

6TL0D5DZ3P  
25-06368

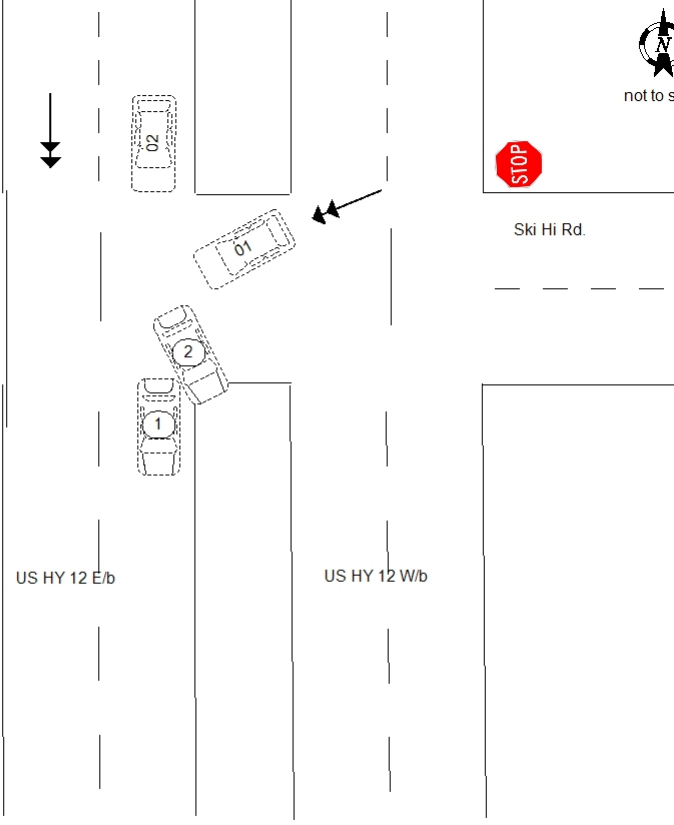
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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>25-06368</b>		Investigating Officer/Deputy <b>DEPUTY J. HUNTER</b>	
Crash Date <b>06/23/2025</b>		Crash Time <b>02:11 PM</b>		Date Arrived <b>06/23/2025</b>		Time Arrived <b>02:27 PM</b>	
Date Notified <b>06/23/2025</b>		Time Notified <b>02:11 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

Diagram		Reconstruction By
		Photos By <b>DEPUTY HUNTER</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 2 WAS E/B ON US HY 12, HEADED AWAY FROM BARABOO TOWARD MADISON. UNIT 2 WAS IN THE LEFTHAND/ NUMBER 1 LANE. THERE WAS A VEHICLE TO THE RIGHT OF UNIT 2 IN THE NUMBER 1 LANE. UNIT 1 STOPPED AT THE STOP SIGN ON SKI HI RD., THEN PROCEEDED TO CROSS THE W/B LANES OF HY 12. UNIT 1 ENTERED THE E/B TRAVEL LANE WITHOUT STOPPING. UNIT 1 DROVE IN FRONT OF UNIT 2. THE OPERATOR OF UNIT 2, KNOWING SHE HAD THE RIGHT OF WAY, DID NOT EXPECT UNIT 1 TO CONTINUE THROUGH THE MEDIAN AND DRIVE IN FRONT OF HER. WHEN UNIT 1 ENTERED THE E/B TRAVEL LANES, UNIT 2 WAS NOT ABLE TO SWERVE RIGHT TO AVOID A COLLISION, SO SHE SWERVED LEFT INTO THE MEDIAN, BUT WAS NOT ABLE TO AVOID A COLLISION. THE FRONT PASSENGER'S SIDE CORNER OF UNIT 2 STRUCK THE REAR DRIVER'S SIDE OF UNIT 1. UNIT 2 PROCEEDED INTO THE DITCH AND DROVE BACK OUT. OPERATOR OF UNIT 2 WAS ABLE TO DESCRIBE THE INCIDENT. OPERATOR OF UNIT 1 DID NOT RECALL SEEING ANY E/B VEHICLES ON THE ROAD AND BELIEVED SHE HAD TIME TO MERGE. SHE ALSO DID NOT REALIZE THERE HAD BEEN A COLLISION.

