

7415312

Document Number Override

Amended Document: On Emergency

Wisconsin Motor Vehicle Accident Report

Police No. 06-142479

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

County	MUN/TWP	Accident Date	Time of Accident (Military Time)	Total Number
13	73	MONTH DAY YEAR 2 7 06	HOUR MIN. 07 54	UNITS INJURED KILLED 02 00 00

Hit & Run	Y	Unit #	
Government Property	Y	Sheet No.	1
Fire (Narrative)	Y	Of	1
Photos Taken (Narrative)	Y		
Trailer or Towed (Narrative)	Y		
Truck or Bus (Last Page)	Y		
Load Spillage	Y		
Construction Zone	Y		
Names Exchanged	Y		

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: HY 12 WB Estimated: 12. FT. N FROM/AT Hwy No. and Street Name: MILE MARKER. 261.6

House #	Fire #	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)

Speed Limit	OPERATOR Last NAME	First	M.I.	Speed Limit	OPERATOR Last NAME	First	M.I.
0 10	DE LA O	AUTA	T	0 15	ADKINS	KATI	W
ADDRESS Street & Number	5858 ANTHONY PL #109			ADDRESS Street & Number	5017 STONEHAVEN DR.		
CITY & STATE	ZIP	Phone Number		CITY & STATE	ZIP	Phone Number	
MONONA, WI	53716	469-9012	608	MADISON, WI	53716	444-5655	608
Driver's License Number	State	Exp. Year		Driver's License Number	State	Exp. Year	
D400-0186-4955-01	WI	08		A325-5197-2963-09	WI	07	

Date of Birth	Sex	Operating as	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as	Class (Mark Only One)	Endorse (Mark All That Apply)
12-15-64	M	CMV	3	3	12-23-72	F	CMV	3	3

SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
1	1	3	2	3	1	1	3	2	3

TRAPPED/EXTRICATED	Vehicle Owner	Last Name	First	M.I.	TRAPPED/EXTRICATED	Vehicle Owner	Last Name	First	M.I.
1	Same				1	Same			

Street Address	City & State	ZIP	Phone Number	Street Address	City & State	ZIP	Phone Number
----------------	--------------	-----	--------------	----------------	--------------	-----	--------------

Year of Vehicle	Make	Model	Body Style	Color	Year of Vehicle	Make	Model	Body Style	Color
05	HYUNDAI	SONATA	4D	TAN	08	NISSAN	XTEERRA	TRK	BLUE

Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year	Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year
KMHWF25S55A159589	526BLX	AUT	WI	04	5N1ED28YTC611293	434CCX	AUT	WI	04

Policy Holder's Name	Liability Insurance Company	Sec. #	Policy Holder's Name	Liability Insurance Company	Sec. #
	AM. FAMILY	346.14(1)		AM. FAMILY	

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG
1									1

Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Agency Space	EMS Number
Yes	1	1		

Please Do Not Write In This Microfilm 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	

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

01 First Harmful Event

Most Harmful Event

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

(select one per vehicle)

Collision With Object Not Fixed

- | | |
|---|-------------------------|
| <input checked="" type="radio"/> 1 Motor Vehicle in Transport | <input type="radio"/> 2 |
| <input type="radio"/> 2 Parked Motor Vehicle | <input type="radio"/> 2 |
| <input type="radio"/> 3 Deer | <input type="radio"/> 3 |
| <input type="radio"/> 4 Pedalcycle | <input type="radio"/> 4 |
| <input type="radio"/> 5 Pedestrian | <input type="radio"/> 5 |
| <input type="radio"/> 6 Railway Train | <input type="radio"/> 6 |
| <input type="radio"/> 7 Other Animal | <input type="radio"/> 7 |
| <input type="radio"/> 8 Motor Vehicle in Transport In Other Roadway | <input type="radio"/> 8 |
| <input type="radio"/> 9 Other Object (Not Fixed) | <input type="radio"/> 9 |

