

6TL0C884FN
20-07036

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 20-07036	Investigating Officer/Deputy DEPUTY T. SUTHERLAND	
Crash Date 07/18/2020		Crash Time 04:10 PM	Date Arrived 07/18/2020	Time Arrived 04:34 PM	
Date Notified 07/18/2020		Time Notified 04:20 PM	Total Units 02	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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

<p>Diagram</p> <p>Not To Scale</p>	Reconstruction By
	Photos By
	Additional Information NONE

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

ON 07-18-20 UNIT 2 WAS TRAVELING EAST ON STH 136 UNIT 1 WAS DIRECTLY BEHIND UNIT 2 ALSO TRAVELING EAST. UNIT 2 WAS SLOWING TO TURN LEFT ONTO CORNFIELD ROAD. UNIT 1 REAR ENDED UNIT 2 ON STH 136. UNIT 1 THEN PULLED AROUND UNIT 2 ONTO CORNFIELD ROAD AND FLED THE SCENE. UNIT 1 WAS LAST SEEN WESTBOUND ON TERRY TOWN ROAD. MYSELF AND DEPUTY KNULL SEARCHED TERRY TOWN ROAD FOR THE SUSPECT VEHICLE NOTHING LOCATED. I SEARCHED THE CRASH SCENE AND DID NOT LOCATE ANY DEBRIS FROM UNIT 1. UNIT 1 IS DESCRIBED AS A BLACK CHEVY TRUCK POSSIBLE LICENSE PLATE STARTING WITH G54 OPERATED BY A HISPANIC MALE.

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Location

ON STH136 EB 67 FT W OF CORNFIELD RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.482178099	Longitude -89.80380239
	X Coordinate 273256.875	Y Coordinate 4818181.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? UNKNOWN	Direction Of Travel EASTBOUND	<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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number	Plate Type	St	Country of Issuance
		Vehicle Identification Number	Make	Year	Model
		Color BLK - BLACK	Body Style		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage VEHICLE NOT AT SCENE	16 - VEHICLE NOT AT SCENE		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		UNKNOWN		
	Driver Actions FAILURE TO CONTROL				
01 01	Owner Name		Owner Address		
			, ,		
Sequence Of Events					
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
Individual					
UNIT INDIVIDUAL	Driver UNKNOWN		Citations Issued 0	Sex	
			Date of Birth	Race	
	Address		Driver License Number		
	, ,				
01 001	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source			
Distracted By Action					
Non Motorist		Striking Unit #	Location		

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	
		To/From School	
		Drug & Alcohol	
		Suspected Alcohol Use	
		Suspected Drug Use	
		Alcohol Test Given	
		Alcohol Test Type	
		Alcohol Test Results	
01	001	TEST NOT GIVEN	
		Drug Test Given	
		Drug Test Type	
		Drug Test Results	
		Drug Test Results	
Drug Type			
Individual Condition			
NOT OBSERVED			

Unit Summary

UNIT	02	Unit Status		Vehicle Operating As Classification		Unit Type							
		IN TRANSIT		D CLASS		AUTOMOBILE							
		Vehicle Type				Operating As Endorsements							
		PASSENGER VAN											
		Total Occs		Train/Bus # Recorded		Total # Citations Issued		Total Trailers		Total HazMat Types			
		7				0		0		0			
		Insurance?		Direction Of Travel		Pre Crash Tire Mark		Speed Limit		Total Lanes			
		YES		EASTBOUND		<input type="checkbox"/>		55		2			
		Most Harmful Event: Collision With				Special Function				Emergency Motor Vehicle Use			
		MOTOR VEH IN TRANSPORT				NO SPECIAL FUNCTION				NOT APPLICABLE			
Traffic Way				Traffic Control				Traffic Control Inoperative/Missing					
TWO-WAY, NOT DIVIDED				NO CONTROL				NO					
Surface Type				Road Curvature				Road Grade					
BLACKTOP (BITUMINOUS)				STRAIGHT				LEVEL					
Truck Bus or HazMat													
NO													

Vehicle

UNIT	VEHICLE	02	02	License Plate Number		Plate Type		St		Country of Issuance					
				P989558		AUT - AUTOMOBILE		IL		UNITED STATES					
				Vehicle Identification Number				Make		Year		Model			
				5FNRL5H44CB001516				HONDA		2012		VAN			
				Color				Body Style				Bus Use			
				SIL - SILVER (ALUMINUM)				VN - VAN							
				Initial Contact Point				Vehicle Damage							
				06 - REAR				06 - REAR							
Extent Of Damage				Vehicle Removed By											
FUNCTIONAL DAMAGE				OPERATOR											
Towed Due To Damage				Vehicle Removed By											
NOT TOWED				OPERATOR											
What Driver Was Doing															
LEFT TURN															

