

| | | | |
|---|--|--|--|
| INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4256) INTERNET: www.nhtsa.dot.gov/hotline | | FOR AGENCY USE ONLY 100148 | |
| U.S. Department of Transportation National Highway Traffic Safety Administration | | Date Received 18-AUG-2011 SEP 2 2011 | Repository <input type="checkbox"/> Reference No. 10419985 |
| OWNER INFORMATION (Type or Print) | | | |
| Name | | Daytime Telephone Number | E-mail Address |
| Address | | Evening Telephone Number | |
| City | State | Zip Code | |
| MADISON | WI | | |
| The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004). | | | |
| VEHICLE INFORMATION | | | |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | | Make | Model |
| 2GCEGZ5K8N4 | | CHEVROLET | G20 |
| | | Model Year | |
| | | 1992 | |
| Date Purchased | Dealer's Name and Telephone Number | Engine: | Fuel Type: |
| 10/1996 | Private Seller | No: Cylinders | GASOLINE |
| Original Owner <input type="checkbox"/> | Dealer's City | V8 | |
| Transmission Type | <input type="checkbox"/> Antilock Brakes | Powertrain | Multiple Failure: |
| Auto | <input checked="" type="checkbox"/> Cruise Control | Rear wheel Drive | Brake Line Hydraulic |
| | | Incident Date(s) | |
| | | 02-JUL-2011 | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC | | Failure Mileage | Failure Speed |
| | | 171000 | 30MPH |
| ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE | | | |
| Tire Make | Tire Model (Name or Number) | Tire Size (Example P215/65R15) | |
| | | | |
| DOT No. (Example: DOTM19ABC036) | <input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair | Failure Location: | |
| | | | |
| Tire Component Code | Tire Failure Type: | | |
| | | | |
| ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE | | | |
| Make: | Date Manufactured: | Model No./Name: | |
| | | | |
| Seat Type: | Installation System: | | |
| | | | |
| Child Seat Component Code: | Failed Part: | | |
| | | | |
| APPLICABLE INCIDENT INFORMATION | | | |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).) | | | |
| Crash | Fire | Number of Persons Injured | Number of Deaths |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 1 | 0 |
| | | Reported to Police | |
| | | Y | |
| Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available). | | | |
| TL* THE CONTACT OWNS A 1992 CHEVROLET G20. THE CONTACT STATED THAT THE BRAKES FAILED AND CAUSED THE CONTACT TO CRASH INTO THE REAR OF ANOTHER VEHICLE. THE CONTACT WAS ABLE TO DRIVE THE VEHICLE TO A MECHANIC AND WAS TOLD THAT THE SUPPORT FOR THE BRAKE LINE WAS RUSTED AND THE PRESSURE CAUSED THE BRAKE LINE TO RUPTURE. THE VEHICLE WAS REPAIRED. THE VIN WAS NOT AVAILABLE. THE FAILURE AND CURRENT MILEAGES WERE 171,000. Driving straight Sean 2 cars Ahead of me I wanted to turn right in Half mile so I turned my Head to the right to see if car where on my side, construction in the area Had Barrels so it was Hard to see I Looked But AS SOON AS I turned my head they car Ahead of he SLAMED ON Brakes, my Head WAS | | | |
| Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. | | ATTACH ADDITIONAL SHEETS IF NECESSARY | |
| The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action. | | | |

Turned so I didn't see them as soon as they started braking, my eyes came forward I was very close do to there hard Brakeing, But when I slamed on my Brake pedal I had Pressure for A Little Bit But then it went to the floor, and I struck the care in front of me, I noticed my Brake Light came on I Had a suspicion something was wrong with the Brakes at that time, all cars inKOLVED Drove away on there own power,

the next Day I Looked under my 1992 chevy custom VAN AND Seen a Large puddle ABOVE the puddle was A Dripping Brake fluid AND the Line At a clip to HOLD it to the frame I Removed the clip AND it was wet with fluid, I cut the Line AND replaced it with New SAVING the Brake Line, Filled the Brake fluid SEZIVOUR AND Blead Brake Lines AND the Brake Light on DASH went out I took pictures OF Brake Lines, Fluid ATTACKed,

[REDACTED]

[REDACTED]

9/5/2011

MADISON WI

[REDACTED]

[REDACTED]

A302840

Amended Document On Emergency

A E U

Document Number Override 0

Wisconsin Motor Vehicle Accident Report

Police No. 11-181889

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 02 11 11

Time of Accident (Military Time): HOUR MIN. 12 31 5

Total Number: UNITS INJURED KILLED 03 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