Collision With Fixed Object

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

Non-Collision

- | | |
|--|--------------------------|
| <input type="radio"/> 32 Overturn | <input type="radio"/> 32 |
| <input type="radio"/> 33 Fire/Explosion | <input type="radio"/> 33 |
| <input type="radio"/> 34 Immersion | <input type="radio"/> 34 |
| <input type="radio"/> 35 Jackknife | <input type="radio"/> 35 |
| <input type="radio"/> 36 Other Non-Collision | <input type="radio"/> 36 |

Driver Condition

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

Driver Factors (Or Pedestrians)

- | | |
|---|-------------------------|
| <input type="radio"/> 1 Appeared Normal | <input type="radio"/> 1 |
| <input type="radio"/> 2 Reduced Alertness | <input type="radio"/> 2 |
| <input type="radio"/> 3 Ability Impaired | <input type="radio"/> 3 |
| <input type="radio"/> 4 Not Observed | <input type="radio"/> 4 |

Presence

- | | |
|--|-------------------------|
| <input checked="" type="radio"/> 1 Neither Alcohol nor Drugs Present | <input type="radio"/> 1 |
| <input type="radio"/> 2 Yes—Alcohol Present | <input type="radio"/> 2 |
| <input type="radio"/> 3 Yes—Drugs Present | <input type="radio"/> 3 |
| <input type="radio"/> 4 Yes—Alcohol & Drugs Present | <input type="radio"/> 4 |
| <input type="radio"/> 5 Unknown | <input type="radio"/> 5 |

Alcohol

AC Value	AC Value
<input type="radio"/> 11 Test Not Given	<input type="radio"/> 11
<input type="radio"/> 12 Test Given, Alcohol Unknown	<input type="radio"/> 12
<input type="radio"/> 13 Test Given, No Alcohol Reported	<input type="radio"/> 13

Drugs

- | | |
|---|--------------------------|
| <input type="radio"/> 14 Test Not Given | <input type="radio"/> 14 |
| <input type="radio"/> 15 Test Refused | <input type="radio"/> 15 |
| <input type="radio"/> 16 Test Given, Drugs Unknown | <input type="radio"/> 16 |
| <input type="radio"/> 17 Test Given, No Drugs Reported | <input type="radio"/> 17 |
| <input type="radio"/> 18 Drugs Reported (Specify Below) | <input type="radio"/> 18 |
| <input type="radio"/> 19 Marijuana | <input type="radio"/> 19 |
| <input type="radio"/> 20 Cocaine | <input type="radio"/> 20 |
| <input type="radio"/> 21 Opiates | <input type="radio"/> 21 |
| <input type="radio"/> 22 Amphetamines | <input type="radio"/> 22 |
| <input type="radio"/> 23 PCP | <input type="radio"/> 23 |
| <input type="radio"/> 24 Other Drug Medication | <input type="radio"/> 24 |
| <input type="radio"/> 25 Type Unknown | <input type="radio"/> 25 |

Unit # 2 3 4 5 6 7 8 9 10

Pedestrian

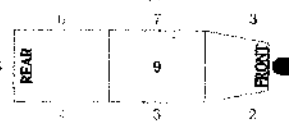
- | | |
|--|--|
| Location | Action |
| <input type="radio"/> 1 In Crosswalk | <input type="radio"/> 1 Walking not Facing Traffic |
| <input type="radio"/> 2 In Roadway | <input type="radio"/> 2 Disregarded Signal |
| <input type="radio"/> 3 Not in Roadway | <input type="radio"/> 3 Darting into Road |
| <input type="radio"/> 4 On Sidewalk | <input type="radio"/> 4 Dark Clothing |
| | <input type="radio"/> 5 Walking Facing Traffic |

