

6TL09JDKVP  
18-03407

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<br><b>18-03407</b> |   | Investigating Officer/Deputy<br><b>DEPUTY B. SCHLOUGH</b> |  |
| Crash Date<br><b>04/04/2018</b>                |                                      | Crash Time<br><b>12:00 AM</b>                |                                    | Date Arrived<br><b>04/04/2018</b>      |   | Time Arrived<br><b>03:25 AM</b>                           |  |
| Date Notified<br><b>04/04/2018</b>             |                                      | Time Notified<br><b>02:55 AM</b>             |                                    | Total Units<br><b>01</b>               |   | Total Injured<br><b>00</b>                                | Total Killed<br><b>00</b>                |
| <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<br><b>NO</b>        |   | Tags  |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                    |  |   | <input type="checkbox"/> Amended                          | <input type="checkbox"/> Secondary Crash |

Description

|  |                                       |
|--|---------------------------------------|
| <p>Diagram</p> <p style="text-align: center;">DRAWING NOT TO SCALE</p> | Reconstruction By                     |
|  | Photos By                             |
|  | Additional Information<br><b>NONE</b> |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING W/B ON A SNOW COVERED AND SLIPPERY FERN DELL RD. UNIT 1 FAILED TO NEGOTIATE A LEFT CURVE IN THE ROADWAY. UNIT 1 LEFT THE ROADWAY AND ENTERED THE W/B DITCH. UNIT 1 THEN ENTERED A WOODED AREA AND IMPACTED A TREE HEAD ON. UNIT 1 CAME TO REST AGAINST THE TREE FACING WEST. OPERATOR OF UNIT 1 LEFT THE SCENE PRIOR TO LAW ENFORCEMENT'S ARRIVAL.

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Location

|   |                                     |                                   |
|---|-------------------------------------|-----------------------------------|
| ON FERN DELL RD (1)<br>882 FT E<br>OF TURTLEVILLE RD<br>IN THE TOWN OF DELTON<br>IN SAUK COUNTY | Latitude<br><b>43.561039576</b>     | Longitude<br><b>-89.820157987</b> |
|   | X Coordinate<br><b>272231.28125</b> | Y Coordinate<br><b>4826985</b>    |
|   | Structure Type                      |                                   |

Crash Scene

|   |   |   |
|---|---|---|
| First Harmful Event<br><b>TREE</b>                                | First Harmful Event Location<br><b>SHOULDER RIGHT</b>                 |   |
| Manner of Collision<br><b>NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DARK/UNLIT</b>                                  |   |
| Road Surface Condition(s)<br><b>SNOW</b>                          | Roadway Factor(s)<br><br><b>NONE</b>                                  |   |
| Environment Factor(s)<br><b>NONE</b>                              |   |   |
| Weather Condition(s)<br><b>SNOW</b>                               |   |   |
| Animal Type   | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |   |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>         | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |   |
| Tribal Land   | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                              | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

Unit Summary

|                |   |   |  |  |                                |
|----------------|---|---|--|--|--------------------------------|
| <b>UNIT 01</b> | Unit Status<br><b>IN TRANSIT</b>                  | Vehicle Operating As Classification<br><b>D CLASS</b> | Unit Type<br><b>AUTOMOBILE</b>                 |  |                                |
|                | Vehicle Type<br><b>(SPORT) UTILITY VEHICLE</b>    | Operating As Endorsements                             |  |  |                                |
|                | Total Occs<br><b>1</b>                            | Train/Bus # Injured                                   | Total # Citations Issued<br><b>0</b>           | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|                | Insurance?<br><b>UNKNOWN</b>                      | Direction Of Travel<br><b>WESTBOUND</b>               | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit<br><b>45</b>                             | Total Lanes<br><b>2</b>        |
|                | Most Harmful Event: Collision With<br><b>TREE</b> |   | Special Function<br><b>NO SPECIAL FUNCTION</b> | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|                | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>        | Traffic Control<br><b>NO CONTROL</b>                  |  | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|                | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>      | Road Curvature<br><b>CURVE LEFT</b>                   | Road Grade<br><b>DOWNHILL</b>                  |  |                                |
|                | Truck Bus or HazMat<br><b>NO</b>                  |   |  |  |                                |

