WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overric	da Driman, Craab I	Dearmont #	ΙΔ	· O	Investigating	Officer/Deput	, ,	
Document Number Overno	riilliary Crash i	Primary Crash Document #		0 ,		Investigating Officer/Deputy OFFICER H. GUREL		
Crash Date 01/21/2024	Crash Time 07:40 PM		Date A 01/21		Time Arrived 07:55 PM			
Date Notified	Time Notified		Total U		Total Injured	T-4-1 I/:I	11	
01/21/2024	07:51 PM		02	inits	00	Total Kil	iea	
On Emergency	Hit and Run	✓ Lane Clos		Work Zone		or Towed	Reporting Threshold	
Government Property	Active So	chool Zone	School NO	Bus Related	Tags			
▼ Reportable	Crash Type DT4000 (STA	NDARD CRAS	H)		Amend	ed	Secondary Crash	
Description								
Diagram						Reconstruction		
						Photos By		
, nr	Impara = 00 /							
-	Iniversity A	7AG	*DI	AGRAM NOT N	IS STATE OF THE ST			
M			DRA	WN TO SCALE*		Additional Inf	ormation	
A	01	We see the second section of		PO GUREL	The same of	PHOTOS	omaton	
ê	printed to the business.			0 001122				
9					THE PARTY OF THE PARTY OF			
J)		-	-					
(C)	Ö		*					
5				Will control	No. 10 10 10 10 10 10 10 10 10 10 10 10 10			
N Midvale B	The state of the s	02	07	A second	And the second			
				d 1000	100 to 10			
3			-	100	←			
	1			-				
			12	Carron				
K				a. 100 /				
	0 0							
	4 17.6							
	TOTAL SEAL OF	Laurence Laurence						
+	43.5			MARKAY AND LOCAL				
1	The state of the s	Secretary Van		O .	a position of the			
MS	→	ofin(U	versi	ty Ave				
		0000	2000	00000				
I. a sworn law enfo	orcement officer. agr	ee that I have r	not adde	d anv CJIS data in t	his 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.

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location									
INTERSECTION ON UNIVERSITY AVE/ CT	HMS WB				Latitude 43.07530	Longitude -89.451067004			
AT N MIDVALE BLVD IN THE VILLAGE OF SHO IN DANE COUNTY	REWOOD HILLS				X Coordinate Y Coordinate 300457.53125 4772093.5				
IN DANE GOOK!!					Structure NO STR	Type UCTURE			
Crash Scene									
First Harmful Event					First Harm	ıful Event L	ocation		
MOTOR VEH IN TRANSP	ORT				ON ROA		ocation		
Manner of Collision	Manner of Collision								
03 - FRONT TO REAR						GHTED			
Road Surface Condition(s)					Roadway	Factor(s)			
ICE									
Environment Factor(s)									
NONE					NONE				
Weather Condition(s)									
CLEAR									
Animal Type						o Trafficwa	•		
					TRAFFIC				
Crash Classification - Location PUBLIC PROPERTY					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION				
Tribal Land					Access Control Special Study NO CONTROL				
Within Interchange Area	Junction Location			Intersection	n Type				l
NO	INTERSECTION			FOUR-W	AY INTER	RSECTIO	N		
Closure Type		R	Reasor	ns for Closu	ire				
LANE CLOSURE	T	— .	A \ A / I	ENEODO		OW TOU	01/		
Date Initial Lane/Rd Closed 01/21/2024	Time Initial Lane/Rd Closed 07:40 PM		_AVV I	ENFORCE	EMENT, TOW TRUCK				
Date All Lanes Open	Time All Lanes Open 10:02 PM			cene Cleare	_				
01/21/2024	10:02 PW)1/22/	2024	10:02 PM				
Unit Summary Unit Status		\/ehicle	o Oner	ating As Cl	assification		Unit Type		
IN TRANSIT		D CLA	-	attrig As Ci	assilication		Unit Type AUTOMOBILE		
Vehicle Type		12 02			Operating As Endorsements			nents	
(SPORT) UTILITY VEHICI	LE								
Total Occs	Train/Bus # Recorded	Total #	Citati	ons Issued		Total Tra	ilers	Total Haz	Mat Types
4		0				0		0	
Insurance? YES	Direction Of Travel WESTBOUND			rashTire Mark		Speed Li	mit	Total Lan	es
Most Harmful Event: Collision		Specia				33	Emergency I		cle Use
MOTOR VEH IN TRANSP				AL FUNC	TION		NOT APPL		
Traffic Way		Traffic	Contro	ol			Traffic Contr	ol Inoperat	ive/Missing
DIVIDED HWY W/O TRAF	FIC BARRIER	TRAF	FIC S	IGNAL			NO		
Surface Type		Road C					Road Grade		
BLACKTOP (BITUMINOU	S)	CURV	/E LE	FT			LEVEL		
Truck Bus or HazMat NO									
Vehicle									
License Plate Number		Plate AUT		гомовіц	E	St WI	Country of Iss		
Vehicle Identification Nur	mber	Make				Year	Model		
07		HYUI	NDAI			2020	KONA		

