

6TL0F68VNQ
24-09449

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 24-09449	Investigating Officer/Deputy SERGEANT T. CLAUER	
Crash Date 08/25/2024		Crash Time 10:45 AM	Date Arrived 08/25/2024	Time Arrived 10:58 AM	
Date Notified 08/25/2024		Time Notified 10:51 AM	Total Units 01	Total Injured 00	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
	Additional Information NONE

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

ON 8/25/24 I WAS REQUESTED TO RESPOND TO A MOTOR VEHICLE ACCIDENT ON MIRROR LAKE RD AT STH 33. I ARRIVED ON SCENE AND IDENTIFIED DRIVER VERBALLY. DRIVER STATED HE WAS TRAVELING EAST ON STH 33 AND WENT TO TURN SOUTH ONTO MIRROR LAKE RD. DRIVER STATED HE WAS UNABLE TO MAKE THE TURN BECAUSE OF THE SPEED. DRIVER RAN OFF THE EAST SIDE OF THE ROADWAY ON MIRROR LAKE AND STRUCK A POWER POLE. DRIVER STATED HIS PASSENGER ADVISED HIM LATE TO TURN. DOT RECORDS SHOWED DRIVER HAD A RESTRICTED DL. DRIVER HAD TWO OTHER SUBJECTS WITH HIM THAT WAS IN A VIOLATION OF HIS RESTRICTED DL. NO INJURIES TO ANY SUBJECTS. VEHICLE WAS REMOVED BY CRAIGS.

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Location

ON MIRROR LAKE RD 181 FT S OF STH33 EB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.52473259	Longitude -89.837278301
	X Coordinate 270710.84375	Y Coordinate 4822999.5
	Structure Type NO STRUCTURE	

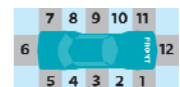
Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER LEFT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT	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 02	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 02
	Most Harmful Event: Collision With UTILITY POLE	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 CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT	Vehicle				
	01	License Plate Number ACH9062	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 4T1BK36B25U055333	Make TOYOTA	Year 2005	Model AVALON
	VEHICLE	Color WHI - WHITE	Body Style 4D - 4DR		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 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 RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions SPEED TOO FAST/COND, IMPROPER TURN, FAILURE TO CONTROL			
01	Owner Name RAPHAEL BERJE (608) 330-4970		Owner Address 1611 BROADWAY WISCONSIN DELLS, WI 53965 , US	
	Sequence Of Events			
01	01	Event DITCH		
	02	Event UTILITY POLE		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual RAPHAEL BERJE	
UNIT INDIVIDUAL	Individual			
	Driver RAPHAEL BERJE (608) 330-4970		Citations Issued 02	Sex MALE
	Address 1611 BROADWAY WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race BLACK/AFRICAN AMERICAN
	Driver License Number		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Safety Equipment		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				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
01	001	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 KENNEDY MILLER (608) 432-3206			Citations Issued 0	Sex FEMALE	
		Date of Birth			Race WHITE		
Address N1594 COUNTY ROAD N LYNDON STATION, WI 53944 , US			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
01	002	Safety Equipment		On Duty Crash			
		Safety Equipment SHOULDER & LAP BELT					
		Row 01 - FRONT 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		EMS Run #		
Hospital			Date of Death		Time of Death		
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit #		Location			

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UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other		To/From School	
01	002	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 SURI ALCANTARA (608) 448-1282	Citations Issued 0	Sex FEMALE	
			Date of Birth	Race HISPANIC	
		Address S1085 CLARA AVE # 15 WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		01	003	Safety Equipment	On Duty Crash
Row 02 - SECOND ROW	Seat Position 09 - RIGHT			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				
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				
	Violations				
	01	UTC Number BL501728	Issue To? 001	Statute Number 343.085(2m)(a)1	Description PROB LICENSEE OPER CLASS D VEH W/OTHER PERSON IN VEH
UTC Number BL501729		Issue To? 001	Statute Number 346.57(2)	Description FAILURE TO KEEP VEHICLE UNDER CONTROL	
Property Owner					
PROP OWNER	Organization/Company ALLIANT ENERGY			Address 4902 N BILTMORE MADISON, WI 53707 1077, US	
	Fixed Objects Struck				
01	Striking Unit 01	Struck Object UTILITY POLE		Structure Number	Damage Tag Number