

6TL0D5DZ52

26-01773

# 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<br><b>26-01773</b> | Investigating Officer/Deputy<br><b>DEPUTY J. HUNTER</b> |                                              |
| Crash Date<br><b>02/20/2026</b>                |                                             | Crash Time<br><b>09:18 AM</b>                | Date Arrived<br><b>02/20/2026</b>      | Time Arrived<br><b>09:32 AM</b>                         |                                              |
| Date Notified<br><b>02/20/2026</b>             |                                             | Time Notified<br><b>09:18 AM</b>             | Total Units<br><b>01</b>               | Total Injured<br><b>00</b>                              | Total Killed<br><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<br><b>NO</b>              |                                        | Tags                                                    |                                              |
| <input checked="" type="checkbox"/> Reportable |                                             | Crash Type<br><b>DT4000 (STANDARD CRASH)</b> |                                        | <input type="checkbox"/> Amended                        | <input type="checkbox"/> Secondary Crash     |

## Description

|                                                                                                           |                                         |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Diagram<br><br><p style="text-align: center;">Shady Lane Rd, between Mirror Lake Rd. and Hastings Rd.</p> | Reconstruction By                       |
|                                                                                                           | Photos By<br><b>DEPUTY HUNTER</b>       |
|                                                                                                           | Additional Information<br><b>PHOTOS</b> |

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

UNIT 1 WAS EASTBOUND ON SHADY LANE RD. OPERATOR LOST CONTROL DUE TO SNOWY AND SLIPPERY CONDITIONS. UNIT 1 LEFT THE ROAD AND ENTERED THE DITCH, STRUCK A TREE AND CAME TO REST.

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## Location

|                                                                                            |                                       |                                   |
|--------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| ON SHADY LANE RD<br>0.73 MI W<br>OF HASTINGS RD<br>IN THE TOWN OF DELTON<br>IN SAUK COUNTY | Latitude<br><b>43.547240212</b>       | Longitude<br><b>-89.822466133</b> |
|                                                                                            | X Coordinate<br><b>271992.78125</b>   | Y Coordinate<br><b>4825458.5</b>  |
|                                                                                            | Structure Type<br><b>NO STRUCTURE</b> |                                   |

## Crash Scene

|                                                                        |                                                                       |                                                 |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|
| First Harmful Event<br><b>DITCH</b>                                    | First Harmful Event Location<br><b>ON ROADWAY</b>                     |                                                 |
| Manner of Collision<br><b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b> | Light Condition<br><b>DAYLIGHT</b>                                    |                                                 |
| Road Surface Condition(s)<br><b>WET, SNOW</b>                          | Roadway Factor(s)<br><br><b>NONE</b>                                  |                                                 |
| Environment Factor(s)<br><b>NONE</b>                                   |                                                                       |                                                 |
| Weather Condition(s)<br><b>CLOUDY, SNOW</b>                            |                                                                       |                                                 |
| Animal Type                                                            | Relation To Trafficway<br><b>TRAFFICWAY - ON ROAD</b>                 |                                                 |
| Crash Classification - Location<br><b>PUBLIC PROPERTY</b>              | Crash Classification - Jurisdiction<br><b>NO SPECIAL JURISDICTION</b> |                                                 |
| Tribal Land                                                            | Access Control<br><b>NO CONTROL</b>                                   | Special Study                                   |
| Within Interchange Area<br><b>NO</b>                                   | Junction Location<br><b>NON-JUNCTION</b>                              | Intersection Type<br><b>NOT AN INTERSECTION</b> |

## Unit Summary

|             |                                                   |                                                       |                                                    |                                                      |                                |
|-------------|---------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|--------------------------------|
| <b>UNIT</b> | Unit Status<br><b>IN TRANSIT</b>                  | Vehicle Operating As Classification<br><b>D CLASS</b> |                                                    | Unit Type<br><b>TRUCK</b>                            |                                |
|             | Vehicle Type<br><b>UTILITY TRUCK/PICKUP TRUCK</b> | Operating As Endorsements                             |                                                    |                                                      |                                |
|             | Total Occs<br><b>2</b>                            | Train/Bus # Recorded                                  | Total # Citations Issued<br><b>0</b>               | Total Trailers<br><b>0</b>                           | Total HazMat Types<br><b>0</b> |
|             | Insurance?<br><b>YES</b>                          | Direction Of Travel<br><b>EASTBOUND</b>               | <input type="checkbox"/> <b>Pre CrashTire Mark</b> | Speed Limit<br><b>55</b>                             | Total Lanes<br><b>2</b>        |
|             | Most Harmful Event: Collision With<br><b>TREE</b> | Special Function<br><b>NO SPECIAL FUNCTION</b>        |                                                    | Emergency Motor Vehicle Use<br><b>NOT APPLICABLE</b> |                                |
|             | Traffic Way<br><b>TWO-WAY, NOT DIVIDED</b>        | Traffic Control<br><b>NO CONTROL</b>                  |                                                    | Traffic Control Inoperative/Missing<br><b>NO</b>     |                                |
|             | Surface Type<br><b>BLACKTOP (BITUMINOUS)</b>      | Road Curvature<br><b>STRAIGHT</b>                     |                                                    | Road Grade<br><b>DOWNHILL</b>                        |                                |
|             | Truck Bus or HazMat<br><b>NO</b>                  |                                                       |                                                    |                                                      |                                |