Sheet No. Of 1 2

ACCIDENT LOCATION: Public Highway, Intersection/Related Public Highway, Non-Intersection Parking Lot Private Property or Road

Please Do Not Write In This Microfilm Space

Accident No. N-502

Date 7-2-11

Location 1500 Packers

Main form containing fields for Latitude/GPS, Longitude/GPS, Agency Space, Unit Number, Operator Information, Vehicle Information, and Insurance details.

| | | | | | | |
|--|--|---|---|---|--------------------|---|
| Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ | NAME Last First M.I. [Redacted] | Sex (M) (F) (C) | Severity (K) (N) (A) (B) (C) | SEAT Position 3 | SAFETY Equipment 1 | AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown |
| | ADDRESS Street & Number City & State ZIP [Redacted] McFarland WI [Redacted] | | Medical Transport (Y) (N) | Agency Space | | |
| 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 | | |

| | | | | | | |
|--|--|---|---|---|------------------|---|
| Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ | NAME Last First M.I. [Redacted] | Sex (M) (F) (C) | 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 | | Medical Transport (Y) (N) | Agency Space | | |
| 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 | | |

Type of Accident

01 First Harmful Event (R)

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 | 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) |
|------------------------------|------------------------|--------|--------------|--------------|-----------------|----------------|---|----------------------------|

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 |
|---------------------|------------------|----------------|----------------------|--------------|--------|-----------|------------------|-----------------|------------------|----------------------|---------------------|---------------------|----------------------|---------------|-----------|---------|--------|--------------|---------|----------------------|-----------|

Non-Collision

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

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 |

88 Driver Factors (Or Pedestrians)

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

89 Presence

① Neither Alcohol nor Drugs Present

| | | | |
|-----------------------|---------------------|-------------------------------|-----------|
| ② Yes—Alcohol Present | ③ Yes—Drugs Present | ④ Yes—Alcohol & Drugs Present | ⑤ Unknown |
|-----------------------|---------------------|-------------------------------|-----------|

90 Alcohol

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

91 Drugs

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

Pedestrian 92

Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

| 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 93

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

Vehicle Damage 94

Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage

95 Extent of Damage

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

Vehicle Towed Due to Damage 96 (N)

Vehicle Removed By 97: Schmidt

Vehicle Damage 94

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage

95 Extent of Damage

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

Vehicle Towed Due to Damage 96 (Y)

Vehicle Removed By 97: _____

82 Fixed Object Struck

| Unit # | Unit # | Unit # | Unit # |
|--------|--------|--------|--------|
| | | | |

Govt. Damage Tag # 85

PROPERTY OWNER 84

| |
|---|
| Last First M.I. [Redacted] |
| ADDRESS Street & Number City & State ZIP Phone Number () |
| 85 [Redacted] 86 [Redacted] 87 [Redacted] |

Officer's Opinion of Possible Contributing Circumstances

Document Number Override
121

Driver Factors

| | | |
|---|-----|---|
| Unit Number ① 2 3 4 5 ⑥ 7 8 9 10 N/A | 122 | Unit Number ① 2 3 4 5 ⑥ 7 8 9 10 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 ① 2 3 4 5 ⑥ 7 8 9 10 N/A | 125 | Unit Number ① 2 3 4 5 ⑥ 7 8 9 10 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 ① 2 3 4 5 ⑥ 7 8 9 10 N/A | 124 | Unit Number ① 2 3 4 5 ⑥ 7 8 9 10 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 125 Freedman | First Jason | M.I. E |
| Law Enforcement Agency Address 126 211 S Carroll St | | |
| City & State Madison WI 53703 | | ZIP |
| Phone Number (608) 128 266-4275 | | |
| Agency # 129 181889 | Enforcement Agency 130 CMAD | Officer ID # 131 2780 |

