WISCONSIN MOTOR VEHICLE CRASH REPORT

SHOREWOOD HILLS POLICE DEPARTM 810 SHOREWOOD BOULEVARD MADISON, WI 53705

					(606) 267-11
Document Number Override	Primary Crash Document #	Agency Crash Number 24-99416	Investigating Officer/Deputy OFFICER H. GUREL Time Arrived 04:13 PM		
Crash Date 03/08/2024	Crash Time 04:07 PM	Date Arrived 03/08/2024			
Date Notified 03/08/2024	Time Notified 04:10 PM	Total Units 02	Total Injured 00	Total Killed	
On Emergency Hi	t and Run	osure Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active School Zone	School Bus Related NO	Tags		
▼ Reportable	Crash Type DT4000 (STANDARD CRA	SH)	Amended	ı	Secondary Crash
Description Diagram			Re	econstruction By	_ Crasn



Additional Information **PHOTOS**

Photos By

THE DRIVER OF UNIT 1 WAS DISTRACTED BY PUTTING HER PHONE DOWN PER HER STATEMENT. SHE SAW TRAFFIC MOVING SLOWLY AND BEGAN TO SLOW DOWN. THE DRIVER OF UNIT 1 SHE SAID SHE MAY HAVE HIT THE GAS WHEN SHE TRIED TO BRAKE. THE FRONT OF UNIT 1 HIT THE REAR OF UNIT 2 CAUSING IT TO ROLL FORWARD. THE DRIVER OF UNIT 2 WAS OPERATING NORMALLY AND PLAYED NO ROLE IN CAUSING THE ACCIDENT. UNIT 1 HAD AIRBAG DEPLOYMENT AND DAMAGE TO THE FRONT BUMPER, HOOD, AND FENDERS. UNIT 2 HAD DAMAGE TO THE REAR HATCH AND REAR BUMPER. THE DRIVER OF UNIT 1 CLAIMED NO INJURIES AND DENIED EMS. THE DRIVER OF UNIT 2 SAID SHE HAD NO INJURIES. THE DRIVER OF UNIT 1 WAS ISSUED A WRITTEN WARNING FOR INATTENTIVE DRIVING DUE TO HER STATEMENT. PHOTOS ARE ATTACHED TO THIS CASE FILE

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Location									
ON UNIVERSITY AVE/ CTHMS WB								Longitud	le
101 FT E					43.075306164 -89.450768401				768401
OF N MIDVALE BLVD					X Coordinate Y Coordinate			inate	
IN THE VILLAGE OF SHOREWOOD HILLS IN DANE COUNTY					300481.84375 4772092.5				
IN DANE COUNTY				-	Structure T	ype		1	
					NO STRU				
Crook Coops									
Crash Scene									
First Harmful Event	0.0.7				First Harmi		Location		
MOTOR VEH IN TRANSP	ORI				ON ROADWAY				
Manner of Collision					Light Condition				
03 - FRONT TO REAR					DAYLIGH				
Road Surface Condition(s)					Roadway F	actor(s)			
WET									
Environment Factor(s)									
NONE					NONE				
Weather Condition(s)									
CLOUDY, RAIN									
Animal Type					Relation To	Trafficw	ay		
					TRAFFIC	WAY - (ON ROAD		
Crash Classification - Location					Crash Classification - Jurisdiction				
PUBLIC PROPERTY					NO SPECIAL JURISDICTION				
Tribal Land					Access Control Special Study NO CONTROL				
Within Interchange Area	Junction Location		Ti	ntersectior					
NO	NON-JUNCTION				INTERSE	CTION			
Closure Type		ΙR		s for Closu					
LANE CLOSURE				0.000					
Date Initial Lane/Rd Closed	Time Initial Lane/Rd Closed	 _	AW E	NFORCE	MENT				
03/08/2024	04:13 PM	-		0					
Date All Lanes Open	Time All Lanes Open	D	ate Sc	ene Cleare	ared Time Scene Cleared				
03/08/2024	04:16 PM	0	03/08/2024 04:37 PM						
Unit Summary -									
Unit Status		Vehicle	Opera	ting As Cla	assification		Unit Type		
IN TRANSIT		D CLA	D CLASS		AUTOM		AUTOMOE	DBILE	
Vehicle Type							Operating As Endorsements		nents
(SPORT) UTILITY VEHICI	LE								
Total Occs	Train/Bus # Recorded	Total #	tal # Citations Issued		Total Tr		ailers	Total HazMat Types	
1		0			0			0	
Insurance?	Direction Of Travel			rashTire			imit	Total Lanes	
YES	WESTBOUND			lark	35			3	
Most Harmful Event: Collision		Special			FUNCTION		Emergency Motor Vehicle Use		cle Use
MOTOR VEH IN TRANSP	ORT								
Traffic Way		Traffic (Traffic Control Inoperative/Missing			ive/Missing	
				CONTROL			NO		
1				ad Curvature			Road Grade		
BLACKTOP (BITUMINOUS) STRA							LEVEL		
Truck Bus or HazMat									
Vehicle		Diata 7	Type		ı	St	Country of loa	uanco	
License Plate Number			Plate Type AUT - AUTOMOBILE			St Country of Issuance WI UNITED STATES			
Vehicle Identification Nur	mher	Make	, ۱	J UDIL	_	Year	Model Model		
-)		2019 ESCAPE				