5

5

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Color		Body Style		Bus Use		
		RED - RED		UT - SPORT UTILIT	Y VEHICLE			
	ш	Initial Contact Point		Vehicle Damage				
⊢	C.	11 - LEFT FRONT CORNER					7 8 9 10 11	
UNIT	¥	Extent Of Damage		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER,				
)	VEHICL	FUNCTIONAL DAMAGE		12 - FRONT			5 4 3 2 1	
	_	Towed Due To Damage		Vehicle Removed By				
		TOWED BUT NOT DUE TO D	DISABLING DAMAG	OWNER				
		What Driver Was Doing		Vehicle Factors				
		CHANGING LANES		T dimens i deciens				
		Driver Prior Action Other		NOT APPLICABLE				
		Billy of The Theaten Care						
		Driver Actions		<u>l</u>				
	111	NO CONTRIBUTING ACTION	ı					
_	VEHICLE							
UNIT	¥							
)	Ē							
	>							
		Owner Name		Owner Address				
		Owner Name		Owner Address				
01	01							
		Sequence Of Events						
	01	Event MOTOR VEH IN TRANSPOR	т					
)							
	02	Event						
	0							
	03	Event						
	0							
	04	Event						
	0							
_	1	Policy Holder						
UNIT		Insurance Company		Individual				
		AMERICAN-FAMILY-INS-CO						
		Individual						
		Driver		Citations Issued	Sex			
		Dilvei		0	FEMALE			
	A			Date of Birth	Race			
	DUAL	<u> </u>		Date of Birtin		TIVE HAWAIIAN O	R OTHER PACIFIC ISLAN	
¥	M	Address		Driver License Number	er			
N	INDIVI	Address		Driver Electise (Validation	OI			
	Z			STATE: WISCONS	SIN COUNTRY: UN	ITED STATES		
		On Duty Cra	ash	Safety Equipment				
	Saf	fety Equipment		Calcty Equipment				
	1	Row	Seat Position	SHOULDER & LA	P RFI T			
		01 - FRONT ROW	07 - LEFT	OHOOLDER & LA	u DELI			
		Helmet Use	0	Helmet Compliance				
		Tromise 555		Troilliot Compilation				
		Eye Protection		Tint Compliance				
		1 ,		Tink Joinpliance				
_	_	I Iniury Sever	rity	Airbag				
01	001	Injury Sever	ity RENT INJURY	Airbag NON DEPLOYED				
01	001	<i>Injury</i> NO APPA	rity RENT INJURY ection Path	Airbag NON DEPLOYED		Trapped/Extricated		
10	001	Injury NO APPA	RENT INJURY ection Path	NON DEPLOYED		Trapped/Extricated		
10	001	Injury NO APPA	RENT INJURY	NON DEPLOYED	ır	Trapped/Extricated NOT TRAPPED EMS Run #		

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death		Time of Death		
		Distracted By	NOT APPLIC	ource ABLE (NOT DISTRAC	CTED)				
		Distracted By Action NOT DISTRACTED)						
		Non Motorist	Striking Unit #	Location					
		Prior Action		<u> </u>					
		Action							
	JAL								
LNO	INDIVIDUAL								
	N N								
		A atiana Othana						T-/ O-b	
		Action Other						To/From School	
	L	Orug & Alcohol	Suspected Alco 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			
5	001	Drug Type		1		•			
		Individual Condition							
		APPEARED NORM	IAL						
	ı	Individual							
	_	Passenger			Citations Issued 0	Sex MALE			
_	DIVIDUAL				Date of Birth	Race ASIAN OR NAT	IVE HAWAIIAN OR O	THER PACIFIC ISLAN	
LNO		Address			Driver License Number	er			
	Z								
	Sat	ety Equipment	On Duty Crash		Safety Equipment				
		Row 01 - FRONT ROW		at Position - RIGHT	SHOULDER & LAP BELT				
		Helmet Use		-	Helmet Compliance				
		Eye Protection			Tint Compliance				
5	005	Injury	Injury Severity NO APPAREI	NT INJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejectio	n Path EJECTED/NOT APPL	ļ		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORT	<u> </u>		EMS Agency Identifier	r	EMS Run #		
		Hospital			Date of Death		Time of Death		
					1		l		