Manner of Collision

- | | |
|--|--|
| <input type="radio"/> 1 No Collision with Motor Vehicle in Transport | |
| <input checked="" type="radio"/> 2 Rear-end | |
| <input type="radio"/> 3 Head On | |
| <input type="radio"/> 4 Rear to Rear | |
| <input type="radio"/> 5 Angle | |
| <input type="radio"/> 6 Sideswipe, Same Direction | |
| <input type="radio"/> 7 Sideswipe, Opposite Direction | |
| <input type="radio"/> 8 Unknown | |

Unit # 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

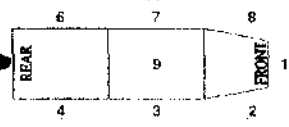


- | | |
|--|--|
| <input type="radio"/> 0 None | |
| <input type="radio"/> 10 Undercarriage | |
| <input type="radio"/> 11 Total (Damage to All Areas) | |
| <input type="radio"/> 12 Other | |
| <input type="radio"/> 13 Unknown | |
- | | |
|---|-------------------------------------|
| Extent of Damage | |
| <input type="radio"/> 0 None | <input type="radio"/> 4 Severe |
| <input checked="" type="radio"/> 1 Very Minor | <input type="radio"/> 5 Very Severe |
| <input type="radio"/> 2 Minor | <input type="radio"/> 6 Unknown |
| <input type="radio"/> 3 Moderate | |

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

Unit # 1 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage



- | | |
|--|--|
| <input type="radio"/> 0 None | |
| <input type="radio"/> 10 Undercarriage | |
| <input type="radio"/> 11 Total (Damage to All Areas) | |
| <input type="radio"/> 12 Other | |
| <input type="radio"/> 13 Unknown | |
- | | |
|---|-------------------------------------|
| Extent of Damage | |
| <input type="radio"/> 0 None | <input type="radio"/> 4 Severe |
| <input checked="" type="radio"/> 1 Very Minor | <input type="radio"/> 5 Very Severe |
| <input type="radio"/> 2 Minor | <input type="radio"/> 6 Unknown |
| <input type="radio"/> 3 Moderate | |

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

Fixed Object Struck			
Unit #	Unit #	Unit #	Unit #
Govt. Damage Tag # 83			

PROPERTY OWNER 84	Last First M.I.
ADDRESS Street & Number	
City & State	
ZIP	Phone Number ()
85	87

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

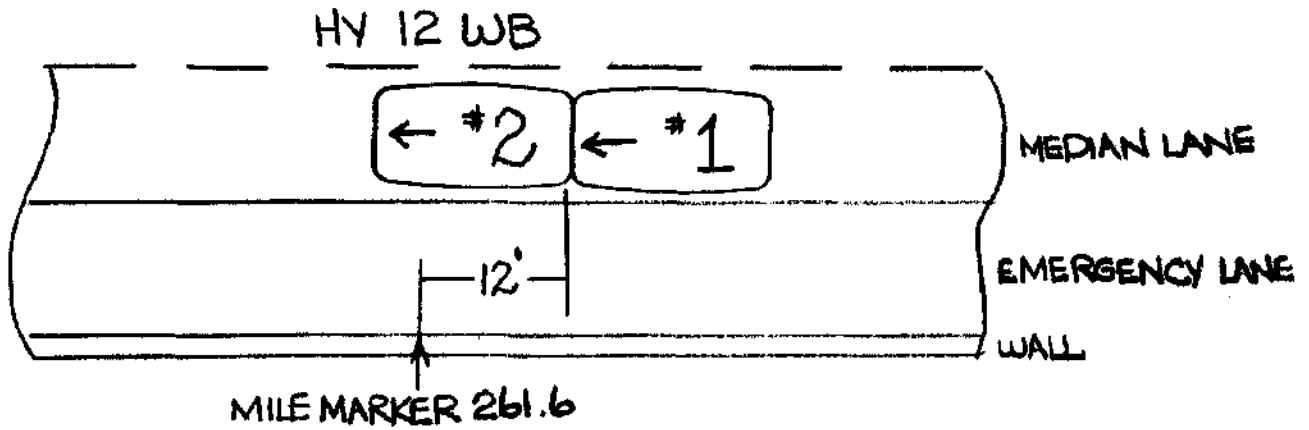


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
 Unit 1 Unit 2
 FEET

Surface Type: ASPHALT



- NOT TO SCALE
 - VEHS MOVED PTA.