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Location

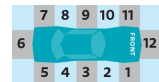
ON USH12 EB 167 FT W OF SKIHI RD IN THE TOWN OF SUMPTER IN SAUK COUNTY	Latitude 43.42004624	Longitude -89.77359132
	X Coordinate 275470.25	Y Coordinate 4811199
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	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 INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR			Operating As Endorsements		
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control STOP SIGN	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					
	UNIT 01 VEHICLE 01	Vehicle				
		License Plate Number BAS4970	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number JF2GTABCXJH319963		Make SUBA	Year 2018	Model CROSSTREK		
Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
Initial Contact Point 08 - LEFT SIDE REAR		07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR				
Extent Of Damage MINOR DAMAGE						



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER, LOOKED BUT DID NOT SEE</b>			
01	01	Owner Name <b>JEANNINE JAGIELSKI</b> <b>(530) 216-8973</b>		Owner Address <b>1009 SOUTH VIEW RD</b> <b>MADISON, WI 53719 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
01	01	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		INDIVIDUAL <b>JEANNINE JAGIELSKI</b>	
		<b>Individual</b>			
		DRIVER <b>PAIGE JAGIELSKI</b> <b>(530) 216-8973</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>
01	01	Date of Birth		Race <b>WHITE</b>	
		Address <b>1009 SOUTH VIEW RD</b> <b>MADISON, WI 53719 , US</b>		Driver License Number	
		On Duty Crash		Safety Equipment	
		<b>Safety Equipment</b>		<b>SHOULDER &amp; LAP BELT</b>	
01	01	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection		Airbag <b>NON DEPLOYED</b>	
		<b>Injury</b>		<b>NO APPARENT INJURY</b>	
01	001	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>UNKNOWN</b>	
01	001	Distracted By Action <b>UNKNOWN</b>			

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UNIT 01	INDIVIDUAL	<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 01	INDIVIDUAL	<b>Individual</b>			
		PASSENGER <b>BOOTH JAGIELSKI</b> (530) 209-8491		Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth		Race <b>WHITE</b>	
		Address <b>1009 SOUTH VIEW RD MADISON, WI 53719 , US</b>		Driver License Number	
		<b>Safety Equipment</b>			
		On Duty Crash		Safety Equipment	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		UNIT 01	002	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</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					
Distracted By Action					
<b>Non Motorist</b>					
Striking Unit #				Location	

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
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Crash Date **06/23/2025**  
Crash Time **02:11 PM**

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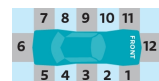
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Violations</b>			
		01	002	UTC Number <b>BG110377</b>	Issue To? <b>001</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>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>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>4</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>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</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>					

UNIT	VEHICLE	<b>Vehicle</b>				
		License Plate Number <b>ADK9513</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3GNAXWEV9NS244096</b>		Make <b>CHEV</b>	Year <b>2022</b>	Model <b>EQUINOX</b>
		Color <b>GRY - GRAY</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT</b>		
		Extent Of Damage <b>MINOR DAMAGE</b>				



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UNIT	VEHICLE	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>NO CONTRIBUTING ACTION</b>			
02	02	Owner Name <b>CAPITAL GROUND CONSTRUCTION (608) 469-2140</b>		Owner Address <b>S7737 ALLBRITE DR MERRIMAC, WI 53561 , US</b>	
		<b>Sequence Of Events</b>			
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event <b>DITCH</b>			
		Event			
		Event			
UNIT	02	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>		ORGANIZATION/COMPANY <b>CAPITAL GROUND CONSTRUCTION</b>	
		<b>Individual</b>			
		DRIVER <b>CAMALAYA LASARGE (608) 315-3605</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
UNIT	03	Date of Birth		Race <b>WHITE</b>	
		Address <b>W9801 KENT RD POYNETTE, WI 53955 , US</b>		Driver License Number	
		On Duty Crash		Safety Equipment	
		<b>Safety Equipment</b>		<b>SHOULDER &amp; LAP BELT</b>	
02	003	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
		Helmet Use		Tint Compliance	
		Eye Protection		Airbag <b>NON DEPLOYED</b>	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</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>			
Distracted By Action <b>NOT DISTRACTED</b>					

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UNIT	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
02 003	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>			