

Document Number Override 0

# Wisconsin Motor Vehicle Accident Report

Police No. 06-141779

### INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil

Mark Areas as shown:

Correct Mark  
Incorrect Marks

Reportable Accident

County MUN/TWP

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Accident Date

MONTH	DAY	YEAR
Jan	24	06
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time of Accident (Military Time)

HOUR	MIN
17	30
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0

Total Number

UNITS	INJURED	KILLED
08	00	00
0	0	0
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0

Hit & Run  Unit #

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

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 2342 Quartz Lane Estimated FT. M. W. E. FROM/AT Hwy No. and Street Name 16

House # Utility # Fire # Railroad # Agency Space 18 Special Study 19 1 2 3 4

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 4	2 3 4	0 2 3 4 5 6	W E	2 3 4	2 3 4	1 2 3 4 5 6	W E

OPERATOR Last NAME	First	M.I.	Speed Limit	OPERATOR Last NAME	First	M.I.	Speed Limit
25 Chow	Kwok	L	0	25 Legally Packed			0
ADDRESS Street & Number	City & State	ZIP	Phone Number	ADDRESS Street & Number	City & State	ZIP	Phone Number
26 7348 Windsor Lakes Dr.	Indianapolis, IN	46231	888-5407	26			
Driver's License Number	State	Exp. Year	Driver's License Number	State	Exp. Year		
29 3620000385	IN	10	29		10		

Date of Birth	Sex	Operating as	Classified	Date of Birth	Sex	Operating as	Classified
32 02/09/51	M	AS	A B C	32	M	AS	A B C
On Duty Accident	On Duty Accident						
Police EMT First Responder Fire Fighter Winter Hwy Maintenance	Police EMT First Responder Fire Fighter Winter Hwy Maintenance						

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
K A B C	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	K A B C	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

TRAPPED/EXTRICATED 1 Not Applicable 2 Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown Medical Transport Y N

Vehicle Owner Same N Last Name First M.I. Vehicle Owner Same Y N Last Name First M.I.

Street Address 37 2342 Quartz Lane City & State 38 Madison, WI 39 53119 Phone Number ( ) 40 648-4133

Year of Vehicle 41 05 Make 42 Toyota Model 43 Corolla Body Style 44 DR Color 45 GRAY Year of Vehicle 46 91 Make 47 Lincoln Model 48 Mark VII Body Style 49 DR Color 50 WHITE

Vehicle ID Number 51 2T1BR32E25C489825 Vehicle ID Number 52 1LNCM93E9MY621415

License Plate Number 53 CHW88 Plate Type 54 AUT State 55 WI Exp. Year 56 07 License Plate Number 57 4J2ALPM Plate Type 58 AUT State 59 WI Exp. Year 60 07

Policy Holder's Name 61 Same (Y) (N) Creation (1) (2) (3) Policy Holder's Name 62 Same (Y) (N) Creation (1) (2) (3)

Liability Insurance Company 63 American Family Stat. # 64 346.87 Liability Insurance Company 65 Insurance Max Stat. # 66

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
67				67	M F	K A B C	1 2 3 4	1 2 3 4	1 2 3 4

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 78

MV4000 899 EMS Number 79

Please Do Not Write in This Microfilm Space

Accident No. D-150/west

Date 11/24/06

Location 2342 Quartz Lane

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

02 First Harmful Event (10)

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)
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(select one per vehicle)

**Collision With Object Not Fixed**

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

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

(32) Overturn	(33) Fire/Explosion	(34) Immersion	(35) Jackknife	(36) Other Non-Collision
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### 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	(2) Reduced Alertness	(3) Ability Impaired	(4) Not Observed
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**Presence**

(1) Neither Alcohol nor Drugs Present

(2) Yes—Alcohol Present

(3) Yes—Drugs Present

(4) Yes—Alcohol & Drugs Present

(5) Unknown

**Alcohol**

AC Value

AC Value

(1) Test Not Given

(2) Test Refused

(3) Test Given, Alcohol Unknown

(4) Test Given, No Alcohol Reported

**Drugs**

(1) Test Not Given

(2) Test Refused

(3) Test Given, Drugs Unknown

(4) Test Given, No Drugs Reported

(5) Drugs Reported (Specify Below)

(6) Marijuana

(7) Cocaine

(8) Opiates

(9) Amphetamines

(10) PCP

(11) Other Drug Medication

(12) Type Unknown

Unit # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

**Pedestrian** (1)

Location (1) In Crosswalk (2) In Roadway (3) Not in Roadway (4) On Sidewalk

Action (1) Walking not Facing Traffic (2) Disregarded Signal (3) Darting into Road (4) Dark Clothing (5) Walking Facing Traffic

**Manner of Collision** (1)

(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 # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

**Darken Numbered Area(s) of Vehicle Damage**

(1) None

(2) Undercarriage

(3) Total (Damage to All Areas)

(4) Other

(5) Unknown

**Extent of Damage**

(1) None

(2) Very Minor

(3) Moderate

(4) Severe

(5) Very Severe

(6) Unknown

Vehicle Towed Due to Damage: (1) Yes (2) No

Vehicle Removed By: Operator

Unit # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

**Darken Numbered Area(s) of Vehicle Damage**

(1) None

(2) Undercarriage

(3) Total (Damage to All Areas)