| 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 type="radio"/> 02 | <input type="radio"/> 11 | <input type="radio"/> 03 | <input type="radio"/> 15 | <input type="radio"/> 02 | <input type="radio"/> 15 | <input type="radio"/> Jan | <input type="radio"/> 03 | <input type="radio"/> 11 |
| <input type="radio"/> Feb | <input type="radio"/> 01 | <input type="radio"/> 10 | <input type="radio"/> 00 | <input type="radio"/> 00 | <input type="radio"/> 00 | <input type="radio"/> 00 | <input type="radio"/> Feb | <input type="radio"/> 02 | <input type="radio"/> 10 |
| <input type="radio"/> Mar | <input type="radio"/> 03 | <input type="radio"/> 09 | <input type="radio"/> 01 | <input type="radio"/> 01 | <input type="radio"/> 01 | <input type="radio"/> 01 | <input type="radio"/> Mar | <input type="radio"/> 03 | <input type="radio"/> 09 |
| <input type="radio"/> Apr | <input type="radio"/> 04 | <input type="radio"/> 08 | <input type="radio"/> 02 | <input type="radio"/> 02 | <input type="radio"/> 02 | <input type="radio"/> 02 | <input type="radio"/> Apr | <input type="radio"/> 04 | <input type="radio"/> 08 |
| <input type="radio"/> May | <input type="radio"/> 05 | <input type="radio"/> 07 | <input type="radio"/> 03 | <input type="radio"/> 03 | <input type="radio"/> 03 | <input type="radio"/> 03 | <input type="radio"/> May | <input type="radio"/> 05 | <input type="radio"/> 07 |
| <input type="radio"/> June | <input type="radio"/> 06 | <input type="radio"/> 06 | <input type="radio"/> 04 | <input type="radio"/> 04 | <input type="radio"/> 04 | <input type="radio"/> 04 | <input type="radio"/> June | <input type="radio"/> 06 | <input type="radio"/> 06 |
| <input type="radio"/> July | <input type="radio"/> 07 | <input type="radio"/> 05 | <input type="radio"/> 05 | <input type="radio"/> 05 | <input type="radio"/> 05 | <input type="radio"/> 05 | <input type="radio"/> July | <input type="radio"/> 07 | <input type="radio"/> 05 |
| <input type="radio"/> Aug | <input type="radio"/> 08 | <input type="radio"/> 04 | <input type="radio"/> 06 | <input type="radio"/> 06 | <input type="radio"/> 06 | <input type="radio"/> 06 | <input type="radio"/> Aug | <input type="radio"/> 08 | <input type="radio"/> 04 |
| <input type="radio"/> Sept | <input type="radio"/> 09 | <input type="radio"/> 03 | <input type="radio"/> 07 | <input type="radio"/> 07 | <input type="radio"/> 07 | <input type="radio"/> 07 | <input type="radio"/> Sept | <input type="radio"/> 09 | <input type="radio"/> 03 |
| <input type="radio"/> Oct | <input type="radio"/> 10 | <input type="radio"/> 02 | <input type="radio"/> 08 | <input type="radio"/> 08 | <input type="radio"/> 08 | <input type="radio"/> 08 | <input type="radio"/> Oct | <input type="radio"/> 10 | <input type="radio"/> 02 |
| <input type="radio"/> Nov | <input type="radio"/> 11 | <input type="radio"/> 01 | <input type="radio"/> 09 | <input type="radio"/> 09 | <input type="radio"/> 09 | <input type="radio"/> 09 | <input type="radio"/> Nov | <input type="radio"/> 11 | <input type="radio"/> 01 |
| <input type="radio"/> Dec | <input type="radio"/> 12 | <input type="radio"/> 00 | <input type="radio"/> 00 | <input type="radio"/> 00 | <input type="radio"/> 00 | <input type="radio"/> 00 | <input type="radio"/> Dec | <input type="radio"/> 12 | <input type="radio"/> 00 |

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...* 130

Part A

A truck or truck combination > 10,000 lbs GVWR/GCWR? Y N

Any vehicle displaying a hazardous materials placard? Y N

A vehicle designed to carry 9 or more people, 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 towed from the scene due to disabling damage? 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

• Interstate Carrier? Y N 138

Carrier Name 139

Carrier Identification Numbers

US DOT 140

ICC MC

Carrier Address 142

Source: Vehicle Side 141 Shipping Papers Trip Manifest Driver Log Book

Vehicle Information

Gross Vehicle Weight Rating 143 LBS

Total # of Axles 144

Vehicle Configuration

① Bus ② Single unit truck ③ Single unit truck + 3 axles ④ Truck/Tractor ⑤ Tractor/Tractor ⑥ Tractor/Tractor ⑦ Tractor/Tractor ⑧ Tractor/Tractor ⑨ Unknown Heavy Truck ⑩ Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 140 (Mark a total of one to four events in the order that they occurred.)

| | |
|--|--|
| ① ② ③ ④ Ran off Road | ① ② ③ ④ Collision Involving Motor Vehicle in Transp. |
| ① ② ③ ④ Jackknife | ① ② ③ ④ Collision Involving Parked Motor Vehicle |
| ① ② ③ ④ Overturn (Rollover) | ① ② ③ ④ Collision Involving Train |
| ① ② ③ ④ Downhill Runaway | ① ② ③ ④ Collision Involving Pedalcycle |
| ① ② ③ ④ Cargo Loss or Shift | ① ② ③ ④ Collision Involving Animal |
| 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 |

Cargo Body Type

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

Printed in U.S.A.

