

6TL0CTJN3S
23-05226

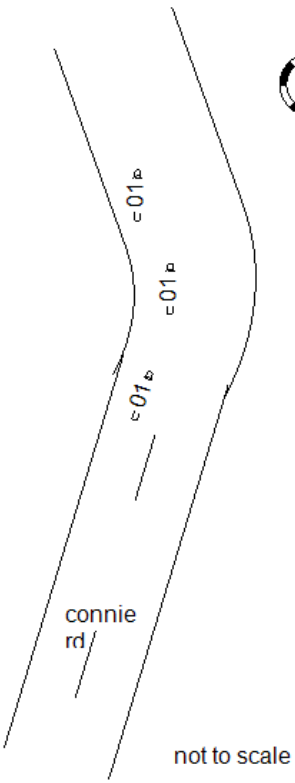
WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0CTJN3S

| | | | | | |
|--|---|--|--|--|--|
| Document Number Override | | Primary Crash Document # | Agency Crash Number 23-05226 | Investigating Officer/Deputy DEPUTY A. KULAS | |
| Crash Date 05/24/2023 | | Crash Time 04:48 PM | Date Arrived 05/24/2023 | Time Arrived 04:54 PM | |
| Date Notified 05/24/2023 | | Time Notified 04:48 PM | Total Units 01 | Total Injured 01 | 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 M TATE |
| | Additional Information NONE, PHOTOS |

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

UNIT 1 WAS SB ON CONNIE RD. THE FRONT TIRE BLEW OUT. UNIT 1 FELLA ONTO ITS RIDE SIDE AND SKIDDED. THE OPERATOR OF UNIT 1 DID NOT HAVE A VALID CLASS M ENDORSEMENT AND THE VEHICLES REGISTRATION EXPIRED IN 2021. THE OPERATOR OF UNIT 1 SUSTAINED INJURIES AND WAS TRANSPORTED BE EMS. A FRIEND OF THE OPERATOR REMOVED THE MOTORCYCLE.

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Location

| | | |
|---|---------------------------------------|----------------------------------|
| ON CONNIE RD 105 FT N OF ZAJAK DR IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY | Latitude 43.484094006 | Longitude -89.76445941 |
| | X Coordinate 276445.75 | Y Coordinate 4818287.5 |
| | Structure Type NO STRUCTURE | |

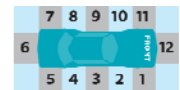
Crash Scene

| | | | |
|--|--|---|---------------|
| First Harmful Event OVERTURN/ROLLOVER | | 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 NO 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 M CLASS | | Unit Type MOTORCYCLE | |
| | Vehicle Type MOTORCYCLE | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 2 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? NO | Direction Of Travel SOUTHBOUND | <input checked="" type="checkbox"/> Pre CrashTire Mark | Speed Limit 25 | Total Lanes 2 | |
| | Most Harmful Event: Collision With OVERTURN/ROLLOVER | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control NO CONTROL | | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature CURVE RIGHT | | Road Grade LEVEL | |
| | Truck Bus or HazMat NO | | | | | |

| | | | | | |
|--|---|--|--|---------------------|---|
| UNIT 01 VEHICLE | Vehicle | | | | |
| | License Plate Number FG953 | | Plate Type CYC - CYCLE | St IL | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1HD1CAP10WY214625 | | Make HARLEY DAVIDSON | Year 1998 | Model EAGLE |
| | Color WHI - WHITE | | Body Style MC - MOTORCYCLE | | Bus Use |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | | Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 12 - FRONT | | |
| Extent Of Damage FUNCTIONAL DAMAGE | | | | | |



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| | | | | |
|---|---|--|--|---|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By | |
| | What Driver Was Doing NEGOTIATING CURVE | | Vehicle Factors | |
| | Driver Prior Action Other | | TIRES | |
| | Driver Actions NO CONTRIBUTING ACTION | | | |
| 01 | 01 | Owner Name SETH TEARNEY (608) 432-9970 | | Owner Address 1715 FOREST COVE DR APT 304 MOUNT PROSPECT, IL 60056 , US |
| Sequence Of Events | | | | |
| 01 | Event EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) | | | |
| 02 | Event OVERTURN/ROLLOVER | | | |
| 03 | Event | | | |
| 04 | Event | | | |
| Individual | | | | |
| UNIT INDIVIDUAL | Driver SETH TEARNEY (608) 432-9970 | | Citations Issued 2 | Sex MALE |
| | Address 1715 FOREST COVE DR APT 304 MOUNT PROSPECT, IL 60056 , US | | Date of Birth | Race WHITE |
| | Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES | | | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | Protective Gear NONE |
| | Helmet Use NO | | Helmet Compliance UNKNOWN | |
| | Eye Protection YES: WORN | | Tint Compliance UNKNOWN | |
| | Injury | | Injury Severity SUSPECTED MINOR INJURY | Airbag NON DEPLOYED |
| | Ejected NOT APPLICABLE | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| | Medical Transport EMS GROUND | | EMS Agency Identifier 6000368 | EMS Run # 2305241636 |
| Hospital ST CLARE HOSP | | 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 | |

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CRASH REPORT

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|------|--|-------------------------------|------------------------------------|---------------------------------------|--|
| 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 | | | | |
| | Violations | | | | |
| 01 | 01 | UTC Number BG941845 | Issue To? 001 | Statute Number 343.05(3)(b) | Description OPERATE MOTORCYCLE W/O VALID LICENSE |
| 02 | 01 | UTC Number BG941846 | Issue To? 001 | Statute Number 341.04(1) | Description NON-REGISTRATION OF OTHER VEHICLE |