

6TL09XQZ58  
23-03236

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL09XQZ58

Document Number Override		Primary Crash Document #		Agency Crash Number <b>23-03236</b>		Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>04/04/2023</b>		Crash Time <b>12:22 PM</b>		Date Arrived <b>04/04/2023</b>		Time Arrived <b>12:47 PM</b>	
Date Notified <b>04/04/2023</b>		Time Notified <b>12:24 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"/> 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	
<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold					

Description

Diagram		Reconstruction By	
		Photos By <b>I.GALVAN</b>	
		Additional Information <b>PHOTOS</b>	

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

UNIT 1 WAS ON GOLF COURSE ROAD WAITING TO TURN EAST ON TO COUNTY ROAD H. UNIT 1 LOOKED BUT DID NOT SEE AND STRUCK UNIT 2 WHO WAS TRAVELING EASTBOUND ON COUNTY ROAD H. NO INJURIES WERE REPORTED. PASSENGER OF UNIT 2 WAS TRAPPED BUT WAS ABLE TO GET OUT BY USING THE DRIVER SIDE DOOR. BOTH VEHICLES WERE REMOVED BY OPERATORS/OWNERS.

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Location

ON CTHH EB 11 FT N OF GOLF COURSE RD IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude <b>43.555950104</b>	Longitude <b>-89.972766374</b>
	X Coordinate <b>259885.15625</b>	Y Coordinate <b>4826849.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

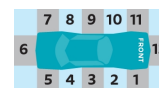
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</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>INTERSECTION-RELATED</b>	Intersection Type <b>T-INTERSECTION</b>

Unit Summary

<b>UNIT</b>	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 # Recorded	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>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>N/A</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>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>UPHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

Vehicle

<b>UNIT</b>	<b>01</b>	<b>VEHICLE</b>	License Plate Number <b>ABY375</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MN</b>	Country of Issuance <b>UNITED STATES</b>	
			Vehicle Identification Number <b>WP1AG2A51HLB54456</b>	Make <b>PORSCHE</b>	Year <b>2017</b>	Model <b>MACAN</b>	
			Color <b>GRY - GRAY</b>	Body Style <b>4D - 4DR</b>		Bus Use	
			Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 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>RIGHT TURN</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>LOOKED BUT DID NOT SEE</b>				
01	01	Owner Name <b>LOWELL JACOBSEN</b> (858) 759-9421		Owner Address <b>3581 LEMIEUX CIR</b> <b>EAGAN, MN 55122 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>CHUBB-INDEMNITY-INS-CO</b>	Individual <b>LOWELL JACOBSEN</b>		
UNIT	01	<b>Individual</b>			
		Driver <b>LOWELL JACOBSEN</b> (858) 759-9421		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Address <b>3581 LEMIEUX CIR</b> <b>EAGAN, MN 55122 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number			
01	001	<b>Safety Equipment</b>		On Duty Crash	
				Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</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 APPLICABLE</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>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<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 Summary**

<b>UNIT</b>	<b>02</b>	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>2</b>		Train/Bus # Recorded		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"/> 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>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>			
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE LEFT</b>		Road Grade <b>LEVEL</b>			
		Truck Bus or HazMat <b>NO</b>							

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>							
		License Plate Number <b>796ETL</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
		Vehicle Identification Number <b>1C3LC56B09N544822</b>		Make <b>CHRYSLER</b>		Year <b>2009</b>	Model <b>SEBRING</b>		
		Color <b>BLK - BLACK</b>		Body Style <b>4D - 4DR</b>		Bus Use			
		Initial Contact Point <b>03 - RIGHT SIDE MIDDLE</b>		Vehicle Damage					
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR</b>					
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>					

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UNIT VEHICLE	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
02	Owner Name <b>STANISLAW SZYMUSIAK (608) 408-7026</b>		Owner Address <b>S897 BIRCHWOOD RD WISCONSIN DELLS, WI 53965 , US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
02	Event			
	Event			
03	Event			
	Event			
04	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>STANISLAW SZYMUSIAK</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>STANISLAW SZYMUSIAK (608) 408-7026</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>S897 BIRCHWOOD RD WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number	
02	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
002	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>	
002	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>				
002	<b>Non Motorist</b>		Striking Unit #	
			Location	

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UNIT	Prior Action			
	Action			
	Action Other		To/From School	
02	<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>ALBIN SZYMUSIAK (608) 408-7026</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>S965 COON BLUFF RD WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth <b>Race WHITE</b>	
			Driver License Number	
02	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	02	<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 APPLICABLE</b>	Trapped/Extricated <b>TRAPPED/NOT EXTRICATED</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
		Hospital		EMS Run #
		Date of Death		
		Time of Death		
<b>Distracted By</b>				
Distracted By Source				
Distracted By Action				
02	<b>Non Motorist</b>		Striking Unit #	
			Location	
Prior Action				

UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		<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>			
		02	003				