GS03

321

Mark Release by Pearson MM97108-4

| | | | | | |
|--|--|---|---------------|--|---|
| 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 | 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) |

| | | | | | |
|--|--|---|---------------|--|---|
| 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 | 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) |

Type of Accident

01 First Harmful Event 80

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)

31

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 |
|---------------------------------------|---------------------------------------|

88 Driver Factors (Or Pedestrians)

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

89 Presence

⑤ Neither Alcohol nor Drugs Present

| | |
|-------------------------------|---|
| ⑥ Yes—Alcohol Present | ⑥ |
| ⑦ Yes—Drugs Present | ⑦ |
| ⑧ Yes—Alcohol & Drugs Present | ⑧ |
| ⑨ Unknown | ⑨ |

90 Alcohol

AC Value

| | |
|-----------------------------------|---|
| ⑩ Test Not Given | ⑩ |
| ⑪ Test Refused | ⑪ |
| ⑫ Test Given, Alcohol Unknown | ⑫ |
| ⑬ Test Given, No Alcohol Reported | ⑬ |

91 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 # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian 92

| | |
|---|--|
| 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 93

| |
|--|
| 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 94

95 Extent of Damage

| | |
|--------------|---------------|
| ① None | ④ Severe |
| ② Very Minor | ⑤ Very Severe |
| ③ Minor | ⑥ Unknown |
| ⑦ Moderate | |

Vehicle Towed Due to Damage 96

Vehicle Removed By: 97 operator

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94

95 Extent of Damage

| | |
|--------------|---------------|
| ① None | ④ Severe |
| ② Very Minor | ⑤ Very Severe |
| ③ Minor | ⑥ Unknown |
| ⑦ Moderate | |

Vehicle Towed Due to Damage 96

Vehicle Removed By: 97

R2 Fixed Object Struck

| | | | |
|--------|--------|--------|--------|
| Unit # | Unit # | Unit # | Unit # |
|--------|--------|--------|--------|

PROPERTY Last First M.I. OWNER 84

ADDRESS Street & Number 85

City & State ZIP Phone Number () 86 87

Govt. Damage Tag # 83

Officer's Opinion of Possible Contributing Circumstances

Document Number Override
121 **A 302840**

Driver Factors

| | | | |
|---------------------------------------|-----|---------------------------------------|-----|
| Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ | 122 | Unit Number ① ② 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

Vehicle Factors

| | | | |
|---------------------------------------|-----|---------------------------------------|-----|
| Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ | 123 | Unit Number ① ② 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

Highway Factors

| | | | |
|---------------------------------------|-----|---------------------------------------|-----|
| Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ | 124 | Unit Number ① ② 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

OFFICER INFORMATION

Last: **Freedman** First: **Jason** M.I. **E**

Law Enforcement Agency Address: **211 S. Carroll St**

City & State: **Madison WI** ZIP: **53703**

Phone Number: **(608) 266-4923**

Agency #: **11-181889** Enforcement Agency: **City of Madison** Officer ID #: **131 2780**

Date Notified

| MONTH | DAY | YEAR |
|-------|-----|------|
| Jan | 02 | 11 |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| June | | |
| July | | |
| Aug | | |
| Sept | | |
| Oct | | |
| Nov | | |
| Dec | | |

Time Notified (Military Time)

| HR | MIN |
|----|-----|
| 23 | 15 |

Time Arrived (Military Time)

| HR | MIN |
|----|-----|
| 23 | 15 |

Date of Report

| MONTH | DAY | YEAR |
|-------|-----|------|
| Jan | 03 | 11 |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| June | | |
| July | | |
| Aug | | |
| Sept | | |
| Oct | | |
| Nov | | |
| Dec | | |

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 or truck combination > 10,000 lbs GVWR/GCWR? Y N
- Any vehicle displaying a hazardous materials placard? Y N
- A vehicle designed to carry 9 or more people, 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 towed from the scene due to disabling damage? 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

• Interstate Carrier? Y N 138

Carrier Name: 139

Carrier Identification Numbers

US DOT: 140 LC

ICC MC: IC

Carrier Address: 142

Source: Vehicle Side 141
 Shipping Papers
 Trip Manifest
 Driver
 Log Book

Vehicle Information

Gross Vehicle Weight Rating: 143 LBS

Total # of Axles: 144

Vehicle Configuration

145

① Bus ② Single Unit Vehicle ③ Single unit truck + 3 axles ④ Truck/Trailer ⑤ Tractor/Trailer ⑥ Tractor/Trailer ⑦ Tractor/Trailer ⑧ Tractor/Trailer ⑨ Unknown Heavy Truck ⑩ Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE

146 (Mark a total of one to four events in the order that they occurred.)

