WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date	Crach Time	23-04803 DEPU			rating Officer/Deputy TY K. MUELLER		
05/14/2023	Crash Time 06:11 PM Time Notified 06:11 PM and Run Lane Closu				Time Arrived 06:23 PM		
- I					Total Injured Total Killed 02 00		d
On Emergency Hit a					Trailer or Towed		Reporting Threshold
Government Property	Active Scho	ol Zone	School NO	Bus Related	Tags		
	Crash Type DT4000 (STAN E	DARD CRASH))		Amended		Secondary Crash
Description							
Diagram			NOT	TO SCALE		econstruction hotos By MUELLER	ву
I, a sworn law enforcemen	1)				P	dditional Infor	mation

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Crash Date 05/14/2023

Crash Time 06:11 PM

Lo	cation								
	N STH33 WB				Latitude			Longitue	de
	18 MI E				43.561245332		-90.071336578		
	OF EMERALD DR IN THE TOWN OF WINFIELD IN SAUK COUNTY					ate		Y Coord	linate
						4375		4827727	
IN						уре			
					Otractare 1	урс			
Cra	ash Scene								
Fire	st Harmful Event				First Harm	ful Event l	_ocation		
DI	тсн				ROADSI	DE			
Ма	nner of Collision				Light Cond	ition			
00	- NO COLLISION W/V	EHICLE IN TRANSPORT			DAYLIGH	łT			
Ro	ad Surface Condition(s)				Roadway F	actor(s)			
WE	ET								
En	vironment Factor(s)								
NC	ONE				NONE				
We	eather Condition(s)								
CL	.OUDY								
Ani	imal Type				Relation To Trafficway TRAFFICWAY - ON ROAD				
	ash Classification - Location	n					- Jurisdiction		
	JBLIC PROPERTY bal Land				NO SPECIAL JURISDICTION				
'''	Dai Lanu				Access Control Special Study NO CONTROL				
Wit	Within Interchange Area Junction Location Intersec					tion Type			
NC)	NON-JUNCTION	N	NA TON	INTERSE	CTION			
Un	it Summary 💻								
	it Summary It Status		Vehicle Operate	iting As Cl	assification		Unit Type		
Uni			Vehicle Operation	iting As Cl	assification		Unit Type AUTOMO	BILE	
IN Vel	it Status TRANSIT hicle Type		*	iting As Cl	assification				ments
IN Vel	it Status TRANSIT	LE	*	iting As Cl	assification		AUTOMO		ments
Uni IN Vel (SI	it Status TRANSIT hicle Type	LE Train/Bus # Recorded	*			Total Tra	AUTOMO Operating A	s Endorse	ments :Mat Types
Uni IN Vel (SI	it Status TRANSIT hicle Type PORT) UTILITY VEHIC		D CLASS			0	AUTOMO Operating A	s Endorse	
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Uni IN Vel (SI Tot 2 Ins NC TR TW Sui BL Tru NC	it Status TRANSIT hicle Type PORT) UTILITY VEHIC tal Occs urance? D set Harmful Event: Collision REE affic Way VO-WAY, NOT DIVIDED rface Type LACKTOP (BITUMINOUT ck Bus or HazMat D Vehicle License Plate Number APT1209 Vehicle Identification Nu 2GNFLGE38G62109 Color BLK - BLACK Initial Contact Point	Train/Bus # Recorded Direction Of Travel WESTBOUND With D US)	D CLASS Total # Citation 0 Pre Cr Mi Special Function NO SPECIAl Traffic Control NO CONTRO Road Curvatur CURVE LEF Plate Type AUT - AUTO Make CHEVROLE Body Style UT - SPORT Vehicle Dama	rashTire ark on IL FUNC OL re T T UTILIT age	TION E TY VEHICL	St WI Year 2016	AUTOMO Operating A illers mit Emergency NOT APP Traffic Cont NO Road Grad LEVEL Country of Is UNITED S Model EQUINOX Bus Use	Total Haz 0 Total Lan 2 Motor Veh LICABLE rol Inopera	es icle Use tive/Missing

