WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Override	Primary Crash Document #	Agency Crash Number 22-12825	Investigating Office DEPUTY H. VO			
Crash Date 12/24/2022	Crash Time 09:45 AM	Date Arrived 12/24/2022	Time Arrived 09:59 AM			
Crash Date 12/24/2022 Date Notified 12/24/2022 On Emergency Hit Government Property	Time Notified 09:49 AM	Total Units 01	Total Injured 00	Total Killed 00		
On Emergency Hit	and Run Lane Closu		Trailer or 1	Fowed Reporting Threshold		
Government Property	Active School Zone	School Bus Related NO	Tags			
✓ Reportable	Crash Type DT4000 (STANDARD CRASH)	Amended	Secondary Crash		
Description Diagram			l De	construction By		
				otos By		
Not To Scale		USH 12		ditional Information		
6,						
I —	nt officer, agree that I have no					
	SH 12. UNIT 1 VEHICLE SPUN OUT C CAME STUCK. SELF HELP RESPON			THE SHOULDER OF THE ROAD AND E.		

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	_oc	ation								
·	ON	RAMP USH12 EB				Latitude			Longitu	de
	155 FT N					43.561708886			-89.77	8631588
	OF MOON RD					X Coordinate			Y Coord	dinate
	IN THE TOWN OF DELTON IN SAUK COUNTY						275587.75		48269	
							Туре			
							UCTURE			
(:ra	sh Scene								
Ī		Harmful Event				Eiret Harm	ıful Event Lo	neation		
		HER OBJECT - NOT F	IVED			ON ROA		ocalion		
ļ						Light Cond				
ļ			INICLE IN TRANSPORT			DAYLIGI				
		d Surface Condition(s)				Roadway	racioi(s)			
	SNC	OW, ICE								
ŀ	Envi	ronment Factor(s)								
	пои	NE				NONE				
ŀ	Wea	ther Condition(s)								
		DUDY								
	Anim	nal Type					o Trafficwag	•		
ŀ	Cras	h Classification - Location				Crash Clas	ssification -	Jurisdiction		
	PUE	BLIC PROPERTY				NO SPE	CIAL JUR	ISDICTION		
ŀ	Triba	al Land				Access Control Special Study				
							NO CONTROL			
Ī	Within Interchange Area Junction Location Intersection						on Type			
	NO		NON-JUNCTION		NOT AN	INTERSECTION				
		_								
Ī	Jni	t Summary 👅								
_		t Summary Status		Vehicle Ope	erating As Cl	lassification		Unit Type		
-	Unit			Vehicle Ope	_	lassification		Unit Type AUTOMO	BILE	
	Unit IN T	Status		-	_	lassification				ements
	Unit IN T Vehi	Status RANSIT		-	_	lassification		AUTOMO		ements
	Unit IN T Vehi PAS	Status RANSIT cle Type	Train/Bus # Recorded	C CLASS	_		Total Trail	AUTOMO Operating A	s Endorse	ements zMat Types
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-	Unit IN T Vehi PAS Tota 2	Status RANSIT cle Type SSENGER CAR	Train/Bus # Recorded Direction Of Travel	C CLASS Total # Cita 0			Total Trail	AUTOMO Operating A	s Endorse	zMat Types
LO	Unit IN T Vehi PAS Tota 2	Status RANSIT cle Type SSENGER CAR I Occs		C CLASS Total # Cita 0	itions Issued		Total Trail	AUTOMO Operating A ers	Total Ha: Total Lar	zMat Types nes
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Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

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Crash Date 12/24/2022
Crash Time 09:45 AM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

		Towed Due To Damage	,	Vehicle Removed	d Ву			
		NOT TOWED		OPERATOR				
		What Driver Was Doing	,	Vehicle Factors				
		NEGOTIATING CURVE		NOT ABBLICA	D. E			
		Driver Prior Action Other	'	NOT APPLICA	BLE			
		Driver Actions						
	ш	NO CONTRIBUTING ACTI	ON					
-	Ξ							
UNIT	Ĭ							
_	VEHICLE							
		Owner Name FILLIP LOBANOV		Owner Addre 924 VINE S				
7	5	FILLIP LUBANUV				S, WI 53965 , U	S	
_						, ,		
		Common Of Events						
		Sequence Of Events Event						
	5	OTHER OBJECT - NOT FI	KED					
	05	Event						
		Event						
	03	Event						
	40	Event						
	0							
-	- 1	Policy Holder						
UNIT		Insurance Company		Individual				
_		PROGRESSIVE-MUTUAL-	INS-CO-(ATTN:-AUTO-U	FILLIP LOB	ANOV			
		ndividual						
		Driver FILIPP LOBANOV	Citations Issued Sex 0 MALE Date of Birth Race					
	A							
_	NDIVIDUAL			WHITE				
L L	≥	Address		Driver License	Number			
_	Ĭ	924 VINE ST # 4 WISCONSIN DELLS, WI 53	3965 . US					
		,, ,	,					
		On Duty	Crash	Safety Equipm	ent			
	Saf	ety Equipment						
		Row Seat Position		SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LEFT					
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
10	001	Injury Se	verity	Airbag				
_	0	Ejected NO API	PARENT INJURY Ejection Path	NON DEPLO	DYED		Trapped/Extricated	
		<i>'</i>	LICABLE		NOT TRAPPED			
		Medical Transport		EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED						
		Hospital		Date of Death			Time of Death	
		Distracte	d By Source				<u> </u>	
		Distracted By NOT AF	PPLICABLE (NOT DISTRA	CTED)				
		Distracted By Action NOT DISTRACTED						

