WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Document Number Override	Primary Crash D	ocument#	Agency 21-041	Crash Number 64	Investigating Officer/Deputy SERGEANT S. SCHRAM			
Crash Date 05/15/2021	Crash Time 05:02 PM		Date Arrived 05/15/2021		Time Arrived 05:10 PM			
Date Notified 05/15/2021	Time Notified 05:02 PM		Total Ui	nits	Total Injured	Total Kille	ed	
On Emergency Hit	and Run	Lane Closu		Work Zone	Trailer	or Towed	Reporting Threshold	
Government Property	Active Scl	nool Zone	School NO	Bus Related	Tags			
✓ Reportable	Crash Type DT4000 (STAI	NDARD CRASH	i)		Amend	ed	Secondary Crash	
Description Diagram						December	- D.	
Diagram						Reconstruction	п Бу	
		1				Photos By		
					•			
	HWY ·	14		Not to Scale		Additional Info	rmation	
		the speciments of the specimen						
Delicanto Delican								
Private Drive		Unit	1					
		Unit 2						
l, a sworn law enforcement								
UNIT 1 WAS WB ON HWY 14. UNIT 1 STOPPED AND REAR ENDED UN								

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Crash Date 05/15/2021

	Location =									
	ON USH14 WB				Latitude			Longitud	de	
	432 FT W		43.189771114			-90.079584744				
	OF N WESTMORE ST		X Coordinate			Y Coord	inate			
	IN THE TOWN OF SPR	RING GREEN	249754.21875 4786494							
	IN SAUK COUNTY		Structure 7	Type						
						71				
	Crash Scene			•						
	First Harmful Event			-	First Harm	fulEventLo	cation			
	MOTOR VEH IN TRAN	ISPORT		(ON ROAI	DWAY				
	Manner of Collision			1	Light Cond	tition				
	03 - FRONT TO REAR				DAYLIGH					
	Road Surface Condition(s))		3	Roadway	Factor(s)				
	DRY									
	Environment Factor(s)									
	NONE			1	NONE					
	Weather Condition(s)									
	CLOUDY									
	AnimalType					o Trafficway				
	Crash Classification - Loca	ation				WAY - ON				
	PUBLIC PROPERTY	auoi:		I	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land			I *	Access Control Special Study NO CONTROL			Special Study		
	Within Interchange Area	Junction Location		Intersection						
	NO	DRIVEWAY ACCESS-R	ELATED	NOT AN IN		CTION				
	Unit Summary									
	Unit Status		Vehicle Ope	erating As Cla	ssification		UnitType			
	IN TRANSIT		D CLASS		AUTOMOBILE					
7	Vehicle Type		•				Operating As Endorsements			
0	PASSENGER CAR									
	Total Occs	Train/Bus#Recorded		tions Issued	0		ers	l	Mat Types	
	02	Direction Of Travel	00				.imit Total Lanes			
-	Insurance? YES	Direction Of Travel WESTBOUND		CrashTire Mark			o2		es	
LNO	Most Harmful Event: Collis	sion With	SpecialFun				Emergency Motor Vehicle Use			
_	MOTOR VEH IN TRAN	ISPORT	NO SPEC	IAL FUNCT	TION		NOT APPLICABLE Traffic Control Inoperative/Missing			
	Traffic Way		Traffic Cont							
	TWO-WAY, NOT DIVID	DED	NO CONT	ROL			NO Road Grade			
	Surface Type		Road Curva							
	BLACKTOP (BITUMIN	ous)	STRAIGH	T			LEVEL			
	Truck Bus or HazMat									
	Vehicle		uarenna en arena en ere		eceseces					
	License Plate Number	er	Plate Type			St	Country of Is	suance		
	843VTA		AUT - AU	TOMOBILE	■	WI	UNITED STATES			
	Vehicle Identification	Make			Year	Model				
_		PAINIUV	HYUNDAI		2017	ELANTRA				
7	る KMHD74LF3HU07	71231	I TO NUMBER		Body Style		Bus Use			
0	Color		Body Style				Bus Use			
9	Color SIL - SILVER (ALI		Body Style	AN	1		Bus Use			
	Color SIL - SILVER (ALI		Body Style	AN	I		Bus Use			
UNIT 01	Color SIL - SILVER (ALI		Body Style SD - SED Vehicle Da	AN	ORNER, (06 - REAR				