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	Towed Due To Damage		Vehicle Removed By						
	NOT TOWED		STEVES AUTO SERV	/ICE					
			Vehicle Factors						
			NOT APPLICABLE						
	Driver Prior Action Other		NOT APPLICABLE						
VEHICLE	Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-STEERING								
	Owner Name		Owner Address						
_			044 118						
0	(000) 333-3003		LA VALLE, WI 33	341 , 03					
إ	Common Of Events								
0	EMBANKMENT								
02	Event DITCH								
03	Event TREE								
4	Event								
0									
I	ndividual								
	Driver BRANDIE WELLER (608) 393-9069		Citations Issued	Sex					
4			-						
2	,	Date of Birth	WHITE						
Ĭ	Address	Driver License Numbe	r						
	360 WEST ST		STATE: WISCONS	IN COUNTRY: UN	ITED STATES				
=	LA VALLE, WI 53941 , US		STATE. WISCONSI	IN COUNTRY. UN	ITED STATES				
	On Duty C	rooh	Cofety Familians at						
Saf	ety Equipment	iasii	Safety Equipment						
	Row	Seat Position	SHOULDER & LAP	SHOULDER & LAP BELT					
	01 - FRONT ROW								
	Helmet Use		Helmet Compliance						
	Eye Protection		Tint Compliance						
Ξ,	Injury Sev	erity	Airbag						
ŏ			NON DEPLOYED						
	-	•	PPLICABLE		Trapped/Extricated NOT TRAPPED				
	Medical Transport	EMS Agency Identifier	EMS Agency Identifier						
	Hospital		Date of Death	h Time of Death					
	Distracted By PASSEN	By Source GER/OTHER NON-MO	OTORIST						
	Distracted By Action OTHER ACTION (LOOKING	AWAY FROM TASK I	ETC)						
	Non Motorist Striking Un	nit# Location							
	INDIVIDUAL 04 03 02 01	NOT TOWED What Driver Was Doing NEGOTIATING CURVE Driver Prior Action Other Driver Actions FAILED TO KEEP IN DESIGNATION Owner Name BRANDIE WELLER (608) 393-9069 Sequence Of Events Event DITCH Event DITCH Event TREE Event Individual Driver BRANDIE WELLER (608) 393-9069 Address 360 WEST ST LA VALLE, WI 53941 , US Safety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury POSSIBI Ejected NOT TRANSPORTED Hospital Distracted By Action OTHER ACTION (LOOKING	NOT TOWED What Driver Was Doing NEGOTIATING CURVE Driver Prior Action Other Driver Prior Action Other Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OVER Owner Name BRANDIE WELLER (608) 393-9069 Sequence Of Events Event EMBANKMENT Event DITCH Event TREE Event Individual Driver BRANDIE WELLER (608) 393-9069 Address 360 WEST ST LA VALLE, WI 53941 , US Safety Equipment Row 01 - FRONT ROW 01 - FRONT ROW Helmet Use Eye Protection NOT EJECTED NOT EJECTED NOT EJECTED NOT EJECTED NOT EJECTED/NOT AI Medical Transport NOT TRANSPORTED Hospital Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK IS Striking Linit # Li posation Striking Linit # Li posation	NOT TOWED What Driver Was Doing NEGOTIATING CURVE Driver Prior Action Other Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-S Triver Actions FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-S Owner Name BRANDIE WELLER (608) 393-9069 Sequence Of Events Event Driver Embankment Event Driver EMBANKMENT Event Driver BRANDIE WELLER (608) 393-9069 Trice Event Driver BRANDIE WELLER (608) 393-9069 Trice Event Driver BRANDIE WELLER (608) 393-9069 Triver License Number STATE: WISCONSI Safety Equipment On Duty Crash Safety Equipment Frow O1 - FRONT ROW O1 - FRONT ROW Helmet Use Eye Protection Trint Compliance Eye Protection Trint Compliance Trint Compliance Eye Protection Trint Compliance Eye Protection Distracted By POSSIBLE INJURY POSSIBLE INJURY POSSIBLE INJURY DOSSIBLE INJURY DOSSI	Wint Driver Was Doing NEGOTIATING CURVE Driver Prior Action Other Driver Prior Action Other Driver Actions FAILED TO KEEP IN DESIGNATED LANE, OVER-CORRECTING/OVER-STEERING Owner Name BRANDIE WELLER (609) 393-9069 Sequence Of Events Event Driver Company Event Driver Actions Sequence Of Events Event Driver Actions Owner Address Sequence Of Events Event Driver Actions Issued Owner Address Sequence Of Events Event Driver License Number State of Birth Race WHITE Driver License Number State: WISCONSIN COUNTRY: UN Safety Equipment Row O1 - FRONT ROW O1 - FRO	NOT TOWED STEVES AUTO SERVICE			

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Crash Time 06:11 PM

		Prior Action						
		Action						
	INDIVIDUAL							
LIND	ום							
5	<u>></u>							
	Z							
		Action Other					To/From School	
	,	Orug & Alcohol NO	Alcohol Use	Suspected Drug Use NO				
	_	Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN	Alcohol rest Type	•		Alcohol restrictions		
		Drug Test Given	Drug Test Type		Drug Test Results	<u> </u>		
		TEŠT NOT GIVEN						
2	001	Drug Type						
		Individual Condition						
		APPEARED NORMAL						
		Individual						
	Ī	Passenger COREY SEVERIN		Citations Issued	Sex			
	Ļ			0	MALE			
_	INDIVIDUAL			Date of Birth	Race WHITE			
L	Σ	Address		Driver License Number	1			
_	Z	LKA 341 PARK ST # 3 LA VALLE, WI 53941 , US	STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sat	On Duty Cra fety Equipment	ash	Safety Equipment				
		Row	Seat Position	NONE USED - VEHI	CLE OCCUPANT	г		
		01 - FRONT ROW						
		Helmet Use	Helmet Compliance					
		Eye Protection	Tint Compliance					
		laine Cons		L A inh = n				
2	002	Injury Sever	TED MINOR INJURY	Airbag NON DEPLOYED				
		Ejected Eje	ection Path			Trapped/Extricated		
			OT EJECTED/NOT APPL			NOT TRAPPED		
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		Time of Death		
		Distracted By Distracted B	By Source					
		Distracted By Action						
			ъ. и — — — — — — — — — — — — — — — — — —					
		Non Motorist Striking Unit	t# Location					
		Prior Action	ı					

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		Action						
	Ļ							
_	UA							
UNIT	ΔI							
_ ر	INDIVIDUAL							
	=							
		Action Other						To/From School
	ļ		Suspected Alcohol Us	: A	Suspected Drug Use			
	L	Orug & Alcohol	NO		NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
10	002	Drug Type						
	0							
		Individual Condition						
		APPEARED NORM	/IAL					