WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Cras	h Document #	Agend 25-06	cy Crash Number	Investigating Officer/Deputy DEPUTY G. AKERS			
Y Z	Crash Date 07/05/2025	Crash Time 05:43 PM			Arrived 5/2025	Time Arrived 05:47 PM			
61 LUDUGSNK	Date Notified 07/05/2025	Time Notified 05:44 PM		Total 01	Units	Total Injured 00	Total Kill	Total Killed 00	
3	On Emergency	lit and Run	Lane Clo		Work Zone	Trailer o	r Towed	Reporting Threshold	
	Government Property		School Zone	School NO	ol Bus Related	Tags			
	✓ Reportable	Crash Type DT4000 (S1	TANDARD CRAS	SH)		Amende	d	Secondary Crash	
	Description Diagram						Reconstruction		
			FOI POLE	BD CONTREE OF THE STATE OF THE			Photos By GA	formation	

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

V1 WAS TRAVELING NORTH BOUND ON CTY RD. BD THROUGH THE ROUNDABOUT AT N. REEDSBURG RD. V1 WAS OBSERVED BY WITNESSES TRAVELING AT A HIGH RATE OF SPEED. V1 WENT THROUGH THE ROUNDABOUT, OVER CORRECTED COMING OUT OF THE ROUNDABOUT. D1 FAILED TO MAINTAIN CONTROL, HIT THE CURB ON THE RIGHT, LEFT THE ROAD WAY, WHERE THE LEFT REAR OF THE VEHICLE STRUCK A LIGHT POLE, CONTINUED ON AND CAME TO A REST AFTER STRIKING A TREE WITH THE FRONT OF THE VEHICLE. THERE WERE NO INJURIES, THE VEHICLE WAS TOWED BY CRAIGS TOWING. D1 WAS ISSUED A CITATION.

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Crash Date 07/05/2025

Lo	cation										
	ERSECTION					Latitude			Longitud	de	
	CTHBD NB					43.53253	7162		-89.777	862889	
	N REEDSBURG RD	NI .				X Coordin	ate		Y Coord	inate	
	THE TOWN OF DELTO SAUK COUNTY	N				275541.53125 4823704					
" '	DADIT COUNTY					Structure :	Гуре		1		
Cra	sh Scene										
	t Harmful Event						ıful Event L	ocation			
_	RB					ON ROA					
	nner of Collision					Light Cond					
	00 - NO COLLISION W/VEHICLE IN TRANSPORT					DAYLIGI					
Roa	ad Surface Condition(s)				Roadway	Factor(s)					
WE	T										
Env	rironment Factor(s)										
NO	NE					NONE					
We	ather Condition(s)										
CL	OUDY										
Anii	mal Type					Relation To Trafficway					
							TRAFFICWAY - ON ROAD				
	Crash Classification - Location					Crash Classification - Jurisdiction NO SPECIAL JURISDICTION Access Control Special Study					
PUBLIC PROPERTY Tribal Land											
	Tibal Lailu				NO CONT			,			
	hin Interchange Area	Junction Location				•					
YE		INTERSECTION-RELATE	ED								
	sure Type			Reaso	ons for Closu	sure					
	NE CLOSURE	1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TOW TRUCK							
	e Initial Lane/Rd Closed 05/2025	Time Initial Lane/Rd Clos 06:00 PM	sed								
Dat	e All Lanes Open	Time All Lanes Open	Date Scene Clea					me Scene Cleared			
07/	05/2025	06:12 PM		07/05	5/2025		06	5:17 PM			
	it Summary \blacksquare		1,,,,					T			
	t Status				erating As Cl	lassification		Unit Type			
	TRANSIT		ВС	D CLASS					AUTOMOBILE Operating As Endorsements		
	Vehicle Type PASSENGER CAR							Operating As	Endorser	nents	
	al Occs	Train/Bus # Recorded	Tota	Total # Citations Issued		d Total Traile		ilers Total HazMat Types		Mat Types	
3			1			0			0	•	
Inst	ırance?	Direction Of Travel		Pre	CrashTire		Speed Lir			es	
YE	S	NORTHBOUND	~		Mark		55	2			
	moot manna Erona Comolon Tital			Special Function NO SPECIAL FUNCT		CTION		Emergency Motor Vehicle Use NOT APPLICABLE			
	ffic Way		Traff	ic Cont	rol			Traffic Control Inoperative/Missing		tive/Missing	
TW	TWO-WAY, NOT DIVIDED			NO CONTROL				NO			
Surface Type BLACKTOP (BITUMINOUS)				d Curva				Road Grade			
			CUF	CURVE LEFT			LEVEL				
Tru-	ck Bus or HazMat										
	Vehicle										
	License Plate Number		Pla	te Type			St	Country of Iss	uance		
	EG68556		AU			IL		UNITED STATES			
_	Vehicle Identification Nur		Mal				Year	Model			
Ò	WBAJE7C58JWD49881 BMW					2018 550					

