

Wisconsin Motor Vehicle Accident Report

Police No. 06-141835

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks

Reportable Accident

County MUN/TWP

13 73

Accident Date

MONTH DAY YEAR
25 06

Time of Accident (Military Time)

HOUR MIN
08 30

Total Number

UNITS INJURED KILLED
0 10 100

Hit & Run Y N Unit #

Government Property Y N

Fire (Narrative) Y N

Photos Taken (Narrative) Y N

Trailer or Towed (Narrative) Y N

Truck or Bus (Last Page) Y N

Load Spillage Y N

Construction Zone Y N

Names Exchanged Y N

Sheet No. Of

1 1

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

LATITUDE (GPS) Degrees: Minutes: Seconds: LONGITUDE (GPS) Degrees: Minutes: Seconds:

ON Hwy No. and / Street Name: 910 Ann St

Estimated FT. MI. FROM/AT

House # Utility # Fire # Railroad # Other Agency Space Special Study

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2	3	3	W	2	3	3	W
5	6	6	Other	6	7	7	Other
9	10		S	9	10		S

Speed Limit	OPERATOR Last NAME	First	M.I.	Speed Limit	OPERATOR Last NAME	First	M.I.
0	25	Mejia-Mayta	Alejandro	0			
1	ADDRESS	Street & Number		1	ADDRESS	Street & Number	
2	1509	Brynwood Dr		2			
3	City & State	ZIP	Phone Number	3	City & State	ZIP	Phone Number
4	Madison WI	53716	608 669 7311	4			
5	Driver's License Number	State	Exp. Year	5	Driver's License Number	State	Exp. Year
6	NA	WI	2010	6			

Date of Birth	Sex	Operating as Classified:	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as Classified:	Class (Mark Only One)	Endorse (Mark All That Apply)
08-01-61	M	Operating as CMV	3	3					
On Duty Accident	Police	EMT/First Responder	Fire Fighter	Winter Hwy Maintenance	On Duty Accident	Police	EMT/First Responder	Fire Fighter	Winter Hwy Maintenance

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Medical Transport	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Medical Transport
A	1	9	3	3	3						

TRAPPED/EXTRICATED: Not Applicable, Trapped/Extricated, Trapped/Not Extricated, Unknown, Medical Transport

Vehicle Owner: Same, Last Name, First, M.I. WFS Financial Inc

Street Address: 6061 N State Highway 161, Irving TX 75038

Year of Vehicle: 2005, Make: Dodge, Model: Neon, Body Style: 4DR, Color: WHT

Vehicle ID Number: 1B3ES56C25D129633

License Plate Number: -

Policy Holder's Name: American Family Life Insurance Company, Stat. # 343.44(1)(b)

Occupant Unit Number	NAME last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1									2
2									2
3									3
4									4

Address Same as Operator: EJECTED, TRAPPED/EXTRICATED, Medical Transport, Agency Space

Police No. 06-141835
Date 11-25-06
Accident No. 309-5
Location 910 Ann St

MV4000 899

EMS Number MFD Rescue 6

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I.	Date of Birth	Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number		City & State		ZIP		
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected	3 Totally Ejected 4 Partially Ejected 5 Unknown	TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped	3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport Y N	Agency Space	

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I.	Date of Birth	Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number		City & State		ZIP		
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected	3 Totally Ejected 4 Partially Ejected 5 Unknown	TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped	3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport Y N	Agency Space	

Type of Accident

115 First Harmful Event

Most Harmful Event

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

(select one per vehicle)

Collision With Object Not Fixed

1	Motor Vehicle in Transport	1
2	Parked Motor Vehicle	2
3	Deer	3
4	Pedalcycle	4
5	Pedestrian	5
6	Railway Train	6
7	Other Animal	7
8	Motor Vehicle in Transport In Other Roadway	8
9	Other Object (Not Fixed)	9

