WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override Crash Date 05/03/2019 Date Notified 05/03/2019		Primary Crash Document # Crash Time 07:56 AM Time Notified 07:56 AM		Agency Crash Number 19-05049 Date Arrived 05/03/2019 Total Units 01		Investigating Officer/Deputy DEPUTY E. KNULL			
						Time Arrived 08:37 AM			
						Total Injured 00	Total Killed	I	
On Emergency	On Emergency Hit		t and Run Lane Closu		☐ Work Zone	Trailor or Toward		Reporting Threshold	
Government Property		Active School Zone		School Bus Related NO		Tags			
Reportable		Crash Type DT4000 (STANDARD CRASH)				Amended		Secondary Crash	
Description									
Diagram						Re	construction	Bv	

Description 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.

OPERATOR OF UNIT 1 WAS BACKING WB AND BACKED INTO ELECTRIC POLE. POLE SNAPPED OFF AND STRUCK UNIT 1. NO INJURIES REPORTED. VEHICLE SUSTAINED FUNCTIONAL DAMAGE TO REAR AND DRIVERS SIDE MIDDLE. OPERATOR CITED FOR UNSAFE BACKING. VEHICLE REMOVED FROM SCENE BY OPERATOR.

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/03/2019

Crash Time 07:56 AM

	Loc	ation								
		ERSECTION				Latitude			Longitud	de .
		WEST ST				43.544356437		_	2556139	
	_	3RD ST			_					
		HE VILLAGE OF IRON	NTON			X Coordinate			Y Coord	
		SAUK COUNTY				246121.5	578125		482606	56.5
						Structure				
						NOSIR	UCTURE			
(Cra	sh Scene								
	First	Harmful Event				First Harm	nful Event L	ocation		
	UTI	LITY POLE				ROADSI	DE			
	Man	ner of Collision				Light Cond	dition			
	NO	COLLISION W/VEHIC	LE IN TRANSPORT			DAYLIG	HT			
	Roa	d Surface Condition(s)		Roadway	Factor(s)					
	DR	Y								
	Envi	ronment Factor(s)								
	NOI	NE				NONE				
	Wea	ther Condition(s)								
	CLE	EAR								
	Anin	nal Type				Relation T	o Trafficwa	v		
								OT ON ROA	D	
	Cras	sh Classification - Location				Crash Cla	ssification -	Jurisdiction		
	PUE	BLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION		
	Triba	al Land				Access Co				Special Study
	1400					NO CONTROL				
	NO NO	in Interchange Area	Junction Location INTERSECTION		Intersection FOUR-WA		SECTION	J		
	140		INTERSECTION		I COIX-VV	~ ! !!*! [いっしいいい	4		
		t Summary		LVahiala One	exeting As Cla	a a ifi a a tia a		In a		
l	Unit	Status		1	erating As Cla	assification	1	Unit Type		
	Unit	Status RANSIT		Vehicle Ope	_	assification	1	AUTOMOI		monto
	Unit IN T Vehi	Status RANSIT cle Type		1	_	assification				ments
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	Unit IN T Vehi PAS Tota	Status RANSIT cle Type	Train/Bus # Recorded	D CLASS	_	assification	Total Trail	AUTOMOI Operating A	s Endorsei Total Haz	ments Mat Types
	Unit IN T Vehi PAS Tota 4	Status RANSIT cle Type SSENGER CAR		Total # Cita	tions Issued	assification	Total Trail	AUTOMOI Operating A ers	s Endorsei Total Haz 0	Mat Types
01	Unit IN T Vehi PAS Tota 4	Status RANSIT cle Type SSENGER CAR I Occs	Train/Bus # Recorded Direction Of Travel WESTBOUND	Total # Cita		assification	Total Trail	AUTOMOI Operating A ers	s Endorsei Total Haz	Mat Types
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SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913** (608) 356-4895

		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing		Vehicle Factors							
		BACKING									
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Actions									
	щ	UNSAFE BACKING									
╘	딩										
L	VEHICL										
_	VE										
		Owner Name		Owner Address							
_	_	BRANDIE MAY WELLER	₹	360 WEST ST	6						
5	01	(608) 415-1095		LA VALLE, WI 53941 , U	5						
		Sequence Of Events	}								
	01	Event									
	0	UTILITY POLE									
	02	Event									
	0	<u> </u>									
	03	Event									
	0										
	04	Event									
	0										
_	ı	Policy Holder									
HNO		Insurance Company		Individual							
⊃		PROGRESSIVE-CLASSI	C-INS-CO	BRANDIE WELLER							
		Individual									
		Driver		Citations Issued	Sex						
		Driver BRANDIE MAY WELLER	<u> </u>	Citations Issued 1	Sex FEMALE						
		Driver	₹								
F		Driver BRANDIE MAY WELLER	₹	1	FEMALE						
ΤΝ		Driver BRANDIE MAY WELLER (608) 415-1095	R	1	FEMALE Race						
LINO		Driver BRANDIE MAY WELLER (608) 415-1095 Address 360 WEST ST		1 Date of Birth Driver License Number	FEMALE Race WHITE						
LINIT	INDIVIDUAL	Driver BRANDIE MAY WELLER (608) 415-1095		1 Date of Birth	FEMALE Race WHITE						
LIND		Driver BRANDIE MAY WELLER (608) 415-1095 Address 360 WEST ST		1 Date of Birth Driver License Number	FEMALE Race WHITE						
LINO	INDINIDUAL	Driver BRANDIE MAY WELLER (608) 415-1095 Address 360 WEST ST LA VALLE, WI 53941 , U		1 Date of Birth Driver License Number	FEMALE Race WHITE						
LINO	INDINIDUAL	Driver BRANDIE MAY WELLER (608) 415-1095 Address 360 WEST ST LA VALLE, WI 53941 , U	JS	1 Date of Birth Driver License Number STATE: WISCONSIN COU Safety Equipment	FEMALE Race WHITE						
LIND	INDINIDUAL	Driver BRANDIE MAY WELLER (608) 415-1095 Address 360 WEST ST LA VALLE, WI 53941 , U	US ty Crash	1 Date of Birth Driver License Number STATE: WISCONSIN COU	FEMALE Race WHITE						
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	INDIVIDUAL	Driver BRANDIE MAY WELLER (608) 415-1095 Address 360 WEST ST LA VALLE, WI 53941 , U fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	ty Crash SIDE (DRIVER/MOTORCY Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT APP	1 Date of Birth Driver License Number STATE: WISCONSIN COU Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	FEMALE Race WHITE NTRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #						
	INDIVIDUAL	Driver BRANDIE MAY WELLER (608) 415-1095 Address 360 WEST ST LA VALLE, WI 53941 , U fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	ty Crash SIDE (DRIVER/MOTORCY Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT APP	1 Date of Birth Driver License Number STATE: WISCONSIN COU Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	FEMALE Race WHITE NTRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #						
	INDIVIDUAL	Driver BRANDIE MAY WELLER (608) 415-1095 Address 360 WEST ST LA VALLE, WI 53941 , U fety Equipment Seat Position 1FRONT SEAT-LEFT S Helmet Use Eye Protection Injury NO A Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	ty Crash SIDE (DRIVER/MOTORCY Severity PPARENT INJURY Ejection Path NOT EJECTED/NOT APP	1 Date of Birth Driver License Number STATE: WISCONSIN COU Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	FEMALE Race WHITE NTRY: UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #						

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

		Non Motorist	Striking	Unit #	Location						
		Prior Action			•						
LIND	INDIVIDUAL	Action									
	Z	A stine Other							To Town Colored		
		Action Other							To/From School		
	1	Drug & Alcohol	Suspec NO	ted Alcohol U	Jse	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				
7	00	Drug Type									
		Individual Condition									
		APPEARED NORMAL									
	ı	Individual									
		Passenger JACOB A JAMES				Citations Issued 0		Sex MALE			
_	DUAL	(608) 415-1095				Date of Birth Race WHITE					
LINO	INDIVIDUAL	Address 360 WEST ST LA VALLE, WI 539)41 , U	s		Driver License Number					
	Sat	fety Equipment	On Duty	/ Crash		Safety Equipment					
		Seat Position	-I FFT :	SIDE(MOT	ORCYCL F/BI	CHILD RESTRAINT SYSTEM - FORWARD FACING					
		4SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
6	002	Injury	Injury S NO AF	everity PPARENT I	NJURY	Airbag NON DEPLOYED					
		Ejected NOT EJECTED		Ejection Pa	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ED			EMS Agency Identifier		EMS Run #			
		Hospital				Date of Death		Time of Death			
		Distracted By	Distract	ed By Source	9						
		Distracted By Action									
		Non Motorist	Striking	Unit #	Location						