- 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

147

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

Printed in U.S.A. GS03 321 Mark Reflected by Pearson 11897108-4

Pictorial Representation of Narrative

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

98

Supplemental Reports 101 (V) (N) Witness Statements 102 (V) (N) Measurements Taken 103 (V) (N)

Skidmarks to Impact

Unit 1 100 Unit 2

FEET

Surface Type

N 104
A
R
R
A
T
I
V
E

106
 Paper Size #
 License Plate #

107
 Driver's Name
 Driver's License #

108
 Road Name
 Mileage

109
 Direction of Travel
 Speed

110
 Date of Accident
 Time of Day

Photos By: 105

What Drivers Were Doing

| Unit Number | | | | | 119 | Unit Number | | | | |
|-------------|---------------------------|----|---|----|-----|-------------|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | | 6 | 7 | 8 | 9 | 10 |
| 1 | Going Straight | 1 | | | | | | | | |
| 2 | Making Left Turn | 2 | | | | | | | | |
| 3 | Making Right Turn | 3 | | | | | | | | |
| 4 | Slowing or Stopping | 4 | | | | | | | | |
| 5 | Stopped in Traffic | 5 | | | | | | | | |
| 6 | Legally Parked | 6 | | | | | | | | |
| 7 | Violating No Passing Zone | 7 | | | | | | | | |
| 8 | Illegally Parked | 8 | | | | | | | | |
| 9 | Parking Maneuver | 9 | | | | | | | | |
| 10 | Backing Maneuver | 10 | | | | | | | | |
| 11 | Changing Lanes | 11 | | | | | | | | |
| 12 | Overtaking on Left | 12 | | | | | | | | |
| 13 | Overtaking on Right | 13 | | | | | | | | |
| 14 | Making U Turn | 14 | | | | | | | | |
| 15 | Turning on Red | 15 | | | | | | | | |
| 16 | Merging | 16 | | | | | | | | |
| 17 | Negotiating Curve | 17 | | | | | | | | |
| 18 | Other | 18 | | | | | | | | |

| | | | |
|--------------|-----------------|---------------|---------|
| WITNESS NAME | Last | First | M.I. |
| 107 | | | |
| ADDRESS | Street & Number | Date of Birth | |
| 108 | | 109 | |
| City & State | ZIP | Phone Number | 111 () |
| 110 | | | |

ACCESS CONTROL 112

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

ROAD TERRAIN 113

Part A

- 1 Straight
- 2 Curve

Part B

- 3 Level/Flat
- 4 Hill

LIGHT CONDITION 114

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

TRAFFIC WAY 115

- 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 116

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

WEATHER 118

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

RELATION TO ROADWAY 117

- 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 | | | | | 120 | Unit Number | | | | |
|-------------|-----------------------------------|----|---|----|-----|-------------|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | | 6 | 7 | 8 | 9 | 10 |
| 1 | No Control | 1 | | | | | | | | |
| 2 | Traffic Signal Operating | 2 | | | | | | | | |
| 3 | Traffic Signal Flashing | 3 | | | | | | | | |
| 4 | Stop Sign | 4 | | | | | | | | |
| 5 | Stop Sign with Flasher Warning | 5 | | | | | | | | |
| 6 | Warn Sign with Flasher Yield Sign | 6 | | | | | | | | |
| 7 | Traffic Control Person | 7 | | | | | | | | |
| 8 | RR-xing Signal | 8 | | | | | | | | |
| 9 | Other | 9 | | | | | | | | |
| 10 | | 10 | | | | | | | | |
| 11 | | 11 | | | | | | | | |

A302841

Amended Document On Emergency

A E U

Document Number Override 0 A302840

Wisconsin Motor Vehicle Accident Report

Police No. 11-181889

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

County MUN/TWP grid with handwritten entries 13 73

Accident Date grid with handwritten entries 02 11

Time of Accident (Military Time) grid with handwritten entries 23 15

Total Number grid with handwritten entries 03 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

Sheet No. Of 22

ACCIDENT LOCATION Public Highway, Intersection/Related Public Highway, Non-Intersection Parking Lot Private Property or Road

Location 1500 Packers Ave Date 07-02-11

Main accident report form with fields for latitude/longitude, unit information, operator details, vehicle details, and insurance information.