WISCONSIN MOTOR VEHICLE CRASH REPORT

								` ,	
		Distracted By	stracted By Source						
		Distracted By Action							
	ļ	Non Motorist	riking Unit #	Location					
		Prior Action							
		Action							
	AL								
LIND	/IDU								
_	INDIVIDUAL								
		Action Other						To/From School	
		Drug & Alcohol N	uspected Alcohol U	se	Suspected Drug Use				
	-								
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	<u> </u>		
_	2	Drug Type							
6	005								
		Individual Condition							
		APPEARED NORMA	L						
	i	ndividual							
		Passenger			Citations Issued 0	Sex MALE	Sex MALE		
	INDIVIDUAL				Date of Birth	Race ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN			
	MD	Address			Driver License Number		IVE HAVVAIIAN OR O	THEN PACIFIC ISLAN	
\neg	N	, idan soo							
	_								
	Saf	ety Equipment	n Duty Crash		Safety Equipment				
		Row 02 - SECOND ROW	Seat Po		SHOULDER & LAI	P BELT			
		Helmet Use		<u>- </u>	Helmet Compliance				
		Eye Protection			Tint Compliance				
7	003	Injury N	jury Severity O APPARENT II	JURY	Airbag NON DEPLOYED				
		Ejected	Ejection Pat	th			Trapped/Extricated		
		NOT EJECTED	NOI EJE	CTED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORTE)		EMS Agency Identifier	Г	EMS Run #		
		Hospital			Date of Death		Time of Death		
		Distracted By	stracted By Source		<u> </u>		<u> </u>		

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Distracted By Action					
		Non Motorist Striking	Unit # Location				
		Prior Action					
! 		Action					
	INDIVIDUAL						
LNO	<u>ا</u>						
5	\geq						
	Ä						
		Action Other					To/From School
		7 totion other					16/116/11 Concor
	,	Suspec	ted Alcohol Use	Suspected Drug Use			
	L	Drug & Alcohol NO	T	NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Ty	pe		Alcohol Test Results	
		Drug Test Given	Drug Test Type		Drug Test Results	<u> </u>	
		TEST NOT GIVEN					
2	003	Drug Type	•				
	0						
		Individual Condition					
		APPEARED NORMAL					
	ı	Individual					
				Citations Issued 0	Sex FEMALE		
	INDIVIDUAL			Date of Birth	Race		
⊨	שו				ASIAN OR NAT	TIVE HAWAIIAN OR (OTHER PACIFIC ISLAN
L	2	Address		Driver License Number			
	_						
	=						
	=						
		On Duty	/ Crash	Safety Equipment			
•		fety Equipment			BELT		
•		fety Equipment Row 02 - SECOND ROW	Crash Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP	BELT		
		fety Equipment Row	Seat Position		BELT		
		Row 02 - SECOND ROW Helmet Use	Seat Position	SHOULDER & LAP Helmet Compliance	BELT		
		Row 02 - SECOND ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	SHOULDER & LAP Helmet Compliance Tint Compliance	BELT		
01	Sat	Row 02 - SECOND ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag	BELT		
01		Row 02 - SECOND ROW Helmet Use Eye Protection Injury St.	Seat Position 07 - LEFT everity PARENT INJURY	SHOULDER & LAP Helmet Compliance Tint Compliance	BELT	Trapped/Extricated	
01	Sat	Row 02 - SECOND ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	BELT	Trapped/Extricated NOT TRAPPED	
01	Sat	Row 02 - SECOND ROW Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	BELT		
01	Sat	Row 02 - SECOND ROW Helmet Use Eye Protection Injury S NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	BELT	NOT TRAPPED EMS Run #	
01	Sat	Row 02 - SECOND ROW Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	BELT	NOT TRAPPED	
01	Sat	Row 02 - SECOND ROW Helmet Use Eye Protection Injury Injury St NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	BELT	NOT TRAPPED EMS Run #	
01	Sat	Row 02 - SECOND ROW Helmet Use Eye Protection Injury S NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	BELT	NOT TRAPPED EMS Run #	