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		Towed Due To Damage		Vehicle Removed By					
		NOT TOWED What Driver Was Doing		OPERATOR Vehicle Factors					
		LEFT TURN		Versione Factors					
		Driver Prior Action Other		NOT APPLICABLE					
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ON						
ы	0.1	OwnerName TIMOTHY A O LEARY (608) 386-8044		Owner Address \$13009 SHIFFLET RD # 108 SPRING GREEN, WI 53588 , US					
		Seallance Of Events							
		Event							
	5	MOTOR VEH IN TRANSPO	ORT						
	Event Company								
	03	Event							
	7	Event							
_		Policy Holder							
N N		Insurance Company AMERICAN-FAMILY-INS-0		Individual TIMOTHY O LEARY					
_				TIMOTH O CEART					
l					NEW DITE OF THE				
		Driver TIMOTHY A O LEARY		Citations issued	Sex MALE				
,		Driver		Citations Issued	Sex				
TINI		Driver TIMOTHY A O LEARY (608) 386-8044		Citations Issued 00	Sex MALE Race				
UNIT	INDIVIDUAL	Driver TIMOTHY A O LEARY (608) 386-8044	08	Citations issued 00 Date of Birth	Sex MALE Race WHITE				
UNIT	INDIVIDUAL	Driver TIMOTHY A O LEARY (608) 386-8044 Address S13009 SHIFFLET RD # 1	08 8 , US	Citations issued 00 Date of Birth Driver License Number	Sex MALE Race WHITE				
TINO	INDIVIDUAL	Driver TIMOTHY A O LEARY (608) 386-8044 Address \$13009 SHIFFLET RD # 1: SPRING GREEN, WI 5358: Cety Equipment Row	08 8 , US Crash Seat Position	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: U	Sex MALE Race WHITE				
UNIT	INDIVIDUAL	Driver TIMOTHY A O LEARY (608) 386-8044 Address S13009 SHIFFLET RD # 1: SPRING GREEN, WI 5358: Con Duty	08 8 , US Crash	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment	Sex MALE Race WHITE				
UNIT	INDIVIDUAL	Driver TIMOTHY A O LEARY (608) 386-8044 Address \$13009 SHIFFLET RD # 10 SPRING GREEN, WI 53580 Fety Equipment Row 01 - FRONT ROW	08 8 , US Crash Seat Position	Citations issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT	Sex MALE Race WHITE				
	S INDIVIDUAL	Driver TIMOTHY A O LEARY (608) 386-8044 Address S13009 SHIFFLET RD # 1 SPRING GREEN, WI 5358I Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	08 8 , US Crash Seat Position 07 - LEFT	Citations issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Sex MALE Race WHITE				
	INDIVIDUAL	Driver TiMOTHY A O LEARY (608) 386-8044 Address S13009 SHIFFLET RD # 1: SPRING GREEN, WI 5358: Pety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se	08 B , US Crash Seat Position 07 - LEFT	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex MALE Race WHITE NITED STATES				
	S INDIVIDUAL	Driver TIMOTHY A O LEARY (608) 386-8044 Address S13009 SHIFFLET RD # 1 SPRING GREEN, WI 5358I Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	08 8 , US Crash Seat Position 07 - LEFT	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE				
	S INDIVIDUAL	Driver TiMOTHY A O LEARY (608) 386-8044 Address S13009 SHIFFLET RD # 1 SPRING GREEN, WI 5358 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO API Ejected NOT EJECTED Medical Transport	08 B , US Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE NITED STATES Trapped/Extricated				
	S INDIVIDUAL	Driver TiMOTHY A O LEARY (608) 386-8044 Address S13009 SHIFFLET RD # 1 SPRING GREEN, WI 5358 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO API Ejected NOT EJECTED	08 B , US Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED				
	S INDIVIDUAL	Driver TIMOTHY A O LEARY (608) 386-8044 Address \$13009 SHIFFLET RD # 1 SPRING GREEN, WI 53588 ety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury NO API Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	08 8 , US Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	Sex MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED EMS Run#				
	S INDIVIDUAL	Driver TIMOTHY A O LEARY (608) 386-8044 Address \$13009 SHIFFLET RD # 1 SPRING GREEN, WI 53588 ety Equipment Row 01 - FRONT ROW HelmetUse Eye Protection Injury NO API Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	08 8 , US Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Citations Issued 00 Date of Birth Driver License Number STATE: WISCONSIN COUNTRY: UI Safety Equipment SHOULDER & LAP BELT Heimet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex MALE Race WHITE NITED STATES Trapped/Extricated NOT TRAPPED EMS Run#				

