6TL0B655VW 23-00947

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Document Number Overric	de Primary Crash [Primary Crash Document# Agency Crash Number Investigating Officer/Deputy 23-00947 DEPUTY W. NEUBAUER			₹			
Crash Date 01/28/2023	Crash Time 02:50 PM			rived 2023	Time Arrived 04:32 PM			
Crash Date 01/28/2023 Date Notified 01/28/2023 On Emergency Government Property	Time Notified 04:15 PM			nits	Total Injured Total Kille		d	
On Emergency	Hit and Run	Lane Close		☐ Work Zone	ł	or Towed	Reporting Threshold	
Government Active School Zone				Bus Related	Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH)		Amend	ed	Secondary Crash	
Description Diagram						Reconstruction		
NOI	N-REPORTAB	LE SLIDE	OFF			Photos By Additional Info NONE	rmation	
I, a sworn law enfo						ED TO THOM F	IGHT ONTO VOGEL ROAD.	
UNIT 1 LEFT THE ROADW						LU IU IUKN R	MOIT ONTO VOGEL KUAD.	

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Location

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Crash Date 01/28/2023

Crash Time 02:50 PM

•	ON VOGEL RD 105 FT S OF BRIAR BLUFF RD		Latitude 43.554511651 X Coordinate			Longitu -89.91	2110797		
	IN THE TOWN OF DELLON IN SAUK COUNTY	IA		264779			48265		
			I	Structure Type NO STRUCTURE					
1	Crash Scene								
	FirstHarmfulEvent DITCH			First Harm ROADSI	nful Event L	ocation.			
	Manner of Collision			LightCon					
	00 - NO COLLISION W/VEH		DAYLIG						
	Road Surface Condition(s)		Roadway	Roadway Factor(s)					
	SNOW								
	Environment Factor(s)								
	WEATHER CONDITIONS			ETC)	URFACE	CONDITION	(WET, IC	ET, ICY, SNOW, SLUSH,	
	Weather Condition(s)								
	SNOW								
	Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction				
	Crash Classification - Location								
	PUBLIC PROPERTY Tribal Land			NO SPECIAL JURISDICTION				Connected Others	
				NO CON	Access Control NO CONTROL			Special Study	
	ı	Junction Location INTERSECTION		ersection Type					
		MILKOLOTION	1-11	LINGLOTION	•				
	Unit Summan								
	Unit Summary —— Unit Status		Vehicle Operating	As Classification	3	UnitType			
	Unit Status IN TRANSIT		Vehicle Operating A	As Classification	3	AUTOMO			
	Unit Status IN TRANSIT Vehicle Type			As Classification	3	1		ements	
5	Unit Status IN TRANSIT	Train/Bus#Recorded			Total Tra	AUTOMO Operating A	s Endors	ements zMat Types	
 [Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1		D CLASS		Total Tra	AUTOMO Operating A	Total Ha	zMatTypes	
 L0	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs Insurance?	Direction Of Travel	Total#Citations lss 0 Pre Crash	sued	TotalTra 0 Speed Li	AUTOMO Operating A	Total Ha Total Lai	zMatTypes	
F0	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1	Direction Of Travel SOUTHBOUND	D CLASS Total # Citations Iss	sued	Total Tra	AUTOMO Operating A	Total Ha Total Lai Total Lai	izMatTypes nes	
LO IIIO	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision W. DITCH	Direction Of Travel SOUTHBOUND	Total # Citations Iss 0 Pre Crash Mark	sued Tire	TotalTra 0 Speed Li	AUTOMO Operating A illers mit Emergency NOT APP	Total Ha O Total Lai 2 Motor Ve	nes hicle Use	
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	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision W. DITCH Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle	Direction Of Travel SOUTHBOUND //ith	Total # Citations lss 0 Pre Crash Mark Special Function NO SPECIAL FL Traffic Control NO CONTROL Road Curvature STRAIGHT	sued Tire	TotalTra 0 Speed Li 45	AUTOMO Operating A illers mit Emergency NOT APP Traffic Con NO Road Grade LEVEL	Total Ha 0 Total Lai 2 Motor Ve LiCABLE trol Inoper	nes hicle Use	
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10 INO 110	Unit Status IN TRANSIT Vehicle Type PASSENGER CAR Total Occs 1 Insurance? YES Most Harmful Event: Collision W DITCH Traffic Way TWO-WAY, NOT DIVIDED Surface Type BLACKTOP (BITUMINOUS Truck Bus or HazMat NO Vehicle License Plate Number DAYGAM Vehicle Identification Num JTDKB20U950121439 Color MAR - MAROON (BUF	Direction Of Travel SOUTHBOUND With Color of Travel SOUTHBOUND With Color of Travel SOUTHBOUND	Total # Citations Iss 0 Pre Crash Mark Special Function NO SPECIAL FL Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make TOYOTA Body Style	Tire UNCTION	Total Tra 0 Speed Li 45 St WI Year	AUTOMO Operating A illers mit Emergency NOT APP Traffic Con NO Road Grade LEVEL Country of Is UNITED S' Model PRIUS	Total Ha 0 Total Lai 2 Motor Ve LiCABLE trol Inoper	nes hicle Use	
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Crash Time 02:50 PM