Accident No. 502-N

Date 07-02-11

Location 1500 Packers Ave

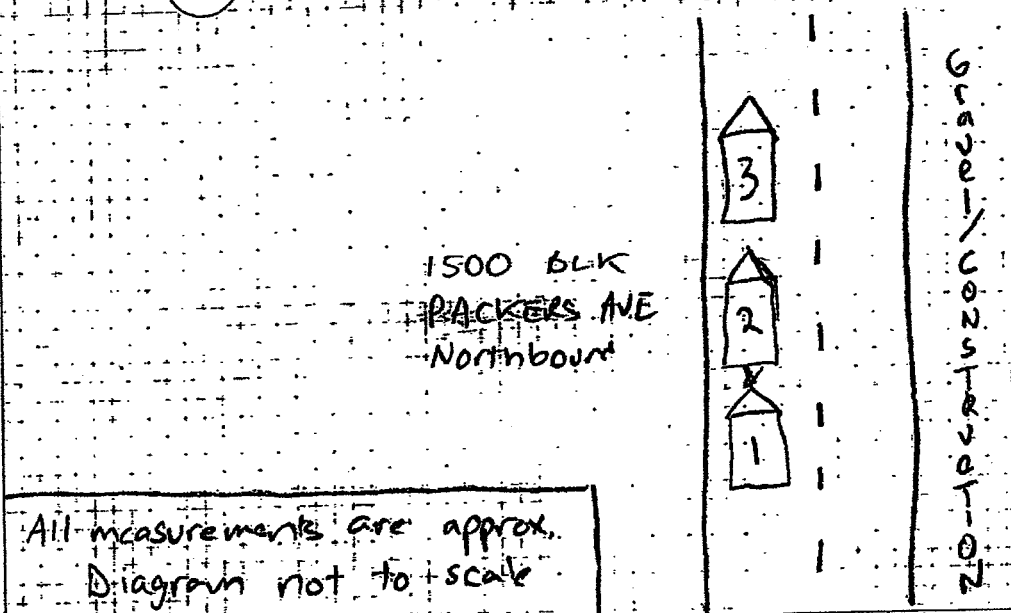
Draw Diagram of Accident & indicate North with an arrow in the circle.



Pictorial Representation of Narrative

Supplemental Reports 101 Witness Statements 102 Measurements Taken 103

Skidmarks to Impact
 Unit 1 100 Unit 2
 FEET
 Surface Type: Asphalt



N 104 Unit 1 was NB on Packers Ave in the 1500 blk in
 A LH lane. Driver 1 stated he looked to the right &
 R activated his turn signal to change lanes. Driver 1
 R stated "I may have looked too long to the right". Upon
 R looking back front, he collided w/veh #2. Veh #2
 A was NB on Packers, LH lane, in front of unit 1 &
 T behind unit 3. Driver 2 stated Driver 3 stopped
 I suddenly & Driver 2 stopped as well. Driver 2
 V stated Driver 1 then struck her from behind.
 E Driver 3 stopped due to traffic. Traffic was
 E heavy due to Rhythm & Booms & Packers
 E was under construction.

Photos By: NA
 105

What Drivers Were Doing

| Unit Number | Unit Number |
|---|--|
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | 119 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 | <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 |

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

| | | | |
|--------------|-----------------|---------------|---------|
| WITNESS NAME | Last <u>NA</u> | First | M.I. |
| ADDRESS | Street & Number | Date of Birth | |
| 108 | | 109 | |
| City & State | ZIP | Phone Number | 111 () |
| 110 | | | |

ACCESS CONTROL 112

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- 3 Partial Control

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Part A

- 1 Straight
- 2 Curve

Part B

- 3 Level/Flat
- 4 Hill

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- 3 Dark-Lighted
- 4 Dawn
- 5 Dusk
- 6 Unknown

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- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke
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- 8 Severe Crosswinds
- 9 Other
- 10 Unknown

RELATION TO ROADWAY 117

- 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 type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | 120 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 | <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 |

- 1 No Control
- 2 Traffic Signal Operating
- 3 Traffic Signal Flashing
- 4 Stop Sign
- 5 Stop Sign with Flasher Warning
- 6 Warn Sign with Flasher Yield Sign
- 7 Traffic Control Person
- 8 RR-xing Signal
- 9 Other
- 10
- 11

