

6TL0FSSFBC
25-06810

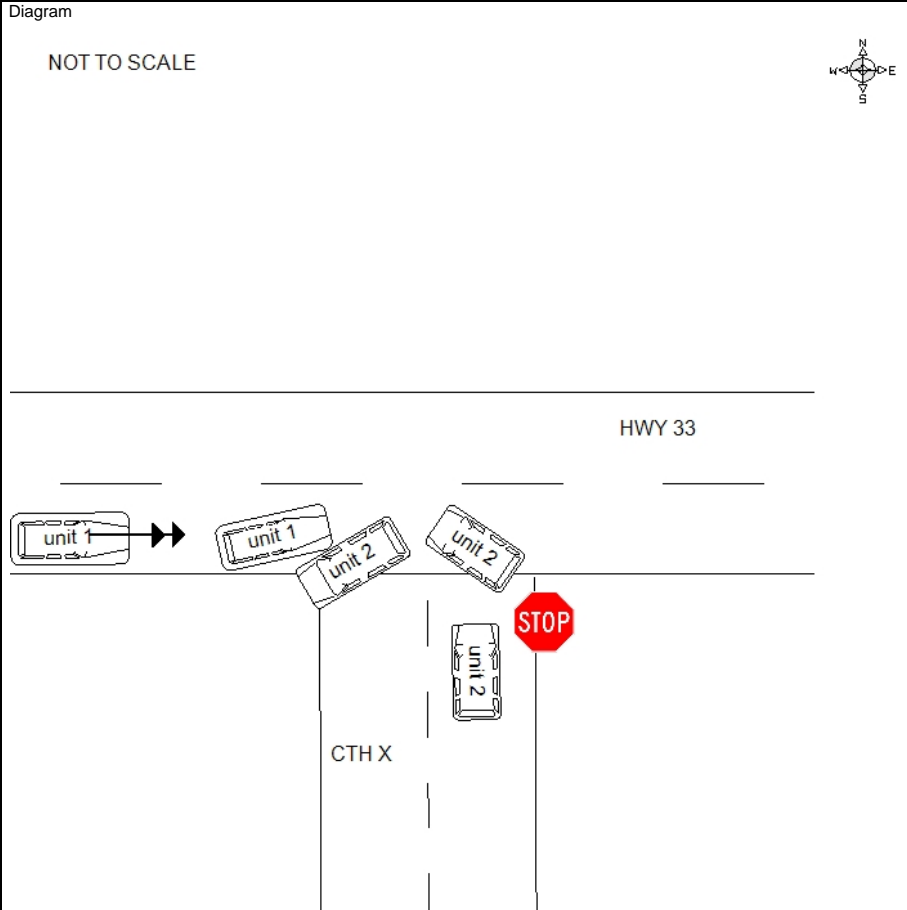
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 SC25-06810		Investigating Officer/Deputy DEPUTY Z. DRILL	
Crash Date 07/03/2025		Crash Time 12:43 PM		Date Arrived 07/03/2025		Time Arrived 12:43 PM	
Date Notified 07/03/2025		Time Notified 12:43 PM		Total Units 02		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 checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram NOT TO SCALE 		Reconstruction By Photos By DEPUTY DRILL Additional Information PHOTOS
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

DRIVER OF UNIT 1 TURNING FROM HWY X, ONTO HWY 33 WEST TOWARD BARABOO. DRIVER OF UNIT 2 TRAVELING EAST ON HWY 33 AT HWY X. DRIVER OF UNIT 1 ADMITTED TO NOT SEEING UNIT TWO, AND PULLING OUT FROM STOP SIGN, FAILING TO YIELD THE RIGHT OF WAY TO UNIT TWO. UNIT 1 TURNED AGGRESSIVELY TO THE LEFT (WEST) TO TRY AND AVOID THE ACCIDENT. UNIT 2 MANAGED SWERVE LEFT (NORTH) AND BRAKE, ONLY CAUSING FUNCTIONAL DAMAGE WHEN HITTING THE PASSENGER SIDE OF UNIT 1. NO INJURIES REPORTED. ALL PARTIES INVOLVED AGREED TO HANDLE PAYMENTS WITHOUT INSURANCE AND PERSONAL INFORMATION WAS EXCHANGED, HOWEVER INSURANCE INFORMATION WAS DOCUMENTED IN THE EVENT EITHER PARTY HAS ANY ISSUES AND REPORT NUMBERS WERE PROVIDED TO BOTH DRIVERS.