WISCONSIN MOTOR VEHICLE
CRASH REPORT

UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors		
			NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
02	Owner Name JASON K GAYDOVCHIK (847) 471-2491		Owner Address 1309 KATHLEEN CT ANTIOCH, IL 60002 , US		
	Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT	Policy Holder				
	Insurance Company ESURANCE-INSURANCE-COMPANY		Individual JASON GAYDOVCHIK		
UNIT INDIVIDUAL	Individual				
	Driver JASON K GAYDOVCHIK (847) 471-2491		Citations Issued 0	Sex MALE	
	Address 1309 KATHLEEN CT ANTIOCH, IL 60002 , US		Date of Birth	Race WHITE	
			Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
02 002	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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					
Non Motorist		Striking Unit #			
		Location			

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UNIT	INDIVIDUAL	Prior Action		
		Action		
02	002	Action Other		To/From School
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
02	002	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
02	002	Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		Passenger TAMMY M GAYDOVCHIK (847) 471-2491	Citations Issued 0	Sex FEMALE
02	003	Date of Birth	Race WHITE	
		Address 1309 KATHLEEN CT ANTIOCH, IL 60002 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
02	003	Safety Equipment	On Duty Crash	Safety Equipment
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
02	003	Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
02	003	Injury	Injury Severity 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	
		Distracted By Action		
02	003	Non Motorist	Striking Unit #	Location
		Prior Action		

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	003	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	INDIVIDUAL	Individual			
		Passenger BRADLEY M GAYDOVCHIK (847) 471-2491	Citations Issued 0	Sex MALE	
		Date of Birth	Race WHITE		
		Address 1309 KATHLEEN CT ANTIOCH, IL 60002 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
02	004	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	Seat Position 09 - RIGHT	Helmet Compliance	
		Helmet Use			
		Eye Protection			
		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				
Distracted By Action					
Non Motorist	Striking Unit #	Location			
Prior Action					

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
02	004	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	INDIVIDUAL	Individual		
		Passenger JACK H HOLSTON (847) 863-8320	Citations Issued 0	Sex MALE
		Date of Birth	Race WHITE	
		Address 22545 W DEPOT ST ANTIOCH, IL 60002 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES	
02	005	Safety Equipment	On Duty Crash	Safety Equipment
		Row 02 - SECOND 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
Hospital		Date of Death	Time of Death	
Distracted By	Distracted By Source			
Distracted By Action				
Non Motorist	Striking Unit #	Location		
Prior Action				

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UNIT INDIVIDUAL	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		
	Individual		
	Passenger SAMANTHA L GAYDOVCHIK (847) 471-2491	Citations Issued 0	Sex FEMALE
	Address 1309 KATHLEEN CT ANTIOCH, IL 60002 , US		Date of Birth Race WHITE
Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 03 - THIRD ROW	Seat Position 07 - LEFT	
	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
	Hospital		EMS Run #
	Date of Death		Time of Death
	Distracted By	Distracted By Source	
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

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UNIT INDIVIDUAL	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		
	Individual		
	Passenger KELSIE M MACMILLIAN	Citations Issued 0	Sex FEMALE
	Date of Birth		Race WHITE
Address 4300 N GOLDENEAGLE CT ANTIOCH, IL 60002 , US		Driver License Number	
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 03 - THIRD ROW	Seat Position 08 - MIDDLE	
	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			
UNIT INDIVIDUAL	Distracted By		
	Distracted By Source		
	Distracted By Action		
	Non Motorist	Striking Unit #	Location
Prior Action			

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UNIT INDIVIDUAL	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		
	Individual		
	Passenger HANNAH R GAYDOVCHIK (847) 471-2491	Citations Issued 0	Sex FEMALE
	Address 1309 KATHLEEN CT ANTIOCH, IL 60002 , US		Date of Birth WHITE
Driver License Number			
UNIT INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
	Row 03 - THIRD ROW	Seat Position 09 - RIGHT	
	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
	Hospital		EMS Run #
	Date of Death		Time of Death
	Distracted By	Distracted By Source	
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			

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		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					
		02	008				