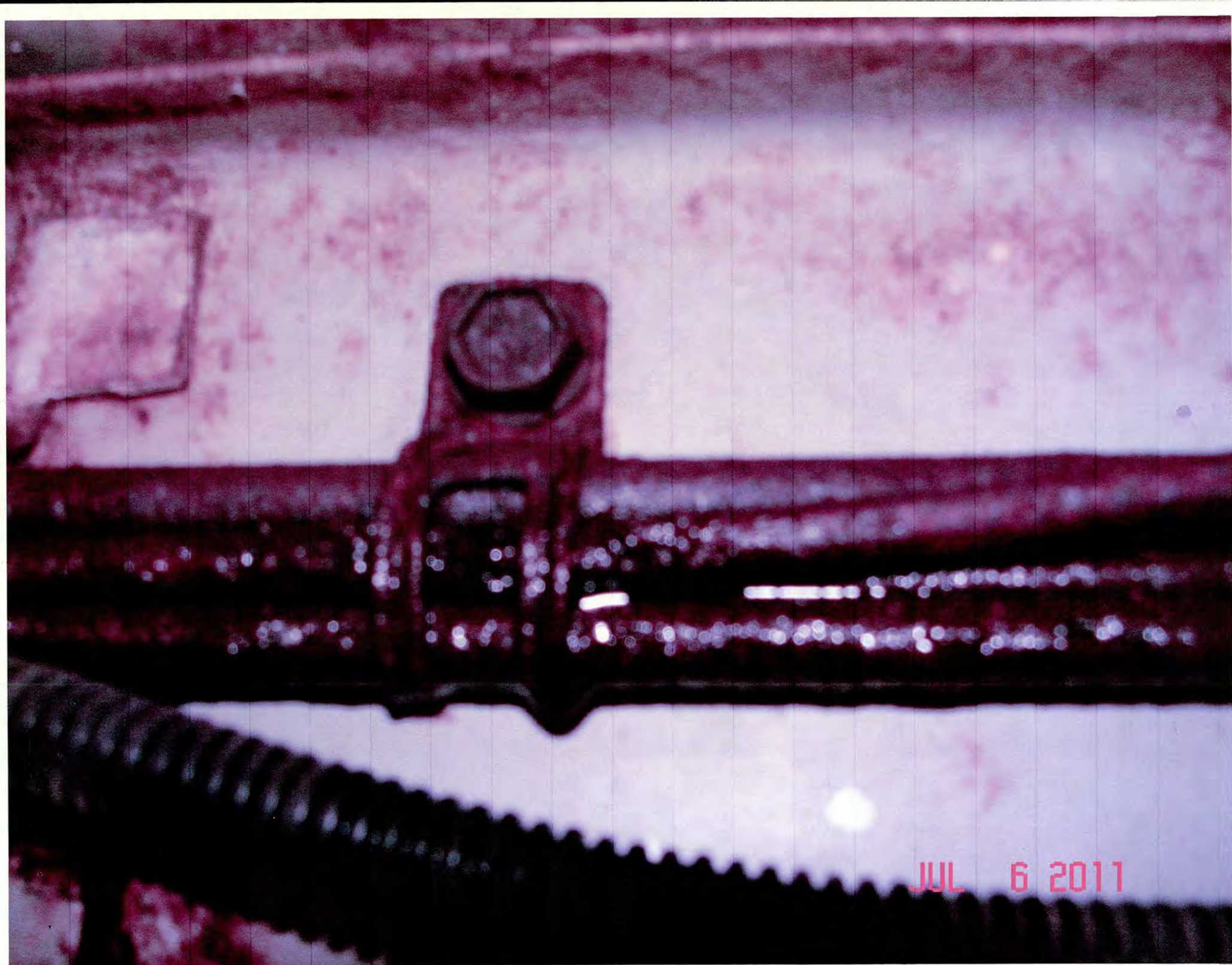
Appearance Required No Yes **Date:** 8-3-11 **Time:** 8:30 **1908476 2**
PLACE: CIRCUIT MUNICIPAL **Time:** 8:30 am pm **See back for court/point information**
AM 201 City County Bldg
210 Martin Luther King Madison WI 53763
4 For Court Use Only
2 DEPOSIT BAIL **3 ESTIMATED Points for This Citation**
CASH CARD
\$ 101.40 4
42 Agency Space
11-181889
Integrity Inv
8/16/11
830