NARRATIVE
 UNIT #1 FOLLOWED UNIT #2 IN THE MEDIAN LANE OF HY 12 WB IN HEAVY TRAFFIC WHEN UNIT #1 REAR-ENDED UNIT #2 DURING A BOUT OF STOP/GO TRAFFIC

Photos By:
 155

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		
CITY & STATE	ZIP	PHONE NUMBER	()

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
 3 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

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	Unit Number
1 ● 2 3 4 5	1 ● 3 4 5
6 7 8 9 10	6 7 8 9 10
N/A	N/A

- Exceeding Speed Limit
- Speed Too Fast/Condition
- Fail to Yield Right of Way
- Inattentive Driving
- Following Too Close
- Improper Turn
- Left of Center
- Disregarded Traffic Control
- Improper Overtaking
- Unsafe Backing
- Failure to Have Control
- Driver Condition
- Physically Disabled
- Other

Vehicle Factors

Unit Number	Unit Number
1 ● 2 3 4 5	1 ● 3 4 5
6 7 8 9 10	6 7 8 9 10
N/A	N/A

- Brake System
- Tires
- Steering System
- Turn Signals
- Head Lamps
- Stop Lamps
- Tail Lamps
- Disabled in Prior Accident
- Other Disabled
- Mirrors
- Suspension System
- Other

Highway Factors

Unit Number	Unit Number
1 ● 2 3 4 5	1 ● 3 4 5
6 7 8 9 10	6 7 8 9 10
N/A	N/A

- Snow, Ice or Wet
- Narrow Shoulder
- Low Shoulder
- Soft Shoulder
- Loose Gravel
- Rough Pavement
- Debris From Prior Accident
- Other Debris
- Sign Obscured or Missing
- Narrow Bridge
- Construction Zone
- Visibility Obscured
- Other

OFFICER INFORMATION

Last: **MOROVIC** First: **JAMES A** M.I. **A**

Law Enforcement Agency Address: **211 S. CARROLL ST.**

City & State: **MADISON, WI 53704** ZIP

Phone Number: **(608) 266-4072**

Agency #: **06-142479** Enforcement Agency: **CITY OF MADISON** Officer ID #: **2411**

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	27	06	07	55	08	03	Feb	27	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:
• Interstate Carrier? <input type="checkbox"/> Y <input type="checkbox"/> N	US DOT 140	Vehicle Side
Carrier Name: 139	ICC MC	Shipping Papers
	Carrier Address: 142	Trip Manifest
		Driver
		Log Book

Vehicle Information	Gross Vehicle Weight Rating	LBS	Total # of Axles
Vehicle Configuration: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	143		144
SEQUENCE OF EVENTS FOR THIS VEHICLE	Cargo Body Type		
1 2 3 4: Ran off Road	1 2 3 4: Collision Involving Motor Vehicle in Transp.	1: Bus	6: Concrete Mixer
1 2 3 4: Jackknife	1 2 3 4: Collision Involving Parked Motor Vehicle	2: Van/Enclosed box	7: Auto Transporter
1 2 3 4: Overturn (Rollover)	1 2 3 4: Collision Involving Train	3: Cargo tank	8: Garbage Refuse
1 2 3 4: Downhill Runaway	1 2 3 4: Collision Involving Pedalcycle	4: Flatbed	9: Other
1 2 3 4: Cargo Loss or Shift	1 2 3 4: Collision Involving Animal	5: Dump	10: Log Truck
1 2 3 4: Explosion or Fire	1 2 3 4: Collision Involving Fixed Object		
1 2 3 4: Separation of Units	1 2 3 4: Collision Involving Other Object		
1 2 3 4: Collision Involving Pedestrian	1 2 3 4: Other		

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