

6TL0D7W17V  
25-06737

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0D7W17V

Document Number Override		Primary Crash Document #		Agency Crash Number <b>25-06737</b>		Investigating Officer/Deputy <b>DEPUTY K. MUELLER</b>	
Crash Date <b>07/01/2025</b>		Crash Time <b>10:05 PM</b>		Date Arrived		Time Arrived	
Date Notified <b>07/01/2025</b>		Time Notified <b>10:05 PM</b>		Total Units <b>01</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.							

Location

<b>ON USH14 WB 370 FT W OF PORTER RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY</b>	Latitude <b>43.191047267</b>	Longitude <b>-90.174390715</b>
	X Coordinate <b>242055.203125</b>	Y Coordinate <b>4786924</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (DEAD)</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition	
Road Surface Condition(s)		Roadway Factor(s)	
Environment Factor(s)			
Weather Condition(s)			
Animal Type <b>DEER</b>		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control	Special Study


Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (DEAD)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

6TL0D7W17V  
25-06737

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

		Truck Bus or HazMat					
UNIT 01	VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>AUN1156</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>2T3BK4DV1BW045558</b>		Make <b>TOYT</b>	Year <b>2011</b>	Model <b>RAV4</b>	
		Color <b>RED - RED</b>		Body Style <b>LL - CARRYALL</b>		Bus Use	
		Initial Contact Point <b>14 - UNDERCARRIAGE</b>		Vehicle Damage			
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		<b>14 - UNDERCARRIAGE</b>			
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>			
		What Driver Was Doing		Vehicle Factors			
		Driver Prior Action Other					
		Driver Actions <b>NO CONTRIBUTING ACTION</b>					
UNIT 01	VEHICLE	Owner Name		Owner Address			
UNIT 01	INDIVIDUAL	<b>Policy Holder</b>					
		Insurance Company <b>ALLSTATE-INS-CO</b>		INDIVIDUAL <b>JOYCE MORGAN</b>			
UNIT 01	INDIVIDUAL	DRIVER <b>DYLAN MORGAN</b> <b>(608) 604-3432</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>702 E HASELTINE ST</b> <b>RICHLAND CENTER, WI 53581 , US</b>		Date of Birth	Race <b>WHITE</b>		
UNIT 01	INDIVIDUAL	On Duty Crash		Safety Equipment			
		Row		Seat Position		<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance		Airbag	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>			
		Ejected		Ejection Path		Trapped/Extricated	
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
		Hospital		Date of Death		Time of Death	