Collision With Fixed Object

10	Traffic Sign Post	10
11	Traffic Signal	11
12	Utility Pole	12
13	Lum. Light Support	13
14	Other Post	14
15	Tree	15
16	Mailbox	16
17	Guardrail Face	17
18	Guardrail End	18
19	Median Barrier	19
20	Bridge Parapet End	20
21	Bridge/Pier/Abut.	21
22	Impact Attenuator	22
23	Overhead Sign Post	23
24	Bridge Rail	24
25	Culvert	25
26	Ditch	26
27	Curb	27
28	Embankment	28
29	Fence	29
30	Other Fixed Object	30
31	Unknown	31

Non-Collision

32	Overturn	32
33	Fire/Explosion	33
34	Immersion	34
35	Jackknife	35
36	Other Non-Collision	36

Driver Condition

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

Driver Factors (Or Pedestrians)

1	Appeared Normal	1
2	Reduced Alertness	2
3	Ability Impaired	3
4	Not Observed	4

Presence

5	Neither Alcohol nor Drugs Present	5
6	Yes—Alcohol Present	6
7	Yes—Drugs Present	7
8	Yes—Alcohol & Drugs Present	8
9	Unknown	9

Alcohol

AC Value	AC Value
10 Test Not Given	10
11 Test Refused	11
12 Test Given, Alcohol Unknown	12
13 Test Given, No Alcohol Reported	13

Drugs

14	Test Not Given	14
15	Test Refused	15
16	Test Given, Drugs Unknown	16
17	Test Given, No Drugs Reported	17
18	Drugs Reported (Specify Below)	18
19	Marijuana	19
20	Cocaine	20
21	Opiates	21
22	Amphetamines	22
23	PCP	23
24	Other Drug Medication	24
25	Type Unknown	25

Unit

Unit #	Location	Action
1	In Crosswalk	1 Walking not Facing Traffic
2	In Roadway	2 Disregarded Signal
3	Not in Roadway	3 Darting into Road
4	On Sidewalk	4 Dark Clothing
		5 Walking Facing Traffic

Manner of Collision

No Collision with Motor Vehicle in Transport

2	Rear-end	
3	Head On	
4	Rear to Rear	
5	Angle	
6	Sideswipe, Same Direction	
7	Sideswipe, Opposite Direction	
8	Unknown	

Unit

Darken Numbered Area(s) of Vehicle Damage

0 None	4 Severe
10 Undercarriage	5 Very Severe
11 Total (Damage to All Areas)	6 Unknown
12 Other	
13 Unknown	

Extent of Damage

0	None
1	Very Minor
2	Minor
3	Moderate
4	Severe
5	Very Severe
6	Unknown

Vehicle Towed Due to Damage: Y N

Vehicle Removed By: Schmidt's Towing

Unit

Darken Numbered Area(s) of Vehicle Damage

0 None	4 Severe
10 Undercarriage	5 Very Severe
11 Total (Damage to All Areas)	6 Unknown
12 Other	
13 Unknown	

Extent of Damage

0	None
1	Very Minor
2	Minor
3	Moderate
4	Severe
5	Very Severe
6	Unknown

Vehicle Towed Due to Damage: Y N

Vehicle Removed By: 17

82 Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
27	15		

Govt. Damage Tag # 83

PROPERTY Last City & Madison Forestry M.I.

OWNER 84 City & Madison Forestry

ADDRESS Street & Number 85 1402 Wingra Creek Pkwy

City & State 86 Madison WI ZIP 53715 Phone Number (608) 260-4816

Draw Diagram of Accident & Indicate North with an arrow in the circle.



Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact

Unit 1 Unit 2

FEET

Not to Scale

T tree

* crash

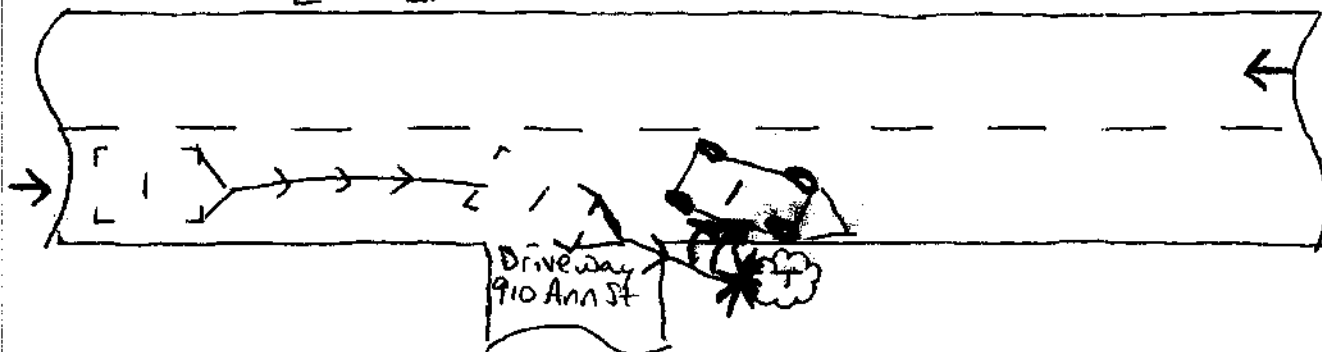
↗ ↘ vehicle rollover

→ → path driver

[] vehicle on wheels

▭ vehicle on roof

Surface Type: paved



N Unit 1 travelled WB on Ann St, hit right hand
A (passenger side) curb then struck tree outside
R of 910 Ann St. After crash with tree vehicle
R slowly rolled left (towards drivers side) 180° and
A ended up in roadway facing WB on roof.

T
I
V
E

WITNESS NAME	Last DeStreich	First Daryl	M.I.
ADDRESS	Street & Number 2425 Chalet Gardens Ct		
City & State	ZIP	Phone Number	Date of Birth
Fitchburg	NE 53711	(608) 843-7879	12-08-77

ACCESS CONTROL

- 1 No Control (Unlimited Access)
- 2 Full Control (Only Ramp Entry/Exit)
- 3 Partial Control

ROAD TERRAIN

Part A

- 1 Straight
- 2 Curve

Part B

- 1 Level/Flat
- 4 Hill

LIGHT CONDITION

- 1 Daylight
- 2 Dark--Not Lighted
- 3 Dark--Lighted
- 4 Dawn
- 5 Dusk
- 6 Unknown

TRAFFIC WAY

- 1 Not Physically Divided (2-Way Traffic)
- 2 Divided Highway, Median Strip, without Traffic Barrier
- 3 Divided Highway, Median Strip, with Traffic Barrier
- 4 One-Way Traffic
- 5 Parking Lot or Private Property

ROAD SURFACE CONDITION

- 1 Dry
- 2 Wet
- 3 Snow/Slush
- 4 Ice
- 5 Sand, Mud, Dirt, Oil
- 6 Other
- 7 Unknown

WEATHER

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke
- 6 Sleet, Hail (Freezing Rain or Drizzle)
- 7 Blowing Sand, Soil, Dirt, Snow
- 8 Severe Crosswinds
- 9 Other
- 10 Unknown

RELATION TO ROADWAY

- 1 On Roadway
- 2 Parking Lot or Private Property
- 3 Shoulder (Other Than Shoulder within Median or Gore)
- 4 Median (Other Than Median within Gore)
- 5 Outside Shoulder--Left
- 6 Outside Shoulder--Right
- 7 Off Roadway--Location Unknown
- 8 Gore (Area between Ramp & Highway)
- 9 On Ramp
- 10 Unknown

Photos By: JGS

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 11
<input type="radio"/> 12	<input type="radio"/> 12
<input type="radio"/> 13	<input type="radio"/> 13
<input type="radio"/> 14	<input type="radio"/> 14
<input type="radio"/> 15	<input type="radio"/> 15
<input type="radio"/> 16	<input type="radio"/> 16
<input type="radio"/> 17	<input type="radio"/> 17
<input type="radio"/> 18	<input type="radio"/> 18

Traffic Control

Unit Number	Unit Number
<input checked="" type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 11

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
N/A	N/A
1 Exceeding Speed Limit	1
2 Speed Too Fast/Condition	2
3 Fail to Yield Right of Way	3
4 Inattentive Driving	4
5 Following Too Close	5
6 Improper Turn	6
7 Left of Center	7
8 Disregarded Traffic Control	8
9 Improper Overtaking	9
10 Unsafe Backing	10
11 Failure to Have Control	11
12 Driver Condition	12
13 Physically Disabled	13
14 Other	14

