACTED]	Citations Issued Sex 0 MALE
		Date of Birth Race [REDACTED] ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN
	Address [REDACTED]	Driver License Number
UNIT INDIVIDUAL	Safety Equipment On Duty Crash Safety Equipment	
	Row Seat Position 02 - SECOND ROW 09 - RIGHT	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 EMS Run # NOT TRANSPORTED	
Hospital Date of Death Time of Death		
Distracted By Distracted By Source		

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	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	Individual		
	Citations Issued 0	Sex FEMALE	
	Date of Birth [REDACTED]	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN	
	Address [REDACTED]	Driver License Number	
	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	Helmet Compliance
	Helmet Use	Tint Compliance	
	Eye Protection	Airbag NON DEPLOYED	
	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	
Distracted By	Distracted By Source		
Distracted By Action			

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UNIT INDIVIDUAL 01 004	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 02	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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 3	
	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 CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle					
	License Plate Number [REDACTED]		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number [REDACTED]		Make TOYOTA	Year 2022	Model RAV4	
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	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 NOT TOWED		Vehicle Removed By OWNER				

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UNIT VEHICLE	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02 02	Owner Name	Owner Address	
	[REDACTED]	[REDACTED]	
Sequence Of Events			
01 02 03 04	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company ERIE-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	
02 005	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 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
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit #	Location

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UNIT	INDIVIDUAL		
	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		
	02	005	