|                                             |                |                                                           |                                                                                      |                     |                                             |
|---------------------------------------------|----------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------|---------------------------------------------|
| <b>UNIT</b>                                 | <b>VEHICLE</b> | <b>Vehicle</b>                                            |                                                                                      |                     |                                             |
|                                             |                | License Plate Number<br><b>WH4536</b>                     | Plate Type<br><b>LTK</b>                                                             | St<br><b>WI</b>     | Country of Issuance<br><b>UNITED STATES</b> |
|                                             |                | Vehicle Identification Number<br><b>1GTV9BET8LZ196702</b> | Make<br><b>GMC</b>                                                                   | Year<br><b>2020</b> | Model<br><b>SIERRA</b>                      |
|                                             |                | Color<br><b>SIL - SILVER (ALUMINUM)</b>                   | Body Style<br><b>PK - PICKUP</b>                                                     |                     | Bus Use                                     |
|                                             |                | Initial Contact Point<br><b>12 - FRONT</b>                | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b> |                     |                                             |
| Extent Of Damage<br><b>DISABLING DAMAGE</b> |                |                                                           |                                                                                      |                     |                                             |

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|                                             |                                                                         |                                                    |                                                                         |                                          |
|---------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------|
| UNIT<br>VEHICLE                             | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>             |                                                    | Vehicle Removed By<br><b>CRAIGS TOWING</b>                              |                                          |
|                                             | What Driver Was Doing<br><b>GOING STRAIGHT</b>                          |                                                    | Vehicle Factors                                                         |                                          |
|                                             | Driver Prior Action Other                                               |                                                    | <b>NOT APPLICABLE</b>                                                   |                                          |
|                                             | Driver Actions<br><b>SPEED TOO FAST/COND, FAILURE TO CONTROL</b>        |                                                    |                                                                         |                                          |
| 01<br>01                                    | Owner Name<br><b>VOLODYMYR VYLKOV</b>                                   |                                                    | Owner Address<br><b>126 BROADWAY<br/>WISCONSIN DELLS, WI 53965 , US</b> |                                          |
|                                             | <b>Sequence Of Events</b>                                               |                                                    |                                                                         |                                          |
| 01<br>01                                    | 01                                                                      | Event<br><b>DITCH</b>                              |                                                                         |                                          |
|                                             | 02                                                                      | Event<br><b>TREE</b>                               |                                                                         |                                          |
|                                             | 03                                                                      | Event                                              |                                                                         |                                          |
|                                             | 04                                                                      | Event                                              |                                                                         |                                          |
| UNIT                                        | <b>Policy Holder</b>                                                    |                                                    |                                                                         |                                          |
|                                             | Insurance Company<br><b>STATE-FARM-GENERAL-INS-CO</b>                   |                                                    | INDIVIDUAL<br><b>VOLODYMYR VYLKOV</b>                                   |                                          |
| UNIT<br>INDIVIDUAL                          | <b>Individual</b>                                                       |                                                    |                                                                         |                                          |
|                                             | DRIVER<br><b>VOLODYMYR VYLKOV</b>                                       |                                                    | Citations Issued<br><b>0</b>                                            | Sex<br><b>MALE</b>                       |
|                                             | Address<br><b>126 BROADWAY<br/>WISCONSIN DELLS, WI 53965 , US</b>       |                                                    | Date of Birth                                                           | Race                                     |
|                                             | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                                                    |                                                                         |                                          |
| 01<br>001                                   | <b>Safety Equipment</b>                                                 |                                                    | On Duty Crash                                                           |                                          |
|                                             | Row<br><b>01 - FRONT ROW</b>                                            |                                                    | Seat Position<br><b>07 - LEFT</b>                                       |                                          |
|                                             | Safety Equipment                                                        |                                                    | <b>SHOULDER &amp; LAP BELT</b>                                          |                                          |
|                                             | Helmet Use                                                              |                                                    | Helmet Compliance                                                       |                                          |
|                                             | Eye Protection                                                          |                                                    | Tint Compliance                                                         |                                          |
|                                             | <b>Injury</b>                                                           |                                                    | Injury Severity<br><b>NO APPARENT INJURY</b>                            | Airbag<br><b>NON DEPLOYED</b>            |
| Ejected<br><b>NOT EJECTED</b>               |                                                                         | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |                                                                         | Trapped/Extricated<br><b>NOT TRAPPED</b> |
| Medical Transport<br><b>NOT TRANSPORTED</b> |                                                                         | EMS Agency Identifier                              |                                                                         | EMS Run #                                |
| Hospital                                    |                                                                         | Date of Death                                      |                                                                         | Time of Death                            |
| <b>Distracted By</b>                        |                                                                         | Distracted By Source<br><b>UNKNOWN</b>             |                                                                         |                                          |
| Distracted By Action<br><b>UNKNOWN</b>      |                                                                         |                                                    |                                                                         |                                          |