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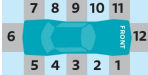
Location

INTERSECTION ON CTHX NB AT STH33 WB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.481555581	Longitude -89.641216109
	X Coordinate 286403.53125	Y Coordinate 4817682
	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) WET	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 (SPORT) UTILITY VEHICLE			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 WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED		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	Vehicle				
		License Plate Number ZX60830	Plate Type AUT	St IL	Country of Issuance UNITED STATES	
Vehicle Identification Number 2T2BK1BA8EC237164		Make LEXS	Year 2014	Model RX350		
Color GRY - GRAY		Body Style 4H - HATCHBACK 4 DOOR		Bus Use		
Initial Contact Point 04 - RIGHT SIDE REAR		Vehicle Damage 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR				
Extent Of Damage FUNCTIONAL DAMAGE						

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By	
		What Driver Was Doing LEFT TURN		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY			
01	01	Owner Name STEPAN KOSTYUK (773) 870-3490		Owner Address 7833 W GUNNISON ST NORRIDGE, IL 60706 , US	
		Sequence Of Events			
UNIT	INDIVIDUAL	Event LEFT TURN			
		Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
01	001	Policy Holder			
		Insurance Company ALLSTATE-INS-CO		INDIVIDUAL STEPAN KOSTYUK	
		Individual			
		DRIVER ANDRIY KOSTYUK (773) 870-3490		Citations Issued 1	Sex MALE
Address 7833 W GUNNISON ST NORRIDGE, IL 60706 , US		Date of Birth	Race		
Driver License Number					
Safety Equipment		On Duty Crash	Safety Equipment		
Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOULDER & LAP BELT		
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 UNKNOWN			
Distracted By Action UNKNOWN					

Wisconsin Motor Vehicle Crash
Form DT4000

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Crash Date **07/03/2025**
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UNIT 01	INDIVIDUAL	Non Motorist	Striking Unit #	Location	
		Prior Action			
		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 APPEARED NORMAL			
UNIT 01	INDIVIDUAL	Individual			
		PASSENGER VERONICA GROMNY		Citations Issued 0	Sex FEMALE
		Date of Birth		Race	
		Address 7613 W GUNNISON ST NORRIDGE, IL 60706 , US		Driver License Number	
		On Duty Crash			
		Safety Equipment			
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		UNIT 01	002	Injury	Injury Severity NO APPARENT INJURY
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 Source					
Distracted By					
Distracted By Action					
Non Motorist					
Striking Unit #				Location	

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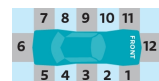
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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			
		Violations			
		01	002	UTC Number BM655533	Issue To? 001

Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
		Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		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 CURVE LEFT		Road Grade LEVEL	
		Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle				
		License Plate Number 55588DS		Plate Type DIS	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4S4BT AFC3M3119734		Make SUBA	Year 2021	Model OUTBACK
		Color BRZ - BRONZE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT		
		Extent Of Damage FUNCTIONAL DAMAGE				



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		What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions NO CONTRIBUTING ACTION				
02	02	Owner Name DONALD ROWE (608) 215-2225		Owner Address 2375 AUTUMN BLAZE WAY SUN PRAIRIE, WI 53590 , US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	Policy Holder				
		Insurance Company STATE-FARM-GENERAL-INS-CO		INDIVIDUAL DONALD ROWE		
UNIT	INDIVIDUAL	DRIVER DONALD ROWE (608) 215-2225		Citations Issued 0	Sex MALE	
		Address 2375 AUTUMN BLAZE WAY SUN PRAIRIE, WI 53590 , US		Date of Birth	Race	
02	003	On Duty Crash		Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
02	003	Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02	003	Injury NO APPARENT INJURY		Airbag NON DEPLOYED		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED		
02	003	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
02	003	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
		Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol <table border="1"> <tr> <td>Suspected Alcohol Use NO</td> <td>Suspected Drug Use NO</td> </tr> </table>				Suspected Alcohol Use NO
Suspected Alcohol Use NO	Suspected Drug Use NO				
02 003	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 APPEARED NORMAL				