		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR						
		What Driver Was Doing		Vehicle Factors					
		RIGHT TURN		venicie Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	ш	NO CONTRIBUTING ACTIO	ON						
╘	Ö								
Ĭ.	VEHICLE								
	5								
		Owner Name		Owner Address					
_		MICHAEL GERALD BENNE	ĒΤΤ	E4391 W REDS					
2	5	(608) 415-0243		LA VALLE, WI 5	3941 , US				
		Sequence Of Events Event							
	5	DITCH							
	8	Event							
		Event							
	8								
	3	Event							
_		Policy Holder							
N		Insurance Company	Individual						
_		AMERICAN-FAMILY-INS-C	MICHAEL BENNETT						
		ndividual							
		Driver MICHAEL GERALD BENNETT		Citations Issued Sex MALE					
	4	(608) 415-0243		Date of Birth	Race				
⊨	INDIVIDUAL								
LNO	2	Address		Driver License Number					
_	Z	E4391 W REDSTONE DR LA VALLE, WI 53941, US		STATE: WISCONSIN COUNTRY: UNITED STATES					
		On Duty (Crash	Safety Equipment					
	Sai	Safety Equipment		SHOULDER & LAP BELT					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LA	P BELT				
		HelmetUse		Helmet Compliance					
		Eye Protection	Tint Compliance						
				rin compiance					
_	1 60	Injury Severity		Airbag					
Ò				NON DEPLOYED Trapped/Extricated					
Σ	2000000		≒:oction ⊎ath			NOT TRAPPED			
Ò		1 ′	Ejection Path NOT EJECTED/NOT AP	PLICABLE		NOT TRAPPED			
Ò		NOT EJECTED Medical Transport	*	PLICABLE EMS Agency Identifi	er	NOT TRAPPED EMS Run#			
Ò		NOT EJECTED Medical Transport NOT TRANSPORTED	*	EMS Agency Identifi	er	EMS Run#			
Ò		NOT EJECTED Medical Transport	*		ier				
Ò		NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	NOT EJECTED/NOT AP	EMS Agency Identifi	ier	EMS Run#			
Ò		NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	NOT EJECTED/NOT AP	EMS Agency Identifi	ier	EMS Run#			

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		. I				
	Non Motorist	# Location				
	Prior Action					
UNIT	Action					
	Action Other					To/From School
	Drug & Alcohol NO	licohol Use	Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	e		Alcohol Test Results	
	Drug Test Given Drug Test Ty TEST NOT GIVEN			Drug Test Results	3	
2 B	Drug Type					
	Individual Condition APPEARED NORMAL					