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Crash Date 07/05/2025

		Color	11	Body Style		Bus Use					
		BLK - BLACK		4D - 4DR							
	111	Initial Contact Point		Vehicle Damage	ı						
_	Ä	01 - RIGHT FRONT CORNER	Sinoic Damage			7 8 9 10 11					
UNIT	≌		01 - RIGHT FRONT C	ORNER, 08 - LEF	FT SIDE REAR, 6 12						
	VEHICLE	Extent Of Damage DISABLING DAMAGE		11 - LEFT FRONT CO	RNER, 12 - FRO	NT	5 4 3 2 1				
	>	Towed Due To Damage		Vehicle Demoved Dv							
		TOWED DUE TO DISABLING		Vehicle Removed By CRAIGS TOWING							
		What Driver Was Doing		Vehicle Factors							
		NEGOTIATING CURVE		verilicie i actors							
		Driver Prior Action Other		NOT APPLICABLE							
		Driver Frior Action Other									
		Driver Actions									
		FAILURE TO CONTROL									
_	VEHICLE										
UNIT	₽										
n	竝										
	>										
		Owner Name		Owner Address							
		VITALII KUBIV	Owner Address 2065 SUTHERLAND PL								
01	6	(773) 558-4415		HOFFMAN ESTAT		S					
		,			. , -						
		0									
	;	Sequence Of Events									
	2	Event CURB									
	02	Event UTILITY POLE									
	0	OTILITY POLE									
	03	Event TREE									
	0	IREE									
	9	Event									
	0										
_	1	Policy Holder									
UNIT		Insurance Company INDIVIDUAL									
		ERIE-INS-CO		VITALII KUBIV							
		Individual									
		DRIVER		Citations Issued	Sex						
		VITALII KUBIV		1	MALE Race						
	₹	(773) 558-4415		Date of Birth							
_	DUAL			WHITE							
INO	₹	Address		Driver License Number							
\supset	INDIN	2065 SUTHERLAND PL		STATE: ILLINOIS COUNTRY: UNITED STATES							
	=	HOFFMAN ESTATES, IL 6010	69 , US								
		On Duty Cr	ash	Safety Equipment							
	Sat	fety Equipment									
		Row	Seat Position	SHOULDER & LAP	BELT						
		01 - FRONT ROW	07 - LEFT								
		Helmet Use		Helmet Compliance							
			Heimet 036								
		Eye Protection		Tint Compliance							
_	Ξ	Injury Seve	rity	Airbag							
01	9		RENT INJURY	NON DEPLOYED							
			ection Path	ı		Trapped/Extricated					
		NOT EJECTED NO	OT EJECTED/NOT APPI	ICABLE		NOT TRAPPED					
		Medical Transport		EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED									

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		Hospital				Date of Death		Time of Death			
	·	Distracted By	NOT APP	By Source LICABL	E (NOT DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED)								
	,	Non Motorist	Striking Uni	t #	Location						
		Prior Action									
		Action									
	JAL										
LIND	INDIVIDUAL										
	IND										
		A 5 OII							T /5		
		Action Other							To/From School		
	L	Drug & Alcohol 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				
6	001	Drug Type									
		Individual Condition									
		APPEARED NORM	//AL								
	İ	ndividual									
	ı,	PASSENGER NIKITA HLUSHCHENKO				Citations Issued 0	Sex MALE				
_	DIVIDUAL					Date of Birth	Race WHITE				
LNO		Address 1416 CAROL ST APT 2B			Driver License Number						
	Z	PARK RIDGE, IL 60068 , US			STATE: ILLINOIS COUNTRY: UNITED STATES						
	Sat	ety Equipment	On Duty Cra	ash		Safety Equipment					
		Row 01 - FRONT ROW	Seat Position			SHOULDER & LAP BELT					
		Helmet Use				Helmet Compliance					
		Eye Protection			Tint Compliance						
5	005	Injury Severity NO APPARENT INJURY			Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Eje	ection Pa		ICABLE		Trapped/Extricated NOT TRAPPED			
		Medical Transport NOT TRANSPORT	ı			EMS Agency Identifier		EMS Run #			
		Hospital			Date of Death	Death Time of Death					

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								<u>·</u>			
		Distracted By	Distracted By Source								
		Distracted By Action									
		Non Motorist	Striking Unit #	Location							
		Prior Action									
		Action									
	7										
_	INDIVIDUAL										
LNO	VID										
	ND										
	_										
		Action Other						To/From School			
	L	Orug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO						
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN Drug Test Given		Drug Test Type		Drug Test Result	e				
		TEST NOT GIVEN		Brug rest type		Drug Test Nesults					
1	002	Drug Type									
		Individual Condition									
		APPEARED NORM	AL								
	i	ndividual									
		PASSENGER YURII KYLBA			Citations Issued 0	Sex MALE					
	JAL				Date of Birth	Race					
LNO	JDI	A d d			Daire a Linear a Normale	WHITE	<u>TE</u>				
5	INDIVIDUAL	Address 1451 W IRVING PA			Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES						
	=	ITASCA, IL 60143 , US			STATE: ILLINOIS	COUNTRY: UNITE	DSIAIES				
l	Sat	ioty Equipment	On Duty Crash		Safety Equipment						
	Sai	Row Seat Position			SHOULDER & LAP BELT						
		01 - FRONT ROW	09 - RI								
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
_	က	Injury Severity			Airbag						
2	003		NO APPARENT IN		NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Par	th CTED/NOT APPL	ICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport	_		EMS Agency Identifie	r	EMS Run #				
		NOT TRANSPORTE	ED .		Date of Death		Time of Death				
		•									
		Distracted By	Distracted By Source								
Nisco	nsin M	/otor Vehicle Crash		This report	t does not include any C	CJIS data.	Crash Date	07/05/2025			

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		Distracted By Action						
	ļ	Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
L	INDIVIDUAL							
	IND							
		Action Other						To/From School
			Suspected Alcoh	nol Use	Suspected Drug Use			
	L	Drug & Alcohol	NO		NO			
		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN		Drug Test Type		ID 7 1D 11		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
2	003	Drug Type						
		Individual Condition						
		APPEARED NORM	IAL					
	,	Violations					_	
	10	UTC Number BG945496	Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP	VEHICLE UNDER	RCONTROL	