24-04504

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash D	ocument #	Agency 24-045	Crash Number					
~	Orack Date	Crash Time				Time Arrived				
っつ	Crash Date 05/05/2024	12:30 AM		05/05/2024		12:33 AM	12:33 AM			
0 I LUCBUDOU	Date Notified 05/05/2024	Time Notified 12:33 AM		Total Units 01		Total Injured 02	Total InjuredTotal Kille0200			
20	On Emergency	and Run	Lane Closu	ure	Work Zone	Trailer	or Tow	/ed	Reporting Threshold	
0 I L	Government Property	Active Sci	hool Zone	School NO	Bus Related	Tags				
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	I)		Amenc	led		Secondary Crash	
ļ	Description						1			
	Diagram	Not to Scale					Recons	struction I	Ву	
			_				Photos DEPU	Ву ТҮ А. J	AHNKE #9182	
	R]				Additior PHOT	nal Inform OS	nation	
	Hwy 33									
			_							
	✓ I, a sworn law enforceme	nt officer, agre	e that I have no	ot addec	I any CJIS data in th	nis report.				
	UNIT 1 TRAVELING WESTBOUND (SUSTAINING FUNCTIONAL DAMAG EMS TRANSPORTED FOR FURTHE	E. REPORT OF 2	POSSIBLE INJURI	ES SUST/	AINED BY DRIVER BREI	NDA MURPHY ANI				
	EINIS TRANSPORTED FOR FURTHE	R EVALUATION.		אוט זא ט	IER REGIOTERED OWN	IER.				

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT ABOO WI 53913

-04504		CRASH R	EPORT				I	BARABOO, WI 53913 (608) 356-4895	
Location									
ON EAST ST/ STH	33 WB			Latitude 43.641326814			Longitud	e 977962	
OF STRAWBRIDGI	ERD		-	X Coordin					
IN THE TOWN OF IN SAUK COUNTY	WOODLAND			241574.9			Y Coord 483702		
IN SAUK COUNT I				Structure					
Crash Scene				NO STR	UCTURE				
First Harmful Event			1	First Horm	nful Event Lo	aatian			
DOMESTICATED A	NIMAL - ALIVE			ON ROA		CallOIT			
Manner of Collision				Light Cond	dition				
00 - NO COLLISIO	N W/VEHICLE IN TRANSPORT			DARK/U	NLIT				
Road Surface Condition	n(s)			Roadway	Factor(s)				
DRY									
Environment Factor(s)									
NONE				NONE					
Weather Condition(s)				•					
CLOUDY									
Animal Type				Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Jurisdiction NO OPECIAL - WEICOLOGY					
DEER									
Crash Classification - I									
PUBLIC PROPERT Tribal Land	Y			NO SPECIAL JURISDICTION Access Control Special Study NO CONTROL Special Study					
Thoat Land							Special Study		
Within Interchange Are	a Junction Location		Intersection						
NO	NON-JUNCTION		NOT AN I		CTION				
Unit Summary			÷						
Unit Status			perating As Cla	assification		Unit Type			
IN TRANSIT		D CLASS	S	TRUCK		_			
Vehicle Type UTILITY TRUCK/PI					Operating As Endorsements				
Total Occs	Train/Bus # Recorded	Total # Cit	tations Issued		Total Traile	ers	Total Haz	Mat Types	
3		0			0		0		
Insurance?	Direction Of Travel	Pre	e CrashTire		Speed Lim	it	Total Lane	es	
YES	WESTBOUND		Mark		55		2		
Most Harmful Event: C DOMESTICATED A			Special Function NO SPECIAL FUNCTION			Emergency Motor Vehicle Use NOT APPLICABLE		cle Use	
Traffic Way		Traffic Co	Traffic Control			Traffic Control Inoperative/Missing			
	TWO-WAY, NOT DIVIDED			NO CONTROL			NO		
,,	Surface Type					Road Grad	e		
BLACKTOP (BITUI Truck Bus or HazMat	viin(US)	CURVE				LEVEL			
NO									
Vehicle									
License Plate Nu	mber	Plate Typ			St	Country of Is	suance		

	٦	Vehicle						
		License Plate Number	Plate Type	St	Country of Issuance			
		TF9246	LTK - LIGHT TRUCK	WI	UNITED STATES			
-	_	Vehicle Identification Number	Make	Year	Model			
5	6	2GCEK19T921414761	CHEVROLET	2002	SILVERADO			
1		Color	Body Style		Bus Use			
		MAR - MAROON (BURGUNDY)	PK - PICKUP	PK - PICKUP				
1	щ	Initial Contact Point	Vehicle Damage		•	7 8 9 10 11		
UNIT	บ	01 - RIGHT FRONT CORNER	01 - RIGHT FRONT COR	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE				
S	Ξ	Extent Of Damage	FRONT, 10 - LEFT SIDE	FRONT, 11 -	LEFT FRONT	6 12 12 5 4 3 2 1		
	Ч	FUNCTIONAL DAMAGE	CORNER, 12 - FRONT	CORNER, 12 - FRONT				