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		Color	Ī	Body Style		Bus Use				
				UT - SPORT UTILITY	VEHICLE					
	ш			Vehicle Damage						
 	긋	40		· ·	ODNED 02 DIG	LUT CIDE	7 8 9 10 11			
UNIT	¥	Extent Of Damage	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT							
╸	VEHICL			CORNER, 12 - FRON			5 4 3 2 1			
		Towed Due To Damage V		/ehicle Removed By						
		TOWED DUE TO DISABLING	G DAMAGE	OWNER						
		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	щ	OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER								
UNIT	VEHICLE									
5	표									
	7									
		Owner Name		Owner Address						
10	6									
	J									
	,	Sequence Of Events Event								
	2	MOTOR VEH IN TRANSPOR	RT							
		Event								
	05	Event								
		Event								
	03									
	_	Event								
	04									
.		Policy Holder								
UNIT		Insurance Company		INDIVIDUAL						
5		AMERICAN-FAMILY-INS-CO)							
		Individual								
		DRIVER		Citations Issued	Sex					
				0						
	₹			Date of Birth	Race					
 	DUAL				TIVE HAWAIIAN OR OTHER PACIFIC ISLAN					
N O	Ī	Address		Driver License Number						
)	INDIN			STATE: WISCONSIN COUNTRY: UNITED STATES						
	=			STATE: WISCONSI	N COUNTRY: UN	HED STATES				
	Cod	On Duty Cr	ash	Safety Equipment						
	Sai	fety Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use		Helmet Compliance						
		Ducto di cu		T: 10 !!						
		Eye Protection	Tint Compliance							
	_	Injury Seve	ritv	Airbag						
01	00		RENT INJURY	DEPLOYED-FRONT						
		1107417	ection Path			Trapped/Extricated				
		l '	OT EJECTED/NOT APP	LICABLE		NOT TRAPPED				
		Medical Transport		EMS Agency Identifier		EMS Run #				
		NOT TRANSPORTED								

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Crash Date 03/08/2024

Crash Time 04:07 PM

		Hospital			Date of Death	Time of De	Time of Death				
		Distracted By Source HAND-HELD MOBILE PHONE									
		Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)									
		Non Motorist	king Unit #	Location							
		Prior Action		L							
		Action									
	JAL										
LNO	INDIVIDUAL										
	INDI										
		Action Other							To/From School		
	L	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO				l		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Tes	Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN	t Given Drug Test Typ		Drug Test Results		esults	s			
5	001	Drug Type									
	•	Individual Condition									
		EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)									
	Unit	t Summary									
		Status		l Ve	ehicle Operating As Classi	fication	Unit Type				
					CLASS	1	DII E				
		RANSIT		טן	CLASS		AUTOMOBILE				
05		cle Type ORT) UTILITY VEHICLE	.					Operating As Endorsements			
	Total	al Occs Train/Bus # Record		corded To			Trailers	Total HazN	lat Types		
	Insur	surance? Direction Of Trav		ivel	Pre CrashTire	Speed	d Limit	Total Lane	S		
LNO	YES				Mark	35	Fmargana	3	la l la a		
5	МО				Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way			affic Control			Traffic Control Inoperative/Missing			
					O CONTROL			NO Road Grade			
					pad Curvature TRAIGHT						
				3	IRAIGHI	LEVEL	LEVEL				
	NO	N Dus of Flaziviat									
	,	Vehicle									
				Plate Type AUT - AUTOMOBILE	St WI		Country of Issuance UNITED STATES				
٠.		Vehicle Identification Number			Make	Year	Model				
05	02				MERCEDES BENZ	2020					
		Color			Sody Style	/EUIOL E	Bus Use				
		BLK - BLACK		Į	JT - SPORT UTILITY V	EHICLE	1				

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LIND	VEHICLE	Initial Contact Point 06 - REAR Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 7 8 9 10 11 O5 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER 12 12 5 4 3 2 1					
	>	Towed Due To Damage		Vehicle Removed By					
		NOT TOWED		OWNER					
		What Driver Was Doing	V	/ehicle Factors					
		GOING STRAIGHT Driver Prior Action Other	N	NOT APPLICABLE					
	E	Driver Actions NO CONTRIBUTING ACTI	ON .						
LIND	VEHICL								
05	02	Owner Name		Owner Address					
		Sequence Of Events							
	01	Event MOTOR VEH IN TRANSPO	ORT						
	02	Event							
	03	Event							
	04	Event							
		Policy Holder							
\		Insurance Company		INDIVIDUAL					
LIND		SELECTIVE-INS-CO-OF-A	MERICA	INDIVIDUAL					
	ı	ndividual							
		DRIVER		Citations Issued					
	_			0	FEMALE				
⊨	IDIVIDUAL			Date of Birth	Race AMERICAN INC	DIAN OR ALASKAI	N NATIVE		
E I	\leq	Address		Driver License Number	•				
	IN			STATE: WISCONSI	N COUNTRY: UNI	TED STATES			
	Sat	On Duty fety Equipment	Crash	Safety Equipment					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT				
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
05	002	Injury Se	verity PARENT INJURY	Airbag NON DEPLOYED					
		Ejected	Ejection Path			Trapped/Extricated			
			NOT EJECTED/NOT APPL			NOT TRAPPED			
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital			Date of Death		Time of Death			

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Crash Time 04:07 PM

		Distracted By	Distracted By Source NOT APPLICABL	E (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
LIND	INDIVIDUAL							
	IND							
		Action Other						To/From School
			Suspected Alcohol U		Suspected Drug Use			
	L	Drug & Alcohol	NO	se	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	l	
05	002	Drug Type						
		Individual Condition						
		APPEARED NORM	MAL					