Vehicle Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
N/A	N/A
1 Brake System	1
2 Tires	2
3 Steering System	3
4 Turn Signals	4
5 Head Lamps	5
6 Stop Lamps	6
7 Tail Lamps	7
8 Disabled in Prior Accident	8
9 Other Disabled	9
10 Mirrors	10
11 Suspension System	11
12 Other	12

Highway Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
N/A	N/A
1 Snow, Ice or Wet	1
2 Narrow Shoulder	2
3 Low Shoulder	3
4 Soft Shoulder	4
5 Loose Gravel	5
6 Rough Pavement	6
7 Debris From Prior Accident	7
8 Other Debris	8
9 Sign Obscured or Missing	9
10 Narrow Bridge	10
11 Construction Zone	11
12 Visibility Obscured	12
13 Other	13

OFFICER INFORMATION

Last	First	M.I.
Hilleman	Theresa	R
Law Enforcement Agency Address		
211 S Carroll St		
City & State		ZIP
Madison WI		53703
Phone Number		
(608) 266-4072 2108		
Agency #	Enforcement Agency	Officer ID #
06-11835	City of Madison PD	3231

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN	HOUR	MIN	MONTH	DAY	YEAR
Jan							Jan		
Feb	25	06	02	31	02	32	Feb		
Mar	0	0	0	0	0	0	Mar	0	0
Apr	1	1	1	1	1	1	Apr	1	1
May	2	2	2	2	2	2	May	2	2
June	3	3	3	3	3	3	June	3	3
July	4	4	4	4	4	4	July	4	4
Aug	5	5	5	5	5	5	Aug	5	5
Sept	6	6	6	6	6	6	Sept	6	6
Oct	7	7	7	7	7	7	Oct	7	7
Nov	8	8	8	8	8	8	Nov	8	8
Dec	9	9	9	9	9	9	Dec	9	9

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: *Did the accident involve...*

Part A

A truck with at least two axles and six tires? Y N

A truck with a hazardous materials placard? Y N

A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

Any injured person who required transport for immediate medical treatment? Y N

One or more vehicles that had to be towed from the scene as a result of the accident? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

- Hazardous Material Class Numbers (1-2digit):
- Hazardous Material "UN" Numbers (4 digit):
- Hazardous Material Placard Displayed? Y N
- Hazardous Cargo was Released? Y N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information	Carrier Identification Numbers	Source:
• Interstate Carrier? <input type="checkbox"/> Y <input type="checkbox"/> N	US DOT 140 LC	Vehicle Side
Carrier Name 139	ICC MC IC	Shipping Papers
	Carrier Address 142	Trip Manifest
		Driver
		Log Book

Vehicle Information	Gross Vehicle Weight Rating	Total # of Axles
Vehicle Configuration	133	1:1
1 Bus 2 Single unit truck, 2 axles, 6 tires 3 Single unit truck + 3 axles 4 Truck/Trailer 5 Truck/Tractor 6 Tractor Semi-Trailer 7 Tractor Doubles 8 Tractor Triples 9 Unknown Heavy Truck 10 Log Truck		
SEQUENCE OF EVENTS FOR THIS VEHICLE 1 2 3 4 Ran off Road 1 2 3 4 Jackknife 1 2 3 4 Overturn (Rollover) 1 2 3 4 Downhill Runaway 1 2 3 4 Cargo Loss or Shift 1 2 3 4 Explosion or Fire 1 2 3 4 Separation of Units 1 2 3 4 Collision Involving Pedestrian 1 2 3 4 Collision Involving Motor Vehicle in Transp. 1 2 3 4 Collision Involving Parked Motor Vehicle 1 2 3 4 Collision Involving Train 1 2 3 4 Collision Involving Pedalcycle 1 2 3 4 Collision Involving Animal 1 2 3 4 Collision Involving Fixed Object 1 2 3 4 Collision Involving Other Object 1 2 3 4 Other		
Cargo Body Type 1 Bus 2 Unenclosed box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage Refuse 9 Other 10 Log Truck		