

6TL0B4X4L3

19-05049

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 19-05049	Investigating Officer/Deputy DEPUTY E. KNULL	
Crash Date 05/03/2019		Crash Time 07:56 AM	Date Arrived 05/03/2019	Time Arrived 08:37 AM	
Date Notified 05/03/2019		Time Notified 07:56 AM	Total Units 01	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.

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.

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Location

INTERSECTION ON WEST ST AT 3RD ST IN THE VILLAGE OF IRONTON IN SAUK COUNTY	Latitude 43.544356437	Longitude -90.142556139
	X Coordinate 246121.578125	Y Coordinate 4826066.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event UTILITY POLE	First Harmful Event Location ROADSIDE	
Manner of Collision 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 - NOT 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 INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 4	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With UTILITY POLE	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 DOWNHILL	
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	01	License Plate Number AAT2084	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FAHP2FW8BG146118	Make FORD	Year 2011	Model TAURUS LIM
		Color GRY - GRAY	Body Style 4D - 4DR		Bus Use NOT A BUS
	VEHICLE	Initial Contact Point 6--REAR	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	6--REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions UNSAFE BACKING			
01	Owner Name BRANDIE MAY WELLER (608) 415-1095		Owner Address 360 WEST ST LA VALLE, WI 53941 , US	
	Sequence Of Events			
01	01	Event UTILITY POLE		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual BRANDIE WELLER	
UNIT INDIVIDUAL	Individual			
	Driver BRANDIE MAY WELLER (608) 415-1095		Citations Issued 1	Sex FEMALE
	Address 360 WEST ST LA VALLE, WI 53941 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		Safety Equipment 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				

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UNIT	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 JACOB A JAMES (608) 415-1095		Citations Issued 0	Sex MALE	
		Address 360 WEST ST LA VALLE, WI 53941 , US		Date of Birth	Race WHITE	
		Driver License Number				
		01	002	Safety Equipment		On Duty Crash
Seat Position 4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI				CHILD RESTRAINT SYSTEM - FORWARD FACING		
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			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	Prior Action				
	Action				
	Action Other		To/From School		
01	002	Drug & Alcohol			
		Suspected Alcohol Use	Suspected Drug Use		
		NO	NO		
		Alcohol Test Given	Alcohol Test Type	Alcohol Test Results	
		TEST NOT GIVEN			
		Drug Test Given	Drug Test Type	Drug Test Results	
		TEST NOT GIVEN			
		Drug Type			
		Individual Condition			
		APPEARED NORMAL			
UNIT	003	Individual			
		Passenger	Citations Issued	Sex	
		ZOEY M JAMES	0	FEMALE	
		(608) 415-1095	Date of Birth	Race	
				WHITE	
		Address	Driver License Number		
		360 WEST ST			
		LA VALLE, WI 53941 , US			
		Safety Equipment		On Duty Crash	Safety Equipment
		Seat Position	SHOULDER & LAP BELT		
5--SECOND SEAT-MIDDLE					
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				
Injury		Injury Severity	Airbag		
NO APPARENT INJURY	NON DEPLOYED				
Ejected	Ejection Path	Trapped/Extricated			
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED			
Medical Transport	EMS Agency Identifier	EMS Run #			
NOT TRANSPORTED					
Hospital	Date of Death	Time of Death			
Distracted By		Distracted By Source			
Distracted By Action					
Non Motorist		Striking Unit #	Location		

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other		To/From School
01	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		
		Individual		
		Passenger ANDREW S JAMES (608) 415-1095	Citations Issued 0	Sex MALE
Address 360 WEST ST LA VALLE, WI 53941 , US		Date of Birth Race WHITE		
01	004	Safety Equipment	On Duty Crash	Safety Equipment CHILD RESTRAINT SYSTEM - FORWARD FACING
		Seat Position 6--SECOND SEAT-RIGHT SIDE		
		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	

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UNIT	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			
	UTC Number AD979546	Issue To? 001	Statute Number 346.87	Description UNSAFE BACKING OF VEHICLE
Property Owner				
PROP OWNER	Organization/Company ALLIANT ENERGY (800) 255-4268		Address 4902 N BILTMORE MADISON, WI 53707 1077, US	
	Fixed Objects Struck			
01	Striking Unit 01	Struck Object UTILITY POLE	Structure Number	Damage Tag Number 322941