

6TL0BFKDHV

Document Number Override		Primary Crash Document #		Agency Crash Number <b>22-12825</b>		Investigating Officer/Deputy <b>DEPUTY H. VOLZ</b>		
Crash Date <b>12/24/2022</b>		Crash Time <b>09:45 AM</b>		Date Arrived <b>12/24/2022</b>		Time Arrived <b>09:59 AM</b>		
Date Notified <b>12/24/2022</b>		Time Notified <b>09:49 AM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <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 <b>NO</b>		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

**Description**

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS TRAVELING EB ON USH 12. UNIT 1 VEHICLE SPUN OUT ON THE WET AND ICY ROAD WAY. UNIT 1 WENT INTO THE SHOULDER OF THE ROAD AND STRUCK A PILE OF SNOW AND BECAME STUCK. SELF HELP RESPONDED AND PULLED OUT THE VEHICLE. MINOR DAMAGE.

**Location**

ON RAMP USH12 EB 155 FT N OF MOON RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.561708886</b>	Longitude <b>-89.778631588</b>
	X Coordinate <b>275587.75</b>	Y Coordinate <b>4826946</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

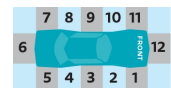
First Harmful Event <b>OTHER OBJECT - NOT FIXED</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE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

**Unit Summary**

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>C CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>4</b>
	Most Harmful Event: Collision With <b>OTHER OBJECT - NOT FIXED</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/TRAFFIC BARRIER</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

<b>UNIT</b>	<b>VEHICLE</b>	License Plate Number <b>ARN4753</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>JTKKT624165004033</b>	Make <b>TOYOTA</b>	Year <b>2006</b>	Model <b>SCION XA</b>
		Color <b>MAR - MAROON (BURGUNDY)</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>12 - FRONT</b>		



WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>FILLIP LOBANOV</b>		Owner Address <b>924 VINE ST # 4 WISCONSIN DELLS, WI 53965 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>OTHER OBJECT - NOT FIXED</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U</b>		Individual <b>FILLIP LOBANOV</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>FILIPP LOBANOV</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>924 VINE ST # 4 WISCONSIN DELLS, WI 53965 , US</b>		Date of Birth <b>WHITE</b>	
	Driver License Number			
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>					
		Passenger <b>LIIA ARSLANOVA</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
				Date of Birth	Race <b>WHITE</b>		
		Address <b>924 VINE ST # 4 WISCONSIN DELLS, WI 53965 , US</b>		Driver License Number			
		<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>	<b>SHOULDER &amp; LAP BELT</b>		
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
				Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
Medical Transport <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		

UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	01	002	