

5QL2M2T5JV
24-37204

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 SERGEANT N. DODSWORTH	
Crash Date 01/26/2024		Crash Time 03:25 PM	Date Arrived 01/26/2024	Time Arrived 03:31 PM	
Date Notified 01/26/2024		Time Notified 03:27 PM	Total Units 01	Total Injured 00	Total Killed 00
<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 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 DODSWORTH
		Additional Information PHOTOS

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

ON THE ABOVE DATE AND TIME I WAS DISPATCHED TO A SINGLE VEHICLE ACCIDENT. I ARRIVED AT 3750 UNIVERSITY AVE, UW CREDIT UNION. I OBSERVED A GREEN SUBARU ON THE SIDEWALK IN FRONT OF THE BUSINESS. THE VEHICLE HAD STUCK A HANDICAP PARKING SIGN AND A BENCH ON THE SIDEWALK. I MADE CONTACT WITH THE DRIVER AND PASSENGER. THE DRIVER STATED SHE WAS UNFAMILIAR WITH THE VEHICLE AND THOUGHT SHE HAD THE CAR IN PARK BUT IT WAS STILL IN DRIVE. THE VEHICLE WENT FORWARD OVER THE CURB STUCK A HANDICAP SIGN AND THEN A BENCH. THE VEHICLE WAS REMOVED BY THE OPERATOR. UW EMPLOYEE ██████████ WAS CONTACTED AND GIVEN INFO.

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Location

PARKING LOT UNIVERSITY AVE/ CTHMS NB LOT 3750 (FIRE 3750) IN THE VILLAGE OF SHOREWOOD HILLS IN DANE COUNTY	Latitude 43.076232852	Longitude -89.451421387
	X Coordinate 300431.6875	Y Coordinate 4772197
	Structure Type FIRE	

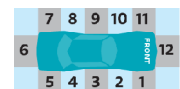
Crash Scene

First Harmful Event OTHER POST, POLE OR SUPPORT		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAWN	
Road Surface Condition(s) WET, SLUSH		Roadway Factor(s) NONE	
Environment Factor(s) WEATHER CONDITIONS			
Weather Condition(s) CLOUDY, RAIN			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY		Crash Classification - Jurisdiction PRIVATE PROPERTY	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit N/A	Total Lanes 0	
	Most Harmful Event: Collision With OTHER POST, POLE OR SUPPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number [REDACTED]	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number [REDACTED]	Make SUBARU	Year 2012	Model OUTBACK 2.
		Color GRN - GREEN	Body Style SW - STATIONWAGON		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 12 - FRONT		
Extent Of Damage MINOR DAMAGE					



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing PARK MANEUVER		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
01 01	Owner Name [REDACTED]		Owner Address [REDACTED]		
	Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT	Policy Holder				
	Insurance Company STATE-FARM-CLASSIC-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: WASHINGTON COUNTRY: UNITED STATES		
01 001	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					

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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					
		Individual					
		[REDACTED]		Citations Issued 0	Sex FEMALE		
		[REDACTED]		Date of Birth [REDACTED]	Race WHITE		
Address [REDACTED]		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES					
01	002	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			
		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							
Non Motorist		Striking Unit #		Location			

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		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					
		01	002				

Property Owner

PROP OWNER 01	ORGANIZATION/COMPANY	Address
	[REDACTED]	[REDACTED]

Fixed Objects Struck

01	Striking Unit 01	Struck Object OTHER POST, POLE OR SUPPORT	Structure Number	Damage Tag Number 1
	Striking Unit 01	Struck Object OTHER OBJECT - NOT FIXED	Structure Number	Damage Tag Number 2