

6TL0CVRP3Z
21-04164

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

6TL0CVRP3Z

Document Number Override		Primary Crash Document#	Agency Crash Number 21-04164	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 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 WB ON HWY 14. UNIT 1 WAS STOPPED IN THE LANE OF TRAFFIC ATTEMPTING TO TURN LEFT INTO A PRIVATE DRIVE. UNIT 2 FAILED TO SEE UNIT 1 STOPPED AND REAR ENDED UNIT 1 CAUSING MINOR DAMAGE TO BOTH VEHICLES. UNIT 2 OPERATOR ADMITTED TO BEING INATTENTIVE.

6TL0CVRP3Z

21-04164

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON USH14 WB 432 FT W OF N WESTMORE ST IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.189771114	Longitude -90.079584744
	X Coordinate 249754.21875	Y Coordinate 4786494
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 DRIVEWAY ACCESS-RELATED	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 02	Train/Bus # Recorded	Total # Citations Issued 00	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02
	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 NO CONTROL		Traffic Control Inoperative/Missing NO
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

Vehicle

UNIT 01 VEHICLE 01	License Plate Number 843VTA	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number KMHD74LF3HU071231	Make HYUNDAI	Year 2017	Model ELANTRA	
	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 06 - REAR	Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE	05 - RIGHT REAR CORNER, 06 - REAR			

6TL0CVRP3Z

21-04164

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing LEFT TURN	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name TIMOTHY A O LEARY (608) 386-8044	Owner Address S13009 SHIFFLET RD # 108 SPRING GREEN, WI 53588 , US	
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
Policy Holder				
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO	Individual TIMOTHY O LEARY	
Individual				
UNIT INDIVIDUAL	01	Driver TIMOTHY A O LEARY (608) 386-8044	Citations Issued 00	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address S13009 SHIFFLET RD # 108 SPRING GREEN, WI 53588 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment				
	On Duty Crash	Safety Equipment		
01	001	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 NOT APPLICABLE (NOT DISTRACTED)	
		Distracted By Action NOT DISTRACTED		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Non Motorist		Striking Unit#	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	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					
		Individual					
		Passenger SANDRA MARIE OLEARY (608) 386-8044			Citations Issued 00	Sex FEMALE	
		Address S13009 SHIFFLET RD # 611 SPRING GREEN, WI 53588 , US			Date of Birth [REDACTED]	Race WHITE	
		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES					
		01	002	Safety Equipment		On Duty Crash	
Safety Equipment SHOULDER & LAP BELT							
Row 01 - FRONT ROW	Seat Position 09 - RIGHT						
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					
Distracted By Action							
Non Motorist		Striking Unit#	Location				

6TL0CVRP3Z

21-04164

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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	
01 002	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 02	Train/Bus # Recorded	Total # Citations Issued 02	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02
	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 NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 02 02	License Plate Number ABF1846	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G8AL55B56Z103951	Make SATURN	Year 2006	Model ION LEVEL
	Color GRY - GRAY	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage FUNCTIONAL DAMAGE	11 - LEFT FRONT CORNER, 12 - FRONT		
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT			

6TL0CVRP3Z

21-04164

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER	
02 02	Owner Name KIRK JAMES BEERS (608) 485-1974	Owner Address 51484 WALKER HOLLOW RD STEBEN, WI 54657 , US
	Sequence Of Events	
01 02 03 04	Event MOTOR VEH IN TRANSPORT	
	Event	
	Event	
	Event	
UNIT	Policy Holder	
	Insurance Company STATE-FARM-GENERAL-INS-CO	Individual KIRK BEERS
UNIT INDIVIDUAL	Individual	
	Driver RYAN BARTLEY JAMES BEERS (608) 485-1974	Citations Issued 02 Sex MALE
	Address 51484 WALKER HOLLOW RD STEBEN, WI 54657 , US	Date of Birth [REDACTED] Race [REDACTED] Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
02 003	Safety Equipment	
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 01 - FRONT ROW Seat Position 07 - LEFT	Helmet Compliance
	Helmet Use	Tint Compliance
	Eye Protection	
02 003	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
Hospital	EMS Run#	
02 003	Distracted By	
	Distracted By Source UNKNOWN	
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)	
02 003	Non Motorist	
	Striking Unit#	Location

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
02 003	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 INDIVIDUAL	Individual		
	Passenger MONTANNA STARR SCOTT (608) 475-9054	Citations Issued 00	Sex FEMALE
	Date of Birth [REDACTED]	Race WHITE	
Address 29424 WILLOW CREEK RD RICHLAND CENTER, WI 53581 , US	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES
02 004	Safety Equipment	On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	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		
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

6TL0CVRP3Z

21-04164

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT INDIVIDUAL	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					
	02 004	01	UTC Number BG022026	Issue To? 003	Statute Number 346.89(1)	Description INATTENTIVE DRIVING
			UTC Number BG022027	Issue To? 003	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE B/C EXPIRATION