

HIT & RUN

Madison Police Department DRIVER INFORMATION EXCHANGE ACCIDENT FORM

CASE # 06-141608

2799

- IMPORTANT INSTRUCTIONS ON REVERSE SIDE -

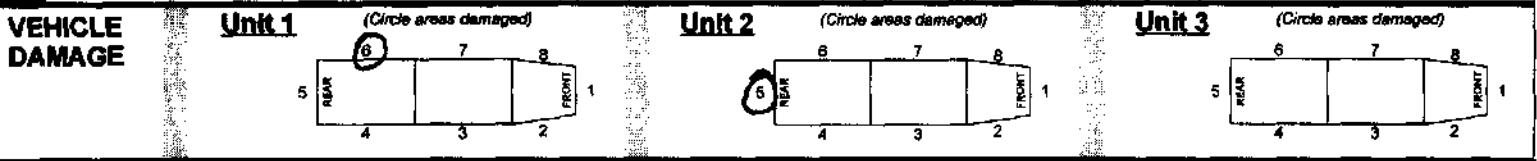
06-141608

ACCIDENT LOCATION	<u>7401 West Towne Wy</u>	ACCIDENT DATE	Month <u>11</u> Day <u>24</u> Year <u>06</u>	Day of Week	<u>Fri</u>	Time	<u>1:52</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
-------------------	---------------------------	---------------	--	-------------	------------	------	-------------	--

Driver Full Name (Last, First, MI)	<u>Gander, Gayle A</u>		Address	<u>253 N. Washington St Okonko Falls WI 54154</u>		City & State	<u>Okonko Falls WI 54154</u>	Zip Code
Driver License Number	<u>G536-2816-5150-05</u>	State	<u>WI</u>	Birthdate	<u>01-30-65</u>	Sex	<u>M</u>	Phone Number
Owner Full Name (Last, First, MI)	<u>Same</u>		Address			City & State		Zip Code
License Plate or VIN	<u>221-KBK</u>	Year	<u>07</u>	State	<u>WI</u>	Vehicle Make/Model	<u>Dodge/Stratus</u>	Year
						Color	<u>Gray</u>	Insurance
								<u>Pekin Ins</u>

Driver Full Name (Last, First, MI)	<u>Unknown</u>		Address			City & State		Zip Code
Driver License Number	<u>-</u>	State	<u>-</u>	Birthdate	<u>-</u>	Sex	<u>F</u>	Phone Number
Owner Full Name (Last, First, MI)	<u>-</u>		Address			City & State		Zip Code

License Plate or VIN	<u>-</u>	Year	<u>-</u>	State	<u>-</u>	Vehicle Make/Model	<u>Chrysler</u>	Year
						Color	<u>Red</u>	Insurance
								<u>-</u>
Driver Full Name (Last, First, MI)	<u>-</u>		Address			City & State		Zip Code
Driver License Number	<u>-</u>	State	<u>-</u>	Birthdate	<u>-</u>	Sex	<u>-</u>	Phone Number
Owner Full Name (Last, First, MI)	<u>-</u>		Address			City & State		Zip Code
License Plate or VIN	<u>-</u>	Year	<u>-</u>	State	<u>-</u>	Vehicle Make/Model	<u>-</u>	Year
						Color	<u>-</u>	Insurance
								<u>-</u>



OTHER PROPERTY DAMAGE	<u>What was damaged (describe):</u>	
Property Owner Full Name (Last, First, MI)	Address, City, State & Zip Code	Phone Number
WITNESS Full Name (Last, First, MI)	Address, City, State & Zip Code	Phone Number
WITNESS Full Name (Last, First, MI)	Address, City, State & Zip Code	Phone Number

MANNER OF COLLISION	Head on	Rear End	Side Swipe	Side Swipe	Off Rd Left	WHAT DRIVERS WERE DOING	Unit 1	CITATIONS
							1. Going straight ahead 2. Making left turn 3. Making right turn 4. Stopping or stopping 5. Stopped in traffic 6. Legally parked 7. Illegally parked 8. Parking maneuver	
	Off Rd Right	Angle	Left Turn	Other		9. Backing in roadway 10. Changing lanes 11. Overtaking on left 12. Overtaking on right 13. Making U-Turn 14. Turning on red 15. Merging 16. Other	<input type="checkbox"/>	Unit 1 - Statute
							<input type="checkbox"/>	Unit 2 - Statute
							<input type="checkbox"/>	Unit 3 - Statute

NARRATIVE Unit 1 and 2 were parked in parking stalls opposite of each other in the Kohl's parking lot. Unit 1 backed out of its spot first and was positioned in the traffic lane. Unit 2 backed out of its spot and collided with Unit 1 causing damage to Unit 1's driver side rear quarter panel. Driver of Unit 2 said "sorry" then left the scene. Driver of Unit 2 was descr. had as female, in her 30's, and was possibly Hispanic of Hispanic DNA.

WHITE - Records Bureau
YELLOW - Driver
PINK - Driver
GOLDENROD - Driver
REVERSE SIDE

OFFICER (Print)	<u>Brian Vandervost</u>	EMPLOYEE #	<u>3695</u>	DISTRICT	<u>West</u>
-----------------	-------------------------	------------	-------------	----------	-------------

MADISON POLICE DEPARTMENT POLICY:

The Madison Police Department will investigate and report to the State of Wisconsin Department of Transportation any accident where the officer determines at the scene that there is death, injury to any person, or damage to property, owned by any one person, which exceeds \$1,000 (\$200 of government owned property). You received this form because the officer determined there was no injury and estimated the property damage to any one person at less than \$1,000.

Look for us on the web . . . www.madisonpolice.com

YOUR RESPONSIBILITY:

This report has been completed to provide you with information about the other driver. A copy will be kept in our Department's record section. This form does not fulfill your responsibility to report this accident to the Department of Transportation if you determine that there is:

Injury to a driver, passenger or pedestrian

OR

Damage to property, owned by any one person, which exceeds \$1,000.

If your accident meets either of the above criteria, **YOU** are required to complete a Wisconsin Driver Report of Accident. This report is available at any Department of Transportation office or local police station. The completed Wisconsin Driver Report of Accident should be mailed to:

Department of Transportation
Traffic Accident Section
P.O. Box 7919
Madison, WI 53707-7919