|   |   |   |                     |   |
|---|---|---|---------------------|---|
| <b>UNIT 01</b>                              | <b>Vehicle</b>  |   |                     |   |
|   | License Plate Number<br><b>ABL5022</b>                    | Plate Type<br><b>AUT - AUTOMOBILE</b>           | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|   | Vehicle Identification Number<br><b>1B4HS28N3YF219520</b> | Make<br><b>DODGE</b>                            | Year<br><b>2000</b> | Model<br><b>DURANGO</b>                     |
|   | Color<br><b>GRN - GREEN</b>                               | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b> |                     | Bus Use<br><b>NOT A BUS</b>                 |
|   | Initial Contact Point<br><b>12--FRONT</b>                 | Vehicle Damage<br><b>12--FRONT</b>              |                     |   |
| Extent Of Damage<br><b>DISABLING DAMAGE</b> |   |   |                     |   |

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|---------------------------|--|---|---|---|--------------------|---|
| UNIT                      | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>      |   | Vehicle Removed By<br><b>BILLS TOWING</b>                           |   |                    |   |
|                           | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>                |   | Vehicle Factors   |   |                    |   |
|                           | Driver Prior Action Other  |   | <b>NOT APPLICABLE</b>   |   |                    |   |
|                           | Driver Actions<br><b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b> |   |   |   |                    |   |
| 01                        | 01   | Driver Distractions<br><b>UNKNOWN IF DISTRACTED</b>             |   |   |                    |   |
|                           |  | Owner Name<br><b>JACOB COHN<br/>(608) 495-9074</b>              | Owner Address<br><b>144 S JAMES ST<br/>REEDSBURG, WI 53959 , US</b> |   |                    |   |
| <b>Sequence Of Events</b> |  |   |   |   |                    |   |
| UNIT                      | INDIVIDUAL   | 01  | Event<br><b>TREE</b>  |   |                    |   |
|                           |  |   | Event   |   |                    |   |
|                           |  |   | Event   |   |                    |   |
|                           |  |   | Event   |   |                    |   |
| <b>Individual</b>         |  |   |   |   |                    |   |
| 01                        | 001  | Driver<br><b>JACOB COHN<br/>(608) 495-9074</b>                  |   | Citations Issued<br><b>0</b>  | Sex<br><b>MALE</b> |   |
|                           |  | Date of Birth   |   | Race<br><b>WHITE</b>  |                    |   |
|                           |  | Address<br><b>144 S JAMES AVE<br/>REEDSBURG, WI 53959 , US</b>  |   | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                    |   |
|                           |  | <b>Equipment</b>  |   | On Duty Crash   |                    |   |
|                           |  | Seat Position<br><b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b> |   | Safety Equipment<br><b>NONE USED - VEHICLE OCCUPANT</b>                 |                    |   |
|                           |  | Helmet Use  |   | Helmet Compliance   |                    |   |
|                           |  | Eye Protection  |   | Tint Compliance   |                    |   |
|                           |  | <b>Injury</b>   |   | Injury Severity<br><b>NO APPARENT INJURY</b>                            |                    | Airbag<br><b>NOT APPLICABLE</b>             |
|                           |  | Ejected<br><b>NOT APPLICABLE</b>                                |   | Ejection Path<br><b>NOT EJECTED/NOT APPLICABL</b>                       |                    | Trapped/Extricated<br><b>NOT APPLICABLE</b> |
|                           |  | Medical Transport<br><b>NOT TRANSPORTED</b>                     |   | EMS Agency Identifier   |                    | EMS Run #                                   |

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| <b>UNIT</b><br><br><b>INDIVIDUAL</b><br><br><br><br><br><br><br><b>01</b><br><b>001</b> | Hospital                                    | Date of Death                       |              | Time of Death                   |                |  |
|   | <b>Non Motorist</b>                         | Striking Unit #                     | Prior Action | Location                        | To/From School |  |
|   | Action                                      |                                     |              |                                 |                |  |
|   | Action Other                                |                                     |              |                                 |                |  |
|   | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use<br><b>YES</b> |              | Suspected Drug Use<br><b>NO</b> |                |  |
|   | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                   |              | Alcohol Test Results            |                |  |
|   | Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type                      |              | Drug Test Results               |                |  |
|   | Drug Type                                   |                                     |              |                                 |                |  |
|   | Individual Condition<br><b>NOT OBSERVED</b> |                                     |              |                                 |                |  |