

Wisconsin Motor Vehicle Accident Report

Police No. 06-142055

INSTRUCTIONS
 Please use a Black Ink Pen or #2 Pencil.
 Mark Areas as shown:
 Correct Mark ●
 Incorrect Marks ✗

County: **13**
 MUN/TWP: **73**

Accident Date
 MONTH DAY YEAR
25 06

Time of Accident (Military Time)
 HOUR MIN
19 08

Total Number
 UNITS INJURED KILLED
01 01 00

Hit & Run
 Government Property
 Fire (Narrative)
 Photos Taken (Narrative)
 Trailer or Towed (Narrative)
 Truck or Bus (Last Page)
 Load Spillage
 Construction Zone
 Names Exchanged

Unit #
 Sheet No. Of
11

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 Estimated FT. MI. FROM/AT Hwy No. and Street Name
N MILLS 60.0 W DAYTON

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)

OPERATOR Last Name First M.I. ADDRESS Street & Number City & State ZIP Phone Number () Driver's License Number State Exp. Year
DIRIE ADDINASAR M 5321 OLD MIDDLETON MADISON WI 53705 228-0751 WI 2010

Date of Birth Sex Operating as Classified: Class (Mark Only One) Endorse (Mark All That Apply)
07-07-76 CMV A

Severity SEAT SAFETY AIRBAG EJECTED
 SEAT Position Equipment AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown EJECTED 1 Not Applicable 2 Not Ejected 3 Fully Ejected 4 Partially Ejected 5 Unknown

TRAPPED/ EXTRICATED Vehicle Owner Same Last Name First M.I.

Street Address City & State ZIP Phone Number ()

Year of Vehicle Make Model Body Style Color
1991 TOYOTA CAMRY 4-DR GRY

Vehicle ID Number License Plate Number Plate Type State Exp. Year
4T1SV21E9MU317091 141 KTK AUT WI 07

Policy Holder's Name Liability Insurance Company Stat. #
STATE FARM 346.62(2)

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT SAFETY AIRBAG
 ADDRESS Street & Number City & State ZIP

Address Same as Operator EJECTED TRAPPED/ EXTRICATED Agency Space
 Yes: 1 Not Applicable 2 Partially Ejected 3 Trapped/ Extricated 4 Medical Transport
 No: 3 Not Ejected 4 Unknown 5 Unknown 6 Not Trapped 7 Unknown

MV4000 899 EMS Number

Accident No. 402-C Date 11-25-06 Location N MILLS

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	EJECTED 1 Not Ejected 2 Not Ejected 3 Not Ejected 4 Partially Ejected 5 Unknown	TRAPPED/EXTRICATED 1 Not Trapped 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport	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	EJECTED 1 Not Ejected 2 Not Ejected 3 Not Ejected 4 Partially Ejected 5 Unknown	TRAPPED/EXTRICATED 1 Not Trapped 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport	Agency Space			

Type of Accident

01 First Harmful Event

Most Harmful Event

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

Pedestrian

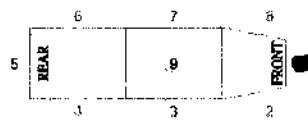
- | Location | Action | | |
|----------|----------------|---|----------------------------|
| 1 | In Crosswalk | 1 | Walking not Facing Traffic |
| 2 | In Roadway | 2 | Disregarded Signal |
| 3 | Not in Roadway | 3 | Darting into Road |
| 4 | On Sidewalk | 4 | Dark Clothing |
| 5 | | 5 | Walking Facing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

Manner of Collision

- | | |
|---|--|
| 1 | 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

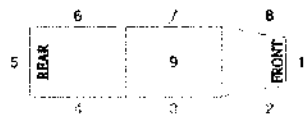


- | | |
|----|-----------------------------|
| 0 | None |
| 10 | Undercarriage |
| 11 | Total (Damage to All Areas) |
| 12 | Other |
| 13 | Unknown |
- | | |
|---|-------------|
| 0 | None |
| 1 | Very Minor |
| 2 | Minor |
| 3 | Moderate |
| 4 | Severe |
| 5 | Very Severe |
| 6 | Unknown |

Vehicle Towed Due to Damage: N Y
 Vehicle Removed By: **SCHMIDT**

Unit

Darken Numbered Area(s) of Vehicle Damage



- | | |
|----|-----------------------------|
| 0 | None |
| 10 | Undercarriage |
| 11 | Total (Damage to All Areas) |
| 12 | Other |
| 13 | Unknown |
- | | |
|---|-------------|
| 0 | None |
| 1 | Very Minor |
| 2 | Minor |
| 3 | Moderate |
| 4 | Severe |
| 5 | Very Severe |
| 6 | Unknown |

Vehicle Towed Due to Damage: N Y
 Vehicle Removed By:

82 Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag # 83

PROPERTY Last First
 OWNER 84 CITY OF MADISON TE/County
 ADDRESS Street & Number
 85 1120 Sayre St/1402 Wigner Crk
 City & state ZIP Phone Number ()
 86 MADISON MO 63703

