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22-04861

WISCONSIN MOTOR VEHICLE CRASH REPORT

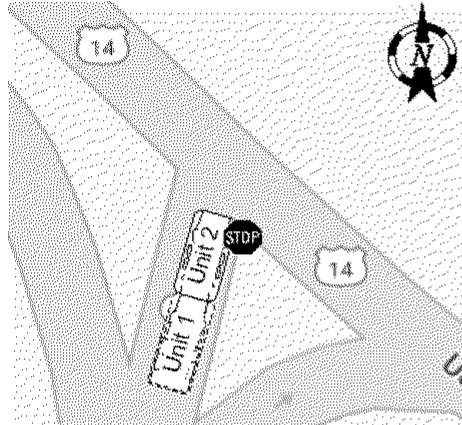
SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document#		Agency Crash Number 22-04861		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 05/27/2022		Crash Time 02:59 PM		Date Arrived 05/27/2022		Time Arrived 03:13 PM	
Date Notified 05/27/2022		Time Notified 02:59 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram



Reconstruction By

Photos By

Additional Information
NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS BEHIND UNIT 2 AT A STOP SIGN ON HWY 23. DRIVER OF UNIT 1 THOUGHT UNIT 2 PROCEEDED FROM THE STOP SIGN & BEGAN LOOKING FOR CROSS TRAFFIC TO PREPARE TO ENTER TRAFFIC SAFELY. UNIT 2 HAD STOPPED THOUGH, AND UNIT 1 STRUCK THE REAR OF UNIT 2.

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Location

ON USH14 EB 66 FT S OF STH23 EB IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.185546033	Longitude -90.064302339
	X Coordinate 250978.9375	Y Coordinate 4785979
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number ZFINNY	Plate Type LTK - LIGHT TRUCK	St IA	Country of Issuance UNITED STATES
	Vehicle Identification Number 3GCUKTEJ0EG473740	Make CHEVROLET	Year 2014	Model SLV
	Color SIL - SILVER (ALUMINUM)	Body Style PK - PICKUP		Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	12 - FRONT		



WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
	What Driver Was Doing ACCELERATING IN ROAD		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01	Owner Name ZACHARY JOSEPH FINNEGAN (319) 930-6368		Owner Address 1175 JEFFERSON AVE MARENGO, IA 52301 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company FARMERS-AUTOMOBILE-INS-ASSOC,-THE		Individual ZACHARY FINNEGAN	
UNIT	Individual			
	Driver ZACHARY JOSEPH FINNEGAN (319) 930-6368		Citations Issued 0	Sex MALE
	Address 1175 JEFFERSON AVE MARENGO, IA 52301 , US		Date of Birth [REDACTED]	Race
			Driver License Number [REDACTED] STATE: IOWA COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)		
Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)				

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition APPEARED NORMAL				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle																				
	License Plate Number AHL9916		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES																
	Vehicle Identification Number WAUV2AF26LN036648		Make AUDI	Year 2020	Model A7																
	Color RED - RED		Body Style HB - HATCHBACK		Bus Use																
	Initial Contact Point 06 - REAR		Vehicle Damage 06 - REAR			<table border="1"> <tr> <td>7</td><td>8</td><td>9</td><td>10</td><td>11</td> </tr> <tr> <td>6</td><td></td><td></td><td></td><td>12</td> </tr> <tr> <td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> </table>	7	8	9	10	11	6				12	5	4	3	2	1
	7	8	9	10	11																
	6				12																
5	4	3	2	1																	
Extent Of Damage FUNCTIONAL DAMAGE																					
Towed Due To Damage NOT TOWED		Vehicle Removed By																			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name MARTIN ROBERT KRAEMER (608) 588-4110	Owner Address 870 WESTBROOK DR PLAIN, WI 53577 , US	
02	Sequence Of Events		
01	Event	MOTOR VEH IN TRANSPORT	
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company AMERICAN-FAMILY-INS-CO	Individual MARTIN KRAEMER	
INDIVIDUAL	Individual		
	Driver MARTIN ROBERT KRAEMER (608) 588-4110	Citations Issued 0	Sex MALE
		Date of Birth [REDACTED]	Race WHITE
	Address 870 WESTBROOK DR PLAIN, WI 53577 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
02	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
002	Injury		Airbag
	NO APPARENT INJURY		NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	Location

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other		To/From School	
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
	Drug Type			
	Individual Condition APPEARED NORMAL			
	02 002			