Completion Report

DRIVER SAFETY PLAN STATUS REPORT

Wisconsin Department of Transportation
s.343.16, 343.30(1q), or 343.305(10) Wis. Stats.
MV3631 10/2004

General Information

Name (Last, First, MI)	Birth Date	Sex	Driver License Number	State
CHURLEY,BENJAMIN,GEORGE	[redacted]	M	[redacted]	WI

Address	City, State, ZIP Code	County of Residence	Area Code – Telephone
[redacted]	MADISON, WI 53704	DANE	

Judge	Court Address (Street, City, ZIP Code)	Client Occupation

Citation Number	Court Case Number	Non-UTC Number	Most Recent Conviction Date(s)
AT751233-0			

Arrest Information

Arrest Date(s)
10-06-2017/WI

Blood Alcohol Level
.110

Arrested For
- ☒ Controlled Substance and/or Other Impairing Drug:
- ☐ Implied Consent
- ☒ OWI - Operating While Intoxicated
- ☐ Repeat Offense
- ☐ OWI – Injury
- ☐ OWI – Great Bodily Harm
- ☐ OWI – Homicide

Total Lifetime OWI Arrests: 3

Referred Information: ☐ Court ☐ DOT ☒ Voluntary

Assessment Finding Information

☒ Alcohol ☐ Other Drug(s) ☐ Controlled Substances

Final Diagnosis
Ben completed 6 sessions with a good prognosis. They attended all their sessions actively, processed how their career is a contributing factor to their use, committed to using an Uber when drinking, and has developed an awareness of the impact of their use.

Driver Safety Plan Information - Program Recommendation

☐ Group Dynamics	☐ Multiple Offender Program	Provider Name
☒ Outpatient Treatment	Regimen and Provider Name education and self evaluation Choice #77777779	
☐ Inpatient Treatment	Regimen and Provider Name	

☐ Victim Impact Panel

For any of the 6 choices below, please give provider name and explanation
☐ Medical Exam ☐ Psychiatric ☐ Detoxification ☐ Residential ☐ Day Treatment ☐ Other

Provider Name

Explanation
Biomarker, Abstinence needed for biomarker. Client to follow recommendations of the provider.

Plan Completion Date	Plan Extended Through – Total Assessment Period Cannot Exceed 16 Months
05-18-2023	

In Compliance Date(s)	Non-Compliance Date(s)
Plan	Assessment Interview
Assessment Fee	Plan
Treatment Fee	Assessment Fee
N/C Report Sent in Error	Treatment Fee

(Provide date(s) only for the action(s) being taken for this report filing.)

Description, Prognosis or Comments
Completed. Case closed.

Assessment Facility/Assessor Information

Agency	Name - Please Print
Journey Mental Health	Jessica Dottl

Address	Area Code – Telephone	Signature	Date
	608 280 2468		01-19-2022

City, State, ZIP Code	Title/Certification
WI	Case Manager/BS

Distribution: 1 – Assessment; 2 – Plan Provider; 3 – DOT; 4 - Client