WISCONSIN MOTOR VEHICLE CRASH REPORT

|                                                              |            |                                                    |                                                                         |                                                    |                                 |                                          |  |
|--------------------------------------------------------------|------------|----------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------|---------------------------------|------------------------------------------|--|
| UNIT                                                         | INDIVIDUAL | <b>Non Motorist</b>                                |                                                                         | Striking Unit #                                    | Location                        |                                          |  |
|                                                              |            | Prior Action                                       |                                                                         |                                                    |                                 |                                          |  |
|                                                              |            | Action                                             |                                                                         |                                                    |                                 |                                          |  |
| 01                                                           | 001        | Action Other                                       |                                                                         |                                                    |                                 |                                          |  |
|                                                              |            | To/From School                                     |                                                                         |                                                    |                                 |                                          |  |
|                                                              |            | <b>Drug &amp; Alcohol</b>                          |                                                                         | Suspected Alcohol Use<br><b>NO</b>                 | Suspected Drug Use<br><b>NO</b> |                                          |  |
|                                                              |            | Alcohol Test Given<br><b>TEST NOT GIVEN</b>        |                                                                         | Alcohol Test Type                                  |                                 | Alcohol Test Results                     |  |
|                                                              |            | Drug Test Given<br><b>TEST NOT GIVEN</b>           |                                                                         | Drug Test Type                                     |                                 | Drug Test Results                        |  |
|                                                              |            | Drug Type                                          |                                                                         |                                                    |                                 |                                          |  |
|                                                              |            | Individual Condition<br><b>APPEARED NORMAL</b>     |                                                                         |                                                    |                                 |                                          |  |
|                                                              |            | <b>Individual</b>                                  |                                                                         |                                                    |                                 |                                          |  |
|                                                              |            | PASSENGER<br><b>GREG WRIGHT</b>                    |                                                                         |                                                    | Citations Issued<br><b>0</b>    | Sex<br><b>MALE</b>                       |  |
|                                                              |            | Date of Birth                                      |                                                                         |                                                    | Race                            |                                          |  |
| Address<br><b>799 CRESCENT ST<br/>MAUSTON, WI 53948 , US</b> |            |                                                    | Driver License Number<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |                                                    |                                 |                                          |  |
| 01                                                           | 002        | <b>Safety Equipment</b>                            |                                                                         | On Duty Crash                                      |                                 |                                          |  |
|                                                              |            | Safety Equipment<br><b>SHOULDER &amp; LAP BELT</b> |                                                                         |                                                    |                                 |                                          |  |
|                                                              |            | Row<br><b>01 - FRONT ROW</b>                       | Seat Position<br><b>09 - RIGHT</b>                                      |                                                    |                                 |                                          |  |
|                                                              |            | Helmet Use                                         |                                                                         | Helmet Compliance                                  |                                 |                                          |  |
|                                                              |            | Eye Protection                                     |                                                                         | Tint Compliance                                    |                                 |                                          |  |
|                                                              |            | <b>Injury</b>                                      |                                                                         | Injury Severity<br><b>NO APPARENT INJURY</b>       | Airbag<br><b>NON DEPLOYED</b>   |                                          |  |
|                                                              |            | Ejected<br><b>NOT EJECTED</b>                      |                                                                         | Ejection Path<br><b>NOT EJECTED/NOT APPLICABLE</b> |                                 | Trapped/Extricated<br><b>NOT TRAPPED</b> |  |
| Medical Transport<br><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  
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|      |            |                                             |                                    |                                 |                      |
|------|------------|---------------------------------------------|------------------------------------|---------------------------------|----------------------|
| UNIT | INDIVIDUAL | Prior Action                                |                                    |                                 |                      |
|      |            | Action                                      |                                    |                                 |                      |
|      |            | Action Other                                |                                    |                                 | To/From School       |
|      |            | <b>Drug &amp; Alcohol</b>                   | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |                      |
|      |            | Alcohol Test Given<br><b>TEST NOT GIVEN</b> | Alcohol Test Type                  |                                 | Alcohol Test Results |
|      |            | Drug Test Given<br><b>TEST NOT GIVEN</b>    | Drug Test Type                     | Drug Test Results               |                      |
|      |            | Drug Type                                   |                                    |                                 |                      |
|      |            | Individual Condition                        |                                    |                                 |                      |
|      |            | <b>APPEARED NORMAL</b>                      |                                    |                                 |                      |