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		_							
		Non Motorist	Striking Unit #	Location					
		Prior Action							
 		Action							
_	INDIVIDUAL								
L	₹ E								
	Ā								
	=								
		Action Other						To/From School	
		Trought Guildi						15/116III College	
	ı	Drug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO				
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN		Drug Test Type		D T4 D !4-			
		Drug Test Given TEST NOT GIVEN		Diug Test Type		Drug Test Results	•		
01	004	Drug Type		l					
	0								
		Individual Condition							
		APPEARED NORM	/IAL						
l	Uni	t Summary ■							
	Unit	Status			ehicle Operating As Classi	fication	Unit Type		
	IN TRANSIT Vehicle Type			D	CLASS		AUTOMOBILE Operating As Endorsements		
05		ORT) UTILITY VEHI							
	Tota 1	l Occs	Train/Bus # Re	corded To	otal # Citations Issued	Total Trail	ers Total Haz	zMat Types	
		rance?	Direction Of Tra		_ Pre CrashTire	Speed Lim	-	nes	
LNI	YES		WESTBOUN		Mark Decial Function	35	3	iolo I loo	
5		: Harmful Event: Collision TOR VEH IN TRANS			O SPECIAL FUNCTIO	N	Emergency Motor Vehicle Use NOT APPLICABLE		
		ic Way			raffic Control		Traffic Control Inoperative/Missing		
		DED HWY W/O TRA	AFFIC BARRIER		RAFFIC SIGNAL pad Curvature		NO Road Grade	Grade	
		CKTOP (BITUMING	DUS)	С	URVE LEFT		LEVEL		
	Truc NO	k Bus or HazMat							
	,	Vehicle							
		License Plate Number	•		Plate Type	St	Country of Issuance		
۵.		Vehicle Identification N	Number		AUT - AUTOMOBILE Make	WI Year	UNITED STATES Model		
05	02				ОУОТА	2022	RAV4		
		Color BLK - BLACK			Body Style JT - SPORT UTILITY V	/EHICLE	Bus Use		
_	щ	Initial Contact Point			ehicle Damage			7 8 9 10 11	
LNO	VEHICLE	05 - RIGHT REAR Extent Of Damage	CORNER		04 - RIGHT SIDE REA	R, 05 - RIGHT R	EAR CORNER,	6 8 12	
)	ΛĒ	FUNCTIONAL DA			06 - REAR			5 4 3 2 1	
		Towed Due To Damaç NOT TOWED	ge		ehicle Removed By				
				1 7					

Crash Date 01/21/2024 Crash Time 07:40 PM

WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doin			V	ehicle Factors				
		STOP IN TRAFFIC				NOT APPLICABLE				
		Driver Prior Action Oth	ier		Į.	OT AFFEIGABLE				
		Driver Actions								
.	쁘	NO CONTRIBUTION	IG ACTIO	ON						
E I	VEHICLE									
7	VE!									
		Owner Name				Owner Address				
07	02									
		Sequence Of Event	ents/							
	01	MOTOR VEH IN TE	RANSPO	RT						
	02	Event								
	03	Event								
	04	Event								
.		Policy Holder								
E N	Ī	Insurance Company				Individual				
_		ERIE-INS-CO								
	I	ndividual				Torus I	Lo			
		Driver			Citations Issued 0	Sex FEMALE				
	INDIVIDUAL					Date of Birth				
F		Address				Driver License Number	WHITE			
5		Address								
	=					STATE: WISCONS	SIN COUNTRY: UN	ITED STATES		
			On Duty (Crash		Safety Equipment				
	Saf	ety Equipment	On Duty (Jidon .		Salety Equipment				
		Row		Seat Po		SHOULDER & LA	P BELT			
		01 - FRONT ROW Helmet Use		07 - LE	:F1	Helmet Compliance				
						Trainer Compilance				
		Eye Protection				Tint Compliance				
05	900		Injury Sev	•	LUDY	Airbag				
	0	Ejected		ARENT IN		NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED			CTED/NOT APPL	ICABLE		NOT TRAPPED		
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifie	r	EMS Run #		
		Hospital				Date of Death		Time of Death		
		Distracted By	NOT AP	By Source	E (NOT DISTRAC	CTED)				
		Distracted By Action NOT DISTRACTED)							
		Non Motorist	Striking U	nit#	Location					

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 01/21/2024

Crash Time 07:40 PM

ı		D: 4.0					
		Prior Action					
!		A C					
		Action					
	A						
 _	Ď						
LNO	9						
⊃	\leq						
	INDIVIDUAL						
ł		Action Other					To/From School
ł		Suspected Alcohol U	lse	Suspected Drug Use			
	L	Drug & Alcohol NO		NO			
l		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
l		Drug Test Given	Drug Test Type		Drug Test Results		
		TEŠT NOT GIVEN					
05	900	Drug Type	•		•		
0	0						
		Individual Condition					
		APPEARED NORMAL					
		AFFEARED NORMAL					
1							