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

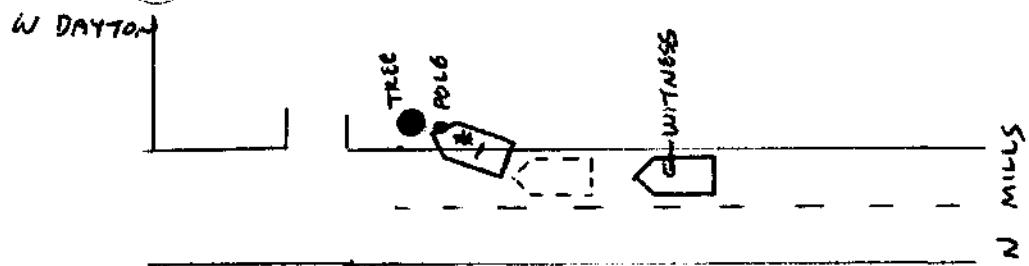


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 Unit 2
FEET

Surface Type: _____



DRAWING NOT TO SCALE
DISTANCES APPROXIMATE

NARRATIVE
On 11-25-06 UNIT #1 WAS NB ON N MILLS WHEN THE DRIVER LOSE CONTROL OF HIS VEHICLE AND SWERVED OFF THE ROADWAY STRUCKING A TRAFFIC SIGN AS WELL AS A TREE. DRIVER BELIEVES HE HAD A SEIZURE WHICH CAUSED HIM TO LOSE CONTROL - HIS HISTORY OF SEIZURES. WITNESS WAS PASSENGER IN VEHICLE DIRECTLY BEHIND UNIT #1 CHY OF MADISON "NO PARKING ANY TIME" SIGN STRUCK 343.05 (3)(2)

Photos By: _____

What Drivers Were Doing

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

- Going Straight 1
- Making Left Turn 2
- Making Right Turn 3
- Stopped or Stopping 4
- Stopped in Traffic 5
- Legally Parked 6
- Violating No Passing Zone 7
- Illegally Parked 8
- Parking Maneuver 9
- Backing Maneuver 10
- Changing Lanes 11
- Overtaking on Left 12
- Overtaking on Right 13
- Making U Turn 14
- Turning on Red 15
- Merging 16
- Negotiating Curve 17
- Other 18

WITNESS Last Name KANE	First Name BRIAN	M.I. S
ADDRESS Street & Number 1209 SALISBURY PL	Date of Birth 01-28-83	
City & State MADISON WI	Phone Number (608) 274-5571	

- ACCESS CONTROL**
- No Control (Unlimited Access)
 - Full Control (Only Ramp Entry Exit)
 - Partial Control
- TRAFFIC WAY**
- Not Physically Divided (2-Way Traffic)
 - Divided Highway, Median Strip, without Traffic Barrier
 - Divided Highway, Median Strip, with Traffic Barrier
 - One-Way Traffic
 - Parking Lot or Private Property

- ROAD TERRAIN**
- Part A
- Straight
 - Curve
- Part B
- Level/Flat
 - Hill
- ROAD SURFACE CONDITION**
- Dry
 - Wet
 - Snow/Slush
 - Ice
 - Sand, Mud, Dirt, Oil
 - Other
 - Unknown

- LIGHT CONDITION**
- Daylight
 - Dark-Not Lighted
 - Dark-Lighted
 - Dawn
 - Dusk
 - Unknown

- WEATHER**
- Clear
 - Cloudy
 - Rain
 - Snow
 - Fog, Smog, Smoke
 - Sleet, Hail (Freezing Rain or Drizzle)
 - Blowing Sand, Soil, Dirt, Snow
 - Severe Crosswinds
 - Other
 - Unknown

- RELATION TO ROADWAY**
- On Roadway
 - Parking Lot or Private Property
 - Shoulder (Other Than Shoulder within Median or Gore)
 - Median (Other Than Median within Gore)
 - Outside Shoulder-Left
 - Outside Shoulder-Right
 - Off Roadway-Location Unknown
 - On Ramp
 - Unknown

Traffic Control

Unit Number	Unit Number
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input type="checkbox"/> 6
<input type="checkbox"/> 8	<input type="checkbox"/> 7
<input type="checkbox"/> 9	<input type="checkbox"/> 8
<input type="checkbox"/> 10	<input type="checkbox"/> 9
<input type="checkbox"/> 11	<input type="checkbox"/> 10
<input type="checkbox"/> 12	<input type="checkbox"/> 11

- No Control 1
- Traffic Signal Operating 2
- Traffic Signal Flashing 3
- Stop Sign 4
- Stop Sign with Flasher Warning 5
- Warn Sign with Flasher Yield Sign 6
- Traffic Control Person RR-Xing Signal 7
- Other 8

Officer's Opinion of Possible Contributing Circumstances

Driver Factors	
Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
<input type="radio"/> N/A	<input type="radio"/> 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	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
<input type="radio"/> N/A	<input type="radio"/> 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	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
<input type="radio"/> N/A	<input type="radio"/> 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.
125 THOMSON	Molly	J
Law Enforcement Agency Address		
126 211 S CARROLL		
City & State		ZIP
127 MADISON WI		53703
Phone Number		
(608) 128 246-4072		2629
Agency #	Enforcement Agency	Officer ID #
129 06-142055	130 CITY OF MADISON PD	131 3799

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	19	08	19	10	Feb	25	06
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 (1-2 digit):
- 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:	
<input type="checkbox"/> Interstate Carrier? <input type="checkbox"/> Y <input type="checkbox"/> N	Carrier Name: 139	US DOT: 140	ICC MC:	LC:	Vehicle Side Shipping Papers
		Carrier Address: 142		IC:	Trip Manifest
					Driver Log Book

Vehicle Information		Gross Vehicle Weight Rating (LBS)	LBS	Total # of Axles
Vehicle Configuration 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/Double 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 Collision Involving Pedestrian		Cargo Body Type 1 Bus 2 Van/Enclosed box 3 Cargo Tank 4 Halbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage Refuse 9 Other 10 Log Truck		