

6TL0F68VQ0
26-05064

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

6TL0F68VQ0

Document Number Override		Primary Crash Document #		Agency Crash Number 26-05064		Investigating Officer/Deputy SERGEANT T. CLAUER	
Crash Date 05/17/2026		Crash Time 02:43 PM		Date Arrived 05/17/2026		Time Arrived 02:48 PM	
Date Notified 05/17/2026		Time Notified 02:44 PM		Total Units 02		Total Injured 03	Total Killed 00
<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 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>	Reconstruction By
	Photos By SGT CLAUER
	Additional Information PHOTOS

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

UNIT ONE WAS TRAVELING SOUTH ON USH 12. UNIT TWO WAS TRAVELING SOUTH ON USH 12 APPROACHING UNIT ONE AT HIGH RATE OF SPEED SUBSEQUENTLY STRIKING UNIT ONE IN THE REAR. UNIT ONE LOST CONTROL AND SPUN AROUND FACING NORTH IN THE SOUTHBOUND LANE. UNIT ONE BACK END STRUCK THE GUARDRAIL ON THE WEST SIDE OF THE ROADWAY. UNIT TWO WENT ACROSS THE GRASS MEDIAN ACROSS THE NORTHBOUND LANES OF USH 12 COMING TO REST IN THE EAST SIDE DITCH. BOTH VEHICLES HAD DISABLING DAMAGE AND WERE REMOVED BY CRAIGS TOWING. OCCUPANTS IN UNIT ONE WEREN'T CLAIMING ANY INJURY BUT WERE GOING TO BE GOING TO THE HOSPITAL TO GET CHECKED OUT. UNIT TWO OPERATOR WAS UNINJURED AND WAS ARRESTED FOR OPERATING WHILE INTOXICATED.

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Location

ON USH12 EB 448 FT N OF TERRYTOWN RD IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.486621415	Longitude -89.777412971
	X Coordinate 275407.5625	Y Coordinate 4818603.5
	Structure Type NO STRUCTURE	

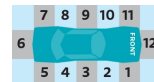
Crash Scene

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) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control FULL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 03	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 04	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AAM6250	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number KNDJN2A27G7831983	Make KIA	Year 2016	Model SOUL	
	Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR		Bus Use	
	Initial Contact Point 06 - REAR	Vehicle Damage 01 - RIGHT FRONT CORNER, 04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 11 - LEFT FRONT CORNER, 12 - FRONT			
	Extent Of Damage DISABLING DAMAGE				



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UNIT	VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING	
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors NOT APPLICABLE	
		Driver Prior Action Other			
		Driver Actions NO CONTRIBUTING ACTION			
01	01	Owner Name SCOTT BENTLEY		Owner Address 212 S LIBERTY ST PO BOX/393 FALL CREEK, WI 54742 , US	
		Sequence Of Events			
UNIT	INDIVIDUAL	Event MOTOR VEH IN TRANSPORT			
		Event GUARDRAIL END			
		Event			
		Event			
01	001	Policy Holder			
		Insurance Company STATE-FARM-CLASSIC-INS-CO		INDIVIDUAL SCOTT BENTLEY	
01	001	DRIVER SCOTT BENTLEY		Citations Issued 0	Sex MALE
		Address 212 S LIBERTY ST PO BOX/393 FALL CREEK, WI 54742 , US		Date of Birth	Race WHITE
01	001	On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Use	
01	001	Eye Protection		Tint Compliance	
		Injury	Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED	
01	001	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
01	001	Hospital		Date of Death	Time of Death
		Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED					

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		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					
UNIT	INDIVIDUAL	Individual					
		PASSENGER SAMANTHA BENTLEY		Citations Issued 0	Sex FEMALE		
		Date of Birth		Race WHITE			
		Address 212 S LIBERTY ST FALL CREEK, WI 54742 , US		Driver License Number			
		Safety Equipment		On Duty Crash		Safety Equipment	
		Row 02 - SECOND ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity POSSIBLE 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			

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date **05/17/2026**
Crash Time **02:43 PM**

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UNIT	INDIVIDUAL	Prior Action	
		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	
01	002	Drug Test Given TEST NOT GIVEN	
		Drug Test Type	
		Drug Test Results	
		Drug Type	
		Individual Condition	
		APPEARED NORMAL	
		Individual	
		PASSENGER ASHER LUBCHANSKY	
		Citations Issued 0	
		Sex MALE	
UNIT	INDIVIDUAL	Date of Birth	
		Race WHITE	
		Address 629 W HUDSON ST MAZOMANIE, WI 53560 , US	
		Driver License Number	
		Safety Equipment	
		On Duty Crash	
		SHOULDER & LAP BELT	
		Row 02 - SECOND ROW	
		Seat Position 07 - LEFT	
		Helmet Use	
Helmet Compliance			
Eye Protection			
Tint Compliance			
01	003	Injury	
		Injury Severity POSSIBLE 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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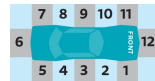
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UNIT 01	INDIVIDUAL 003	Action			
		Action Other		To/From School	
		Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
		Drug Type			
		Individual Condition APPEARED NORMAL			

Unit Summary

UNIT 02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 01	Train/Bus # Recorded	Total # Citations Issued 03	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 65	Total Lanes 04
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

UNIT 02	VEHICLE 02	Vehicle			
		License Plate Number AGX9561	Plate Type AUT	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JTNKARJE0HJ528031	Make TOYT	Year 2017	Model COROLLA
		Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING		
		What Driver Was Doing GOING STRAIGHT			



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UNIT VEHICLE	Driver Prior Action Other		Vehicle Factors NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, FOLLOWING TOO CLOSE, FAILURE TO CONTROL, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER			
	Owner Name BENJAMIN PFLEFKA		Owner Address 2429 CHALET GARDENS CT FITCHBURG, WI 53711 , US	
	Sequence Of Events			
UNIT 01	Event MOTOR VEH IN TRANSPORT			
	UNIT 02	Event DITCH		
		Event		
	UNIT 03	Event		
Event				
UNIT 04	Policy Holder			
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		INDIVIDUAL BENJAMIN PFLEFKA	
	Individual			
	UNIT INDIVIDUAL	DRIVER BENJAMIN PFLEFKA		Citations Issued 03
Address 2429 CHALET GARDENS CT FITCHBURG, WI 53711 , US		Date of Birth	Race WHITE	
UNIT 004	On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 004	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 004	Distracted By			
	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
UNIT 004	Non Motorist		Striking Unit #	Location

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Form DT4000

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UNIT	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use YES
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD	Alcohol Test Results PENDING
	Drug Test Given TEST GIVEN		Drug Test Type BLOOD	Drug Test Results PENDING
	Drug Type			
	Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL			
	Violations			
	02	004	01	01
UTC Number BG1104740		Issue To? 004	Statute Number 346.89(1)	Description INATTENTIVE DRIVING
UTC Number BG1104725		Issue To? 004	Statute Number 346.63(1)(a)	Description OPERATING WHILE UNDER THE INFLUENCE
UTC Number BG1104736		Issue To? 004	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL