

6TL0CTJN2H
22-00901

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 22-00901		Investigating Officer/Deputy DEPUTY A. KULAS	
Crash Date 01/29/2022		Crash Time 99:99		Date Arrived 01/29/2022		Time Arrived 03:02 AM	
Date Notified 01/29/2022		Time Notified 02:53 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 type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <p>Coon Bluff Rd</p>	Reconstruction By
	Photos By
	Additional Information CRIMINAL INCIDENT

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

UNIT 1 WAS NORTH BOUND ON COON BLUFF RD. UNIT 1 ENTERED THE EAST DITCH AND BECAME STUCK IN THE SNOW. IT WAS REPORTED THE DRIVER FLED THE SCENE.

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Location

ON COON BLUFF RD 0.48 MI S OF OAK LEAF LN IN THE TOWN OF DELLONA IN SAUK COUNTY	Latitude 43.596425239	Longitude -89.867446525
	X Coordinate 268547.59375	Y Coordinate 4831046
	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) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 5	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With DITCH	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	License Plate Number ACG4628	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4S3BMCC61E3009861	Make SUBARU	Year 2014	Model LEGACY 2.5
		Color RED - RED	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage NO DAMAGE	00 - NO DAMAGE		



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UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By PLATTS WRECKER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01	Owner Name STANISLAW JAGIELO		Owner Address S761 COON BLUFF RD WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01	Event DITCH			
	Event			
	Event			
	Event			
02	Event			
	Event			
	Event			
	Event			
03	Event			
	Event			
	Event			
	Event			
04	Event			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Driver UNKNOWN		Citations Issued 0	Sex
	Address		Date of Birth	Race
	Driver License Number			
	On Duty Crash		Safety Equipment	
01	Safety Equipment		RESTRAINT USED - TYPE UNKNOWN	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
001	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
001	Distracted By			
	Distracted By Source			
	Distracted By Action UNKNOWN			
Non Motorist	Striking Unit #		Location	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
01	001	Action Other		To/From School
		Drug & Alcohol Suspected Alcohol Use YES		Suspected Drug Use YES
01	001	Alcohol Test Given	Alcohol Test Type	Alcohol Test Results
		TEST NOT GIVEN		
01	001	Drug Test Given	Drug Test Type	Drug Test Results
		TEST NOT GIVEN		
		Drug Type		
		Individual Condition		
		NOT OBSERVED		
UNIT	INDIVIDUAL	Individual		
		Passenger KRISTINA ELIZABETH SZYMUSIAK (608) 408-8306	Citations Issued 0	Sex FEMALE
01	002		Date of Birth	Race WHITE
			[REDACTED]	
		Address S897 BIRCHWOOD RD WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	002	Safety Equipment On Duty Crash		Safety Equipment
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
01	002	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		
		Striking Unit #	Location	
		Non Motorist		
		Prior Action		

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UNIT	INDIVIDUAL	Action		
		Action Other	To/From School	
01	002	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		
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL		
		Individual		
UNIT	INDIVIDUAL	Passenger DENNIS DWAYNE PITTMAN (608) 402-5401	Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
		Address 1530 W PINE ST # 306 BARABOO, WI 53913 , US	Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
01	003	Safety Equipment		
		On Duty Crash	Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN
		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			
Prior Action				

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UNIT	INDIVIDUAL	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		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL	
UNIT	INDIVIDUAL	Individual	
		Passenger CAROLINE JOANNA PAKOS	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
			Race WHITE
		Address 224 W DELAVAN ST WISCONSIN DELLS, WI 53965 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES
01	004	Safety Equipment	
		On Duty Crash	Safety Equipment
			RESTRAINT USE UNKNOWN
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
01	004	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
Prior Action			

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UNIT	INDIVIDUAL	Action	
		Action Other	To/From School
01	004	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	
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL	
UNIT	INDIVIDUAL	Individual	
		Passenger MARIA ALEXANDRA JAGIELO (608) 432-4695	Citations Issued 0
			Sex FEMALE
			Date of Birth [REDACTED]
		Race WHITE	
	Address S761 COON BLUFF RD WISCONSIN DELLS, WI 53965 , US	Driver License Number [REDACTED]	
		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	005	Safety Equipment	
		On Duty Crash	Safety Equipment
			RESTRAINT USE UNKNOWN
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE
		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	
	Prior Action		

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UNIT INDIVIDUAL 01 005	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		
	UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL		