

6TL09JDKW1  
18-08831

# 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 <b>18-08831</b>	Investigating Officer/Deputy <b>DEPUTY B. SCHLOUGH</b>	
Crash Date <b>08/12/2018</b>		Crash Time <b>01:43 PM</b>	Date Arrived <b>08/12/2018</b>	Time Arrived <b>02:18 PM</b>	
Date Notified <b>08/12/2018</b>		Time Notified <b>01:45 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <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 <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

<p>Diagram</p> <p><b>DRAWING NOT TO SCALE</b></p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 AND UNIT 2 WERE TRAVELING E/B ON USH 14. UNIT 2 WAS STOPPED IN TRAFFIC AT THE RED TRAFFIC SIGNAL. UNIT 1 REAR ENDED UNIT 2. AFTER IMPACT BOTH UNITS PULLED OFF THE ROADWAY AND CAME TO REST FACING EAST ON THE E/B SHOULDER. OPERATOR OF UNIT 1 STATED HE WAS ADJUSTING THE RADIO AT THE TIME OF THE ACCIDENT.

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Location

ON USH14 EB 408 FT E OF N WESTMORE ST IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude <b>43.18973196</b>	Longitude <b>-90.076427516</b>
	X Coordinate <b>250010.625</b>	Y Coordinate <b>4786480.5</b>
	Structure Type	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>02--FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

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

01 UNIT	<b>Vehicle</b>				
	License Plate Number <b>ABU7344</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>ZACCJBBT7GPD11264</b>	Make <b>JEEP</b>	Year <b>2016</b>	Model <b>RENEGADE</b>	
	Color <b>TAN - TAN</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use <b>NOT A BUS</b>	
	Initial Contact Point <b>12--FRONT</b>	Vehicle Damage  <b>12--FRONT</b>			
Extent Of Damage <b>FUNCTIONAL DAMAGE</b>					

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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILURE TO CONTROL</b>			
01	01	Driver Distractions <b>ADJUSTING AUDIO OR CLIMATE CONTROLS</b>		
		Owner Name <b>DAKOTA DOUDNA (608) 604-8622</b>	Owner Address <b>33161 VALLEY LN LONE ROCK, WI 53556 , US</b>	
<b>Sequence Of Events</b>				
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	04	<b>Policy Holder</b>		
		Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>	Individual <b>DAKOTA DOUDNA</b>	
UNIT	01	<b>Individual</b>		
		Driver <b>DAKOTA DOUDNA (608) 604-8622</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>33161 VALLEY LN LONE ROCK, WI 53556 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Compliance	
Helmet Use	Tint Compliance			
Eye Protection				
01	001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		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 <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
01	001	<b>Violations</b>					
		UTC Number <b>AD977823</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Seq Num <b>001</b>	Description <b>INATTENTIVE DRIVING</b>	

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>							
		Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements							
		Total Occs <b>4</b>		Train/Bus # Injured		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>		Total HazMat Types <b>0</b>			
		Insurance? <b>YES</b>		Direction Of Travel <b>EASTBOUND</b>		<input type="checkbox"/> <b>Pre CrashTire Mark</b>		Speed Limit <b>45</b>		Total Lanes <b>2</b>			
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>				Special Function <b>NO SPECIAL FUNCTION</b>				Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>				Traffic Control <b>TRAFFIC SIGNAL</b>				Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>				Road Curvature <b>STRAIGHT</b>				Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>											
		02	02	<b>Vehicle</b>									
				License Plate Number <b>247XWF</b>			Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>			
Vehicle Identification Number <b>5TDKK3DC3ES498319</b>				Make <b>TOYOTA</b>		Year <b>2014</b>	Model <b>SIENNA LE</b>						
Color <b>BLK - BLACK</b>				Body Style <b>VN - VAN</b>			Bus Use <b>NOT A BUS</b>						

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UNIT	VEHICLE	Initial Contact Point <b>6--REAR</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>6--REAR</b>		
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>STOP IN TRAFFIC</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT	VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
		Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>DUSTIN JACOBSON (608) 220-3158</b>	Owner Address <b>1365 SAVANNAH WOODS DR EDGERTON, WI 53534 , US</b>		
02	02	<b>Sequence Of Events</b>			
		01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		02	Event		
		03	Event		
04	04	Event			
		<b>Policy Holder</b>			
UNIT	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>DUSTIN JACOBSON</b>		
	<b>Individual</b>				
UNIT	INDIVIDUAL	Driver <b>DUSTIN JACOBSON (608) 220-3158</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>1365 SAVANNAH WOODS DR EDGERTON, WI 53534 , US</b>	Date of Birth	Race <b>WHITE</b>	
			Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	Helmet Use		
Helmet Use	Helmet Compliance				
Eye Protection	Tint Compliance				

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02	UNIT	INDIVIDUAL	002	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>			
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>				
			Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #				
			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 <b>NO</b>	Suspected Drug Use <b>NO</b>				
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results				
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results				
002	002	Drug Type							
Individual Condition	<b>APPEARED NORMAL</b>								
02	UNIT	INDIVIDUAL	<b>Individual</b>						
			Passenger <b>RENAE JACOBSON (608) 220-3158</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>				
				Date of Birth	Race <b>WHITE</b>				
			Address <b>1365 SAVANNAH WOODS DR EDGERTON, WI 53534 , US</b>	Driver License Number	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
			<b>Equipment</b>	On Duty Crash <b>EMT/FIRST-RESPONDER</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
Seat Position <b>3--FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER</b>									
Helmet Use	Helmet Compliance								
Eye Protection	Tint Compliance								
02	UNIT	INDIVIDUAL	003	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>			
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>				
			Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #				

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UNIT	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 <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>			Alcohol Test Type	Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>			Drug Test Type	Drug Test Results		
	Drug Type						
	Individual Condition <b>APPEARED NORMAL</b>						
	UNIT	<b>Individual</b>					
Passenger <b>MERRICK JACOBSON (608) 220-3158</b>			Citations Issued <b>0</b>		Sex <b>MALE</b>		
			Date of Birth		Race <b>WHITE</b>		
Address <b>1365 SAVANNAH WOODS DR EDGERTON, WI 53534 , US</b>			Driver License Number				
<b>Equipment</b>		On Duty Crash		Safety Equipment			
Seat Position <b>4--SECOND SEAT-LEFT SIDE(MOTORCYCLE/BI</b>		<b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>					
Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance					
UNIT		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #		
	Hospital		Date of Death		Time of Death		
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School	

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UNIT 02	INDIVIDUAL 004	Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Individual</b>				
		Passenger <b>CALLEN JACOBSON (608) 220-3158</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>1365 SAVANNAH WOODS DR EDGERTON, WI 53534 , US</b>	Date of Birth	Race <b>WHITE</b>		
Driver License Number						
UNIT 02	INDIVIDUAL 005	<b>Equipment</b>	On Duty Crash	Safety Equipment		
		Seat Position <b>6--SECOND SEAT-RIGHT SIDE</b>	<b>CHILD RESTRAINT SYSTEM - REAR FACING</b>			
		Helmet Use	Helmet Compliance			
		Eye Protection	Tint Compliance			
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
		Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School



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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action		
		Action Other		
<b>02</b>	<b>005</b>	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
		Drug Type		
		Individual Condition <b>APPEARED NORMAL</b>		