

6TL097RB6S
SC22-00197

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL097RB6S

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|--|---|--|---------------------------|
| Document Number Override | | Primary Crash Document# | | Agency Crash Number SC22-00197 | | Investigating Officer/Deputy DEPUTY C. BRATZ | |
| Crash Date 01/07/2022 | | Crash Time 09:36 PM | | Date Arrived 01/07/2022 | | Time Arrived 09:47 PM | |
| Date Notified 01/07/2022 | | Time Notified 09:36 PM | | 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

| | |
|----------------|---------------------------------------|
| <p>Diagram</p> | 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.

ON THE ABOVE DATE AND TIME I WAS NOTIFIED BY THE SAUK COUNTY DISPATCH TO RESPOND TO THE AREA NEAR CTH H/SAUK AVE, FOR AN ACCIDENT INVOLVING A ONE VEHICLE ROLLOVER. WHILE ENROUTE IT WAS REPORTED THAT THE DRIVER LEFT THE SCENE. I WAS LATER NOTIFIED THAT THE DRIVER WAS PICKED UP BY A PASSERBY AND WAS TAKEN TO HIS FATHERS HOUSE. I WAS FURTHER ADVISED THAT DRIVER REPORTED MINOR INJURY, REFUSED EMS. WHEN I ARRIVED ON SCENE, I OBSERVED UNIT ONE LOCATED IN THE SOUTH SIDE DITCH APPROXIMATELY 40 YARDS OFF ROAD AND RESTED ON ITS ROOF. NUMEROUS OPEN INTOXICANTS WERE OBSERVED IN THE VEHICLE. VEHICLE TOWED BY STEVES AUTO. CONTACT MADE WITH DRIVER AT HIS FATHERS RESIDENCE. DRIVER OF UNIT ONE ID THROUGH WI DL. UNIT ONE DRIVER STATED PRIOR TO ACCIDENT HE WAS ON HIS WAY TO HIS DADS FROM REEDSBURG. AS HE WAS DRIVING UNIT ONE DRIVER ADMITTED THAT HE WAS TEXTING ON HIS PHONE WHEN HE LOST CONTROL. HE WENT ON TO SAY THAT VEHICLE WENT INTO DITCH AND ROLLED OVER, WHERE IT CAME TO A REST. WHEN ASKED IF HE HAD INSURANCE, UNIT ONE DRIVER STATED NO. UNIT ONE DRIVER DID NOT HAVE A REASON ON WHY HE FAILED TO REPORT HIS ACCIDENT TO POLICE. AFTER COMPLETING A SEARCH OF HIS DOT DRIVING RECORDS IT SHOWED THAT HIS DRIVING STATUS WAS SUSPENDED AND THE VEHICLES PLATES WERE EXPIRED. ADDITIONALLY PLATES DID NOT BELONG TO VEHICLE. INFORMATION CONFIRMED BY DISPATCH. NUMEROUS CITATIONS ISSUED AND EXPLAINED.

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Location

| | | |
|--|--------------------------------|----------------------------|
| ON SOUTH AVE 1051 FT W OF SCHYVINCH LN IN THE TOWN OF DELLONA IN SAUK COUNTY | Latitude 43.58056441 | Longitude -89.941092963 |
| | X Coordinate 262540.375 | Y Coordinate 4829492 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|--|--|
| First Harmful Event DITCH | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) SNOW, ICE | 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 D CLASS | Unit Type AUTOMOBILE | | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | Operating As Endorsements | | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 7 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? NO | Direction Of Travel EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 55 | 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 STRAIGHT | Road Grade LEVEL | | |
| | Truck Bus or HazMat NO | | | | |

Vehicle

| | | | | |
|-----------------------------|--|--------------------------------|--------------|--------------------------------------|
| UNIT VEHICLE 01 01 | License Plate Number AJE3291 | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number 1FMDU34X3RUE57918 | Make FORD | Year 1994 | Model EXPLORER |
| | Color GRN - GREEN | Body Style 4D - 4DR | Bus Use | |
| | Initial Contact Point 01 - RIGHT FRONT CORNER | Vehicle Damage | | |
| | Extent Of Damage DISABLING DAMAGE | 15 - ALL AREAS | | |



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| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By STEVES AUTO SERVICE | |
| | What Driver Was Doing GOING STRAIGHT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER | | | |
| 01 01 | Owner Name SAMUEL JOSEPH JACKSON | | Owner Address 401 LAUREL ST REEDSBURG, WI 53959 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event DITCH | | | |
| | Event OVERTURN/ROLLOVER | | | |
| | Event | | | |
| | Event | | | |
| UNIT INDIVIDUAL | Individual | | | |
| | Driver SAMUEL JOSEPH JACKSON | | Citations Issued 7 | Sex MALE |
| | Address 401 LAUREL ST REEDSBURG, WI 53959 , US | | Date of Birth [REDACTED] | Race WHITE |
| | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | |
| 01 001 | Safety Equipment | | On Duty Crash | |
| | Safety Equipment | | NONE USED - VEHICLE OCCUPANT | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | | |
| | 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 HAND-HELD MOBILE PHONE | | |
| Distracted By Action MANUALLY OPERATING(TEXTING,DIALING,PLAYING GAME ETC) | | | | |
| Non Motorist | | Striking Unit # | Location | |

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|--------------------------------|--|-------------------------------------|---------------------------------------|--|
| UNIT INDIVIDUAL | Prior Action | | | |
| | Action | | | |
| | Action Other | | To/From School | |
| | Drug & Alcohol | Suspected Alcohol Use YES | 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 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL | | | |
| | Violations | | | |
| | 01 001 01 02 03 04 05 06 07 | UTC Number BE611704 | Issue To? 001 | Statute Number 346.89(3)(a) |
| UTC Number BE611705 | | Issue To? 001 | Statute Number 343.44(1)(a) | Description OPERATING WHILE SUSPENDED |
| UTC Number BE611706 | | Issue To? 001 | Statute Number 346.70(1) | Description FAILURE OF OPERATOR TO NOTIFY POLICE OF ACCIDENT |
| UTC Number BE611707 | | Issue To? 001 | Statute Number 341.61(2) | Description DISPLAY UNAUTH. VEH. REGISTRATION PLATE |
| UTC Number BE611708 | | Issue To? 001 | Statute Number 341.04(1) | Description NON-REGISTRATION OF AUTO, ETC |
| UTC Number BE611709 | | Issue To? 001 | Statute Number 344.62(1) | Description OPERATE MOTOR VEHICLE W/O INSURANCE |
| UTC Number BE6117010 | | Issue To? 001 | Statute Number 346.935(2) | Description POSSESS OPEN INTOXICANTS IN MV-DRIVER |