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data. 3 of 5

Crash Date 12/24/2022 Crash Time 09:45 AM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Non Motorist Striking	g Unit #	Location					
	Prior Action							
	Action							
JAL								
MP								
N								
	Action Other						To/From School	
L	Drug & Alcohol NO	cted Alcohol U	Jse	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			
2	Drug Type							
0	Individual Condition							
	APPEARED NORMAL							
	Individual							
	Passenger			Citations Issued	Sex			
٩L	LIIA ARSLANOVA			0 Date of Birth	FEMALE Race			
JDU/				WHITE				
N	924 VINE ST # 4	53965 IIS		Driver License Number				
Sat	fety Equipment	ty Crash		Safety Equipment				
	Row 01 - FRONT ROW			SHOULDER & LAP	HOULDER & LAP BELT			
	Helmet Use		Helmet Compliance					
	Eye Protection			Tint Compliance				
002		-	N.IIIRY	Airbag				
	Ejected	Ejection Pa	th	Trapped/Extricated				
		NOT EJE	CTED/NOT APPL					
	NOT TRANSPORTED							
				Date of Death		Time of Death		
	Distracted By	ted By Source	9					
	Distracted By Action							
	Non Motorist	g Unit#	Location					
	INDIVIDUAL 001	Prior Action From Action Suspending the property of the property of the property of the prior	Action Other Drug & Alcohol NO Action Other Drug & Alcohol NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Individual Passenger LIIA ARSLANOVA Address 924 VINE ST # 4 WISCONSIN DELLS, WI 53965 , US Safety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection NO APPARENT I Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Distracted By Source	Prior Action Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Individual Passenger LIIA ARSLANOVA Address 924 VINE ST # 4 WISCONSIN DELLS, WI 53965 , US Safety Equipment Row 01 - FRONT ROW Injury NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Distracted By Source Striking Unit # Location	Prior Action Action Action Action Action Action Action Drug & Alcohol Suspected Alcohol Use NO Alcohol Test Given TEST NOT GIVEN Drug Test Given TEST NOT GIVEN Drug Type Individual Condition APPEARED NORMAL Individual Passenger LIIA ARSLANOVA Address 924 VINE ST # 4 WISCONSIN DELLS, WI 53965 , US Safety Equipment Row 01 - FRONT ROW 09 - RIGHT Helmet Use Helmet Compliance Eye Protection Tint Compliance Injury Seventy Non APPARENT INJURY NON DEPLOYED Ejected NOT EJECTED Medical Transport NOT EJECTED/NOT APPLICABLE Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Distracted By Source Distracted By Action Striking Unit # Location	Prior Action Action Other Drug & Alcoho Action Other Drug & Alcoho Action Other Drug & Alcohol Action Other Drug Use NO Drug Test Type Drug Test Type Drug Test Results Drug Test Results Drug Type Drug Type Individual Condition APPEARED NORMAL Individual Passenger LIIA ARSLANOVA Address 924 VINE ST # 4 WISCONSIN DELLS, WI 53965 , US Driver License Number On Duty Crash Safety Equipment Row 01 - FRONT ROW Pleimet Use Eye Protection Drug Test Type Drug Test Type Drug Test Results Drug Test Results FEMALE Date of Birth Race WHITE Address 924 VINE ST # 4 WISCONSIN DELLS, WI 53965 , US Safety Equipment Prior Compilance Tint Compilance Tint Compilance Tint Compilance Eye Protection NOT EJECTED NOT Delected By Not EJECTED NOT APPLICABLE Medical Transport Mod TRANSPORTED Hospital Distracted By Distracted By Distracted By Distracted By Action Striking Unit # I Location	Prior Action Action Other	

Wisconsin Motor Vehicle Crash Form DT4000

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		Prior Action					
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١.	JAI						
LNO	וםו						
5	INDIVIDUAL						
	Ξ						
		Action Other					To/From School
	L	Drug & Alcohol NO	Jse	Suspected Drug Use NO			
•		Alcohol Test Given	Alcohol Test Type	I.		Alcohol Test Results	
		TEST NOT GIVEN	Drug Took Time		ID T (D)		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	S	
2	002	Drug Type	1		•		
	0						
		Individual Condition					
		APPEARED NORMAL					
		- 					