# 6TL0D6N028 22-01541

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 02/17/2022

Crash Time 05:51 AM

	Document Number Override Primary Crash Docu		cument#	Agency Crash No. 22-01541				stigating Officer/Deputy PUTY B. STODDARD				
D6N028	Crash Date         Crash Time           02/17/2022         05:51 AM			Date Ar	rived		Time	Time Arrived				
91	Date Notified	Time Notified		Total U	nits		Tota	Injured	Total Killed	ł		
9	02/17/2022	05:51 AM		01	ı		00		00			
TLOC	On Emergency H	it and Run	and Run Lane Closure		Work Zone		L	Trailer or Towed		Reporting  Threshold		
6TI	Government Property	Active Scho	ool Zone	School NO	Bus Relat	∍d	Tags					
	<b>∨</b> Reportable	Crash Type NON-DOMESTIC	CATED ANI	MAL W/ N	O INJUR	Υ	f	Amended		Secondary Crash		
	, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
	Location <b>———</b>											
·	ON CTHANB					Latitude Longitude						
	0.30 MI S					43.51351	0464		-89.738876032			
	OF SIDE RD	_				X Coordinate			Y Coordinate			
	IN THE TOWN OF FAIRFIEL IN SAUK COUNTY	ט				278622.2	8125	482148		6.5		
	IN SAUR COUNTY					Structure Type						
						NO STR						
L A	Crash Scene											
,												
	First Harmful Event					l	First Harmful Event Location ON ROADWAY					
	NON DOMESTICATED ANIM	IAL (ALIVE)										
	Manner of Collision	o: = ::: ==				Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSPO	KI									
	Road Surface Condition(s)					Roadway	Factor(s)					
ŀ	Environment Factor(s)											
	2											
	Weather Condition(s)											
	Animal Type					Relation To Trafficway						
	DEER Crash Classification - Location					TRAFFICWAY - ON ROAD						
						Crash Classification - Jurisdiction NO SPECIAL JURISDICTIO						
	PUBLIC PROPERTY								I a			
	TribalLand					Access Control				Special Study		
L												
	Unit Summary											
				Vehicle Operating As Classit		lassification	assification		UnitType			
	IN TRANSIT	D CLASS				AUTOMOBILE						
01	VehicleType					Operating As Endorsements						
0	PASSENGER CAR											
	1 0		1 "	Total # Citations Issued						Mat Types		
			0		0		0					
	Insurance?	Direction Of Travel	-	Pre CrashTire		Speed Lir		nit TotalLane		es		
	YES NORTHBOUND			Mark								
UNIT	MostHarmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE)			Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use NOT APPLICABLE				
	Traffic Way			Traffic Control			Traffic Control Inoperative/Missing			tive/Missing		
-	Surface Type			Road Curvature				Road Grade				

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Crash Time 05:51 AM

	Truc	ck Bus or HazMat								
		Vehicle		050505050505050505050505050505						
UNIT 01		License Plate Number 364WVV		Plate Type	St	Country of issuance UNITED STATES				
		Vehicle Identification Number		AUT - AUTOMOBILE Make	Wi Year	Model				
	5	4T4BF1FK4GR534242		TOYOTA	2016	CAMRY				
		Color WHI - WHITE		Body Style SD - SEDAN		Bus Use				
	щ	Initial Contact Point		Vehicle Damage 7, 8, 9, 10, 11						
	VEHICLE	11 - LEFT FRONT CORNER  Extent Of Damage	₹	01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 6 12						
	Ÿ	FUNCTIONAL DAMAGE		11 - LEFT FRONT CORNER, 12 - FRONT						
		Towed Due To Damage NOT TOWED		Vehicle Removed By						
		What Driver Was Doing		OPERATOR  Vehicle Factors						
		Driver Prior Action Other								
		Driver Actions								
<b> </b>	VEHICLE	NO CONTRIBUTING ACTION								
	Ĭ									
	3									
		OwnerName		Owner Address						
2	5									
_		Policy Holder								
l S		Insurance Company PROGRESSIVE-CASUALT		Individual						
				MATTHEW MURPH						
		Driver		Citations Issued	Citations issued Sex					
	4	MATTHEW J MURPHY (608) 886-1769		0	MALE					
<u>_</u>	3			Date of Birth	Race WHITE					
ş	DIMIDITA	Address 503 2ND ST BARABOO, WI 53913 , US		Driver License Number						
	Z			STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sa	On Duty Crash  fety Equipment		Safety Equipment						
		Row	Seat Position	SHOULDER & LAP	JLDER & LAP BELT					
		11-1		11-2						
		Heimet Use		Helmet Compliance						
		Eye Protection Injury Severity		Tint Compliance Airbag						
_	_									
01	8	Injuny no apparent injury								
		Ejection Path				Trapped/Extricated				
		Medical Transport		EMS Agency Identifier		EMS Run#				
		NOT TRANSPORTED Hospital		Date of Death		Time of Dogth				
		Hospital		Date of Death		Time of Death				

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		Distracted By Source	Ce C				
		Distracted By Action					
		Non Motorist Striking Unit#	Location				
		Prior Action	•				
UNIT	INDIVIDUAL	Action					
	Z	Action Other Suspected Alcohol	ijeo	Suspected Drug Use			To/From School
	i	Drug & Alcohol NO		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		
Ю.	6	Drug Type	•				
		Individual Condition  APPEARED NORMAL					