(4) Other

(5) Unknown

**Extent of Damage**

(1) None

(2) Very Minor

(3) Moderate

(4) Severe

(5) Very Severe

(6) Unknown

Vehicle Towed Due to Damage: (1) Yes (2) No

Vehicle Removed By: Owner

82 Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
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Govt. Damage Tag # 83

PROPERTY OWNER 84

ADDRESS Street & Number

City & State

ZIP

Phone Number ( )

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 1 100 Unit 2  
0 FEET 0

Surface Type: Paved

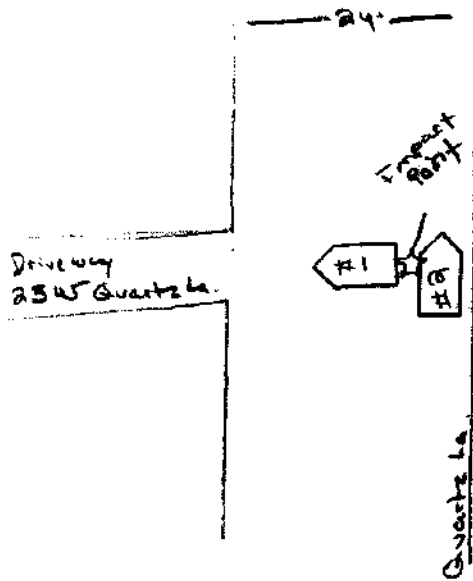


Diagram IS NOT TO SCALE

Measurements Are Approximate

**N** The operator of Unit #2 was backing out of a driveway  
**A** at 2345 Quartz Lane and struck Unit #1 which was  
**R** parked in front of 2348 Quartz Lane. Unit #2 had  
**R** damage to the front, driverside quarter panel. I cited  
**A** the operator of Unit #1 for unsafe backing.  
**T**  
**I**  
**V**

Photos By:  
105

## What Drivers Were Doing

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

WITNESS NAME	Last	First	M.I.
ADDRESS	Street & Number		
108	109		
City & State	ZIP	Phone Number	( ) ( ) ( )
110		111	

**ACCESS CONTROL**

No Control (Unlimited Access)

Full Control (Only Ramp Entry/Exit)

Partial Control

**ROAD TERRAIN**

Part A

Straight

Curve

Part B

Level/Flat

Hill

**LIGHT CONDITION**

Daylight

Dark—Not Lighted

Dark—Lighted

Dawn

Dusk

Unknown

**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 SURFACE CONDITION**

Dry

Wet

Snow/Slush

Ice

Sand, Mud, Dirt, Oil

Other

Unknown

**WEATHER**

Clear

Cloudy

Rain

Snow

Fog, Smog, Smoke (Freezing Rain or Drizzle)

Sleet, Hail

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

Gore (Area between Ramp & Highway)

Unknown

## Traffic Control

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

# Officer's Opinion of Possible Contributing Circumstances

### Driver Factors

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

### Vehicle Factors

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

### Highway Factors

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

### OFFICER INFORMATION

Last Name <b>Ware</b>	First Name <b>Bradley</b>	M.I. <b>D</b>
Law Enforcement Agency Address <b>211 S. Carroll St.</b>		
City & State <b>Madison WI</b>	ZIP <b>53703</b>	
Phone Number <b>(608) 266-4072</b>		
Agency # <b>06-14779</b>	Enforcement Agency <b>City of Madison PD</b>	Officer ID # <b>1318500</b>

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
<input type="radio"/> Jan <input checked="" type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> Aug <input type="radio"/> Sept <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	<input type="radio"/> 1 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input checked="" type="radio"/> 23 <input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09	<input checked="" type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09	<input checked="" type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input checked="" type="radio"/> 45 <input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09	<input type="radio"/> Jan <input checked="" type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> Aug <input type="radio"/> Sept <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	<input checked="" type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31	<input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09

### 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...* 136

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

137 • 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

US DOT 140 LC

ICC MC IC

Carrier Name 139 Carrier Address 142

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

### Vehicle Information

Gross Vehicle Weight Rating 143 LBS Total # of Axles 144

Vehicle Configuration

1 2 3 4 5 6 7 8 9 10

11 12 13 14 15 16 17 18 19 20

SEQUENCE OF EVENTS FOR THIS VEHICLE 145 (Mark a total of one to four events in the order that they occurred.)

1 Ran off Road  
 2 Jackknife  
 3 Overturn (Rollover)  
 4 Downhill Runaway  
 5 Cargo Loss or Shift  
 6 Explosion or Fire  
 7 Separation of Units  
 8 Collision Involving Pedestrian  
 9 Collision Involving Motor Vehicle in Transp.  
 10 Collision Involving Parked Motor Vehicle  
 11 Collision Involving Train  
 12 Collision Involving Pedalcycle  
 13 Collision Involving Animal  
 14 Collision Involving Fixed Object  
 15 Collision Involving Other Object  
 16 Other

Cargo Body Type 147

1 Bus  
 2 We Enclosed box  
 3 Cargo Tank  
 4 Flatbed  
 5 Dump  
 6 Concrete Mixer  
 7 Auto Transporter  
 8 Garbage/Refuse  
 9 Other  
 10 Log Truck

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