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		Prior Action								
		Action								
	Ļ									
l <u>⊢</u>	INDIVIDUAL									
L N	IVI									
	IND									
		Action Other					To/From School			
	ļ	Suspect	ted Alcohol Use	Suspected Drug Use						
	L	Drug & Alcohol NO		NO						
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	е		Alcohol Test Results				
		Drug Test Given	Drug Test Type		Drug Test Results					
	2	TEST NOT GIVEN Drug Type								
6	002	Brug Typo								
		Individual Condition								
		APPEARED NORMAL								
		la Partita d								
		Individual Passenger		Citations Issued	Sex					
	Ļ	ZOEY M JAMES (608) 415-1095		0		FEMALE				
_	INDIVIDUAL	(000) 413-1033		Date of Birth	of Birth Race WHITE					
L N	IVIC	Address 360 WEST ST		Driver License Number						
	Z	LA VALLE, WI 53941 , US	5							
	Sat	On Duty fety Equipment	Crash	Safety Equipment						
		Seat Position	_	SHOULDER & LAP BELT						
		5SECOND SEAT-MIDDL Helmet Use	<u>.E</u>	Helmet Compliance						
		Eva Destantia e								
		Eye Protection		Tint Compliance						
6	003	Injury So	everity PARENT INJURY	Airbag						
		Ejected	Ejection Path	NON DEPLOYED		Trapped/Extricated				
		NOT EJECTED Medical Transport	NOT EJECTED/NOT APP	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #				
		NOT TRANSPORTED		EINS Agency Identifier		EIVIS Ruil#				
İ		Hospital		Date of Death		Time of Death				
		Distracted Distracted	ed By Source	1						
		Distracted By Distracted By Action								
		Non Motorist Striking	Unit # Location							

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Crash Date 05/03/2019

Crash Time 07:56 AM

		Prior Action										
		Action										
	_											
_	NDIVIDUAL											
LNO	₹ I											
–	IDI											
	_											
		Action Other							To/From School			
		Action Other							TO/FIONI SCHOOL			
	j	Drug & Alcohol	Suspect	ed Alcohol L	lse	Suspected Drug Use NO						
	_	Alcohol Test Given	NO		Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN						, aconor i del riddane				
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results					
7	003	Drug Type			•							
		Individual Condition										
		APPEARED NORM	IAL									
	i	ndividual										
		Passenger ANDREW S JAMES	s					Sex MALE				
	JAL	(608) 415-1095				Date of Birth Race						
L	JDI	A.1.1				WHITE						
5	INDIVIDUAL	Address 360 WEST ST				Driver License Number						
	=	LA VALLE, WI 539	41 , US	5								
			On Duty	Crash		Safety Equipment						
	Sat	ety Equipment	_									
		Seat Position 6SECOND SEAT-	RIGHT	SIDE		CHILD RESTRAINT SYSTEM - FORWARD FACING						
		Helmet Use		0.52		Helmet Compliance						
		Eye Protection				Tint Compliance						
	_		Injury Se	overity		Airbag						
6	004	Injury	NO AP	PARENT I	NJURY	NON DEPLOYED						
		Ejected		Ejection Pa	th	101515		Trapped/Extricated				
		NOT EJECTED Medical Transport		NOI EJE	CTED/NOT APPL	EMS Agency Identifier		NOT TRAPPED EMS Run #				
		NOT TRANSPORT	ED			3,						
		Hospital				Date of Death		Time of Death				
		Distracted By	Distracte	ed By Source	9			•				
		Distracted By Action										
		Non Motorist	Striking	Unit #	Location							
					1							

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 05/03/2019

Crash Time 07:56 AM

		Prior Action							
		Action							
	AL								
UNIT	INDIVIDUAL								
5	DIV								
	Z								
		Action Other						To/From School	
		Action Other						16/116/11 Genedi	
	L	Orug & Alcoho	Suspected Alcoh	ol Use	Suspected Drug Use NO				
		Alcohol Test Given		Alcohol Test Type	ype Al		Alcohol Test Results		
		TEST NOT GIVE	N						
		Drug Test Given TEST NOT GIVE	N	Drug Test Type		Drug Test Results	•		
10	004	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
	į	Violations							
	01	UTC Number AD979546		Statute Number 346.87	Description UNSAFE BACKING	OF VEHICLE			
	Pro	perty Owner							
01	Orga ALL	nization/Company IANT ENERGY			Address 4902 N BILTMORE				
) 255-4268		1	MADISON, WI 53707	1077, US			
PROP OWNER									
	Fixe	d Objects Str	uck						
	5	Ü	truck Object					Damage Tag Number 322941	