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		Towed Due To Damage		Ve	hicle Removed By				
		NOT TOWED			VNER				
				-					
		What Driver Was Doing		ve	Vehicle Factors				
		NEGOTIATING CURVE							
		Driver Prior Action Other		NC	OT APPLICABLE				
		Driver Actions							
	ш	NO CONTRIBUTING ACT	ON						
⊢	Ľ.								
UNIT	¥								
	VEHICLE								
	>								
		Owner Name BRENDA MURPHY			Owner Address 108 CHURCH ST				
01	01	(608) 495-2310			WONEWOC, WI 5	3968 115			
0	0	(000) 400 2010				,			
	ę	Sequence Of Events							
		Event							
	01	DOMESTICATED ANIMAL	- ALIVE						
	02	Event							
	0								
	03	Event							
	0								
	04	Event							
F		Policy Holder							
UNIT		Insurance Company			ndividual				
		STATE-FARM-GENERAL-	INS-CO	1	BRENDA MURPHY				
		Individual							
		Driver		<u>т</u>	Citations Issued	Sex			
		BRENDA MURPHY			0 FEMALE				
	AL	(608) 495-2310			Date of Birth Race				
	NDIVIDUAL				Date of Birth	WHITE			
UNIT	N	Address		Driver License Number					
Σ	D	108 CHURCH ST							
	Z	WONEWOC, WI 53968, U	JS	;	STATE: WISCONSIN COUNTRY: UNITED STATES				
		On Duty	Crash		Sofoty Equipment				
	Saf	fety Equipment	Oldon		Safety Equipment				
	1								
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT					
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
		Lycinologion							
	_	Injury Se	everity		Airbag				
01	001		CTED MINOR INJURY		DEPLOYED-FRONT				
		Ejected	Ejection Path				Trapped/Extricated		
	NOT EJECTED NOT EJECTED/NOT AP			PLIC	CABLE		NOT TRAPPED		
	Medical Transport				EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED							
		Hospital		_	Date of Death		Time of Death		
		· · Pr (664)							
		Distract	ed By Source				I		
		Distracted By NOT A	PPLICABLE (NOT DISTR	RACI	ED)				
		Distracted By Action							
		NOT DISTRACTED							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	Unit #	Location								
		Prior Action										
		Action										
	AL											
UNIT	INDIVIDUAL											
5	DIV											
	N											
		Action Other						To/From School				
	L	Drug & Alcohol NO	ted Alcohol	Use	Suspected Drug Use							
		Alcohol Test Given Alcohol Test Type		2		Alcohol Test Results						
		Drug Test Given	Drug Test Given Drug Test Typ			Drug Test Results						
	1	TEST NOT GIVEN Drug Type										
2	001											
		Individual Condition										
		APPEARED NORMAL										
		Individual										
	1	Passenger LUNA MURPHY (608) 495-4605			Citations Issued Sex 0 FEMALE							
	UAL				Date of Birth Race							
UNIT	VIDI	Address			Driver License Numbe							
	INDIVIDUAL	108 CHURCH ST WONEWOC, WI 53968 ,US										
	Sat	fety Equipment	/ Crash		Safety Equipment							
		Row	Seat P		SHOULDER & LAP	BELT						
		01 - FRONT ROW Helmet Use	09 - R	IGHT	Helmet Compliance							
		Eye Protection			Tint Compliance							
6	002	Injury S Injury SUSP	everity ECTED SE	RIOUS INJUR	Airbag DEPLOYED-FRONT							
		Ejected NOT EJECTED	Ejection Pa			Trapped/Extricated NOT TRAPPED						
		Medical Transport			EMS Agency Identifier		EMS Run #					
		EMS GROUND			6000820							
		Hospital HILLSBORO AREA HOSI	PITAL		Date of Death Time of Death							
		Distracted By	ed By Sourc	e								
		Distracted By Action										
		Striking	Unit #	Location								
		Non Motorist			t does not include any C		• · · -	05/05/2024				

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		Prior Action									
	٩L	Action									
UNIT	INDIVIDUAL										
	IN										
		Action Other						To/From School			
		Drug & Alcohol NO	ted Alcohol	Use	Suspected Drug Use						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	2		Alcohol Test Results				
		Drug Test Given TEST NOT GIVEN	Drug Test Given Drug Test Type FEST NOT GIVEN			Drug Test Result	S				
01	002	Drug Type		1							
		Individual Condition									
		APPEARED NORMAL									
		Individual Passenger DRAKE MURPHY (608) 495-5373 Address 108 CHURCH ST WONEWOC, WI 53968, US			Citations Issued	Sex					
	Ļ				0	MALE					
⊨	DUA				Date of Birth Race WHITE						
UNIT	INDIVIDUAL				Driver License Numbe	r					
					Safaty Environment						
	Sa	fety Equipment	y Crash		Safety Equipment						
		Row 02 - SECOND ROW	Seat P 09 - R		SHOULDER & LAP	PBELT					
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
2	003	Injury S Injury NO AF	PARENT	INJURY	Airbag NON DEPLOYED						
		Ejected NOT EJECTED	Ejection Pa	ath ECTED/NOT APPI			Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	-	EMS Run #				
		Hospital			Date of Death						
		Distracted By	ted By Sourc	ce							
		Distracted By Action									
		Non Motorist	Unit #	Location							
		Prior Action		-							

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action					
	٩L						
E	'n						
UNIT	INDIVIDUAL						
	ND						
		Action Other					To/From School
	L	Drug & Alcohol NO	Jse	Suspected Drug Use NO			
		Alcohol Test Given	Alcohol Test Type	e Alcohol Test Res			
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
5	003	Drug Type			•		
	0						
		Individual Condition					
		APPEARED NORMAL					