Crash Date 05/15/2021
Crash Time 05:02 PM

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		Non Motorist Striking	Unit#	Location					
		Prior Action		I					
	JAL	Action							
TINO	INDIVIDUAL								
		Action Other						To/From School	
	1	Suspect Drug & Alcohol NO	ed Alcohol L	ise	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	•		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results			
10	100	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		ndividual			The state of the s				
	_	Passenger SANDRA MARIE OLEARY			Otations Issued		Sex FEMALE		
<u>⊢</u>	DUA	(608) 386-8044			Date of Birth Race WHITE				
TNU	INDIVIDUAL	Address \$13009 SHIFFLET RD # 611 SPRING GREEN, WI 53588, US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sai	On Duty	Crash		Safety Equipment				
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP E	BELT			
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
٤	20	Injury Se Injury NO API	PARENT I		Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Pa	th CTED/NOT APPI	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#		
		Hospital			Date of Death		Time of Death		
		Distracted By	ed By Source	•					
		Distracted By Action							
		Striking	Unit#	Location					
		Non Motorist							

Crash Date 05/15/2021 Crash Time 05:02 PM

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1										
		Prior Action								
TINO	INDIVIDUAL	Action Action Other								To/From School
		Sus	pected Alcohol U	se	Suspected Drug Use					
	1	Drug & Alcohol No			NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	pe			Alcohol Tes	st Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug 7	Test Results			
10	002	Drug Type								
		Individual Condition APPEARED NORMAL								
ı	Uni	t Summary ===								
	Unit	Status			Vehicle Operating As Class	sification	ı	UnitType		
		RANSIT icle Type			D CLASS			AUTOMOBILE Operating As Endorsements		
02		SSENGER CAR								TIOTIS
	Tota	lOccs	Train/Bus#Red	1	Total # Citations Issued 02		Total Traile	ers	Total Hazî	Mat Types
-		Insurance? Direction Of Travel YES WESTBOUND			Pre CrashTire Mark		Speed Lim	it	Total Lanes 02	
TNU		ost Harmful Event: Collision With			Special Function NO SPECIAL FUNCTION			Emergency NOT APP	Motor Vehi	cle Use
		fic Way D-WAY, NOT DIVIDED		1	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		rive/Missing	
		ace Type			Road Curvature			Road Grade		
	Truc	ACKTOP (BITUMINOUS) k Bus or HazMat	!		STRAIGHT			LEVEL		
	NO	Vohiele								
		Vehicle License Plate Number			Plate Type		St	Country of Is	suance	
		ABF1846			AUT - AUTOMOBILE		WI	UNITED S		
02	8	Vehicle Identification Numb 1G8AL55B56Z103951	per		Make SATURN		Year 2006	Model ION LEVEI	<u>L</u>	
		Color			Body Style			Bus Use		
	111	GRY - GRAY			4D - 4DR Vehicle Damage					
⊨	3	Initial Contact Point 12 - FRONT			Venicle Damage					
INN	VEHICLE	Extent Of Damage FUNCTIONAL DAMAG	E		11 - LEFT FRONT COI	RNER,	12 - FRON	lT		
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR					
		What Driver Was Doing GOING STRAIGHT								