5 Non-Individual Name (Last, First, MI) [Redacted] **Area Code - Telephone No.** [Redacted]
6 Street Address [Redacted] **Apartment No.** [Redacted] **Post Office - City** MADISON **State** WI **Zip Code** [Redacted]
7 Driver License Number/ID No. [Redacted] **State** WI **Exp. Yr.** A **License Class** A B C M O F H N P S T **License Endorsements** [Redacted] **8 HazMat No. / BUS DOT No.** [Redacted]
9 Birth Date [Redacted] **14 Sex** M **Race** W **HT.** 510 **WT.** 220 **Hair** brn **Eyes** brn **15 Holds CDL** YES NO **16 Vehicle Class** A B C M O F H N P S T **17 Vehicle Endorsements** [Redacted]
10 Vehicle Year, Make, Type [Redacted] **20 Plate Type** PC **State** WI **Exp. Yr.** 11 **23 Vehicle Year, Make, Type** 92 Chev VAN **Color** WHI **24 Waiver** FAR FIR REC
11 State of WI **12 County** MADISON **13 City** **14 Village** **15 Town** **27 Defendant Violated** Ord. No. 12.011 **28 Adopting State Statute No.** 346.89(1)
16 Plaintiff MADISON **17 Description of Violation** Inattentive Driving **30 Overweight** **M 31 Actual Legal Over** P H **32 Violation Zone:** CONST. RAILROAD SCHOOL UTILITY
18 Week Day SAT **35 Month - Day - Year** 7-2-11 **36 Time** 11:15 **AM PM** **37 County Name** DANE **38 CVT Code** 73
19 On Hwy **Street Name** 1500 Packers Ave **40 Estimated** **Fr W N E** **Mi S** **41 From/At Hwy** **Street Name**
3 Print Officer Name Freedman **44 Dept.** CMMO **45 Officer ID No.** 2780 **46 Date Citation Served** 7-2-11 **47 Accident Doc. No.**
Visconsin Uniform Citation
49 Passenger Under 16: YES NO **Method By MAIL** **IN PERSON** **Severity FATAL** **PI** **PD**

Mckenna Starczynski
 513-1425
 Metro politen Property
 wti HONDA

Tong Xiong
 State Farm 244 0004
 WHI YARLS

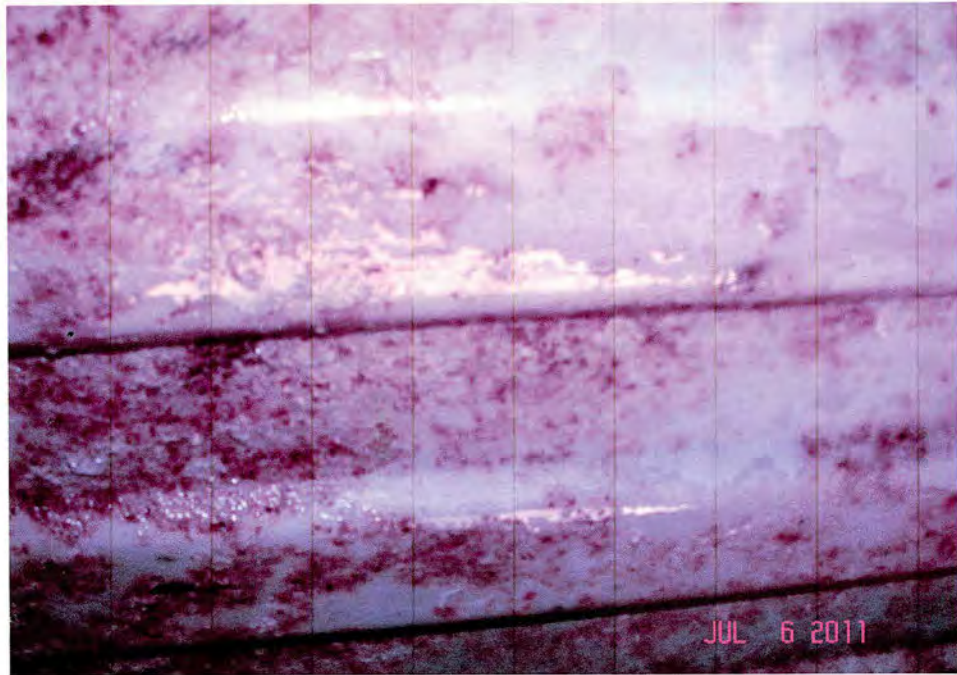
• 1321805 •
 1800-348-1741
 malix 8401
 George.



JUL 6 2011



JUL 6 2011





JUL 6 2011