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				_					
				Γ	Vehicle Factors				
		Driver Prior Action Other			NOT APPLICABLE				
TIND	VEHICLE	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE,			RELESS OR ERRATIC MANNER				
02	02	Owner Name KIRK JAMES BEERS (608) 485-1974			Owner Address 51484 WALKER HOLLOW RD STEUBEN, WI 54657, US				
	5	Sequence Of Events Event							
	8	MOTOR VEH IN TRANSP Event	OK I						
	8	Event							
	8	Event							
<u> </u>		Policy Holder							
IN IN		Insurance Company STATE-FARM-GENERAL-INS-CO			Individual KIRK BEERS				
		Individual							
	7	Driver RYAN BARTLEY JAMES BEERS (608) 485-1974			Citations Issued 02 Date of Birth	Sex MALE Race			
l <u>⊢</u>	3				Date of Billin	Nave			
UNIT	INDIVIDUA	Address 51484 WALKER HOLLOW RD STEUBEN, WI 54657, US			Driver License Number STATE: WISCONSIN COUNTRY	: UNITED STATES			
	Sai	On Dut fety Equipment	y Crash		Safety Equipment				
		Row 01 - FRONT ROW	SeatPo 07 - LE		SHOULDER & LAP BELT				
		HelmetUse			Heimet Compliance				
		Eye Protection			Tint Compliance				
8	8		everity PARENT II Ejection Pa		NON DEPLOYED	Toppod/Eutringtod			
		Ejected NOT EJECTED	1 -	ui CTED/NOT APP	LICABLE	Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORTED	111111111		EMS Agency Identifier	EMS Run#			
		Hospital			Date of Death	Time of Death			
		Distracted By UNKN	ted By Source OWN	•	•	•			
		Distracted By Action OTHER ACTION (LOOK!)	IG AWAY F	ROM TASK ET	c)				
		Non Motorist Striking	Unit#	Location					

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		Prior Action											
		Action											
	đ												
∐N O	NDIVIDUAL												
5	8												
	Z												
		Action Other						To/From School					
		Drug & Alcohol NO	ed Alcohol Use	9	Suspected Drug Use			1					
		Alcohol Test Given	T.	Alcohol Test Type			Alcohol Test Results						
		TEST NOT GIVEN											
		Drug Test Given TEST NOT GIVEN	1	Drug Test Type		Drug Test Results	3						
8	g	Drug Type				l							
	•												
		Individual Condition											
		APPEARED NORMAL											
		Individual											
		Passenger MONTANNA STARR SCOTT			Citations issued		Sex FEMALE						
	3	(608) 475-9054			Date of Birth		Race WHITE						
ENS.	INDIVIDUAL	Address 29424 WILLOW CREEK RD RICHLAND CENTER, WI 53581, US			Driver License Number		AAULIE						
>	9				STATE: WISCONSIN COUNTRY: UNITED STATES								
		- XX-71 XX XX XX XX XX XX	, 22										
	Sai	On Duty (Crash		Safety Equipment								
		Row	SeatPosi	ition	SHOULDER & LAP BELT								
		01 - FRONT ROW	09 - RIG	HT									
		Helmet Use			Helmet Compliance								
		Eye Protection			Tint Compliance								
05	8	Injury Severity Injury NO APPARENT INJURY			Airbag								
	•		'AKENT INJ Ejection Path		NON DEPLOYED		Trapped/Extricated						
		i	NOT EJECT	TED/NOT APPL			NOT TRAPPED						
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run#						
		Hospital			Date of Death		Time of Death						
		Distracte	d By Source				<u> </u>						
		Distracted By											
		Distracted By Action											
		Non Motorist	Jnit#	Location									
		Prior Action											

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Crash Date 05/15/2021

	Action						
TIND							
	A -4: O4b						To/From School
	Action Other						10/From School
	Drug & Alcohol	Suspected Alc NO	ohol Use	Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN	I	Alcohol Test Type			Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	ı	Drug Test Type		Drug Test Results		
02	Drug Type		•		•		
	Individual Condition						
	APPEARED NORM	MAL					
	cell susmices and content in the last strength in the little in the last strength in the last					************	sarabakkabakabakabak
5	UTC Number BG022026	Issue To? 003	Statute Number 346.89(1)	Description INATTENTIVE DRIV	ING		
02	UTC Number BG022027	Issue To?	Statute Number 343.05(3)(a)	Description OPERATE W/O VAL	ID LICENSE B/C	EXPIRATION	
Allihandle	//(/I) 						