WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	de Primary Crash		Agency Crash Number 25-10359	Investigating OPPUTY A.		/	
Crash Date 10/02/2025	Crash Time 04:43 PM		Date Arrived 10/02/2025	Time Arrived 04:50 PM			
Date Notified 10/02/2025	Time Notified 04:44 PM		Total Units 01	Total Injured 01	Total Kille	lled	
On Emergency	Hit and Run	Lane Closur	re Work Zo	ne Trailer o	or Towed	Reporting Threshol	
Government Property	Active S		School Bus Related NO	Tags		•	
✓ Reportable	Crash Type DT4000 (ST	ANDARD CRASH)		Amende	d	Seconda Crash	
 Description ■	l						
Diagram					Reconstructio	on By	
			Not to scale	4			
			Not to soulc				
		22.7		(\bar{N})	Photos By		
	- 11				· ·····		
			THE PERSON NAMED IN				
LT 01	[2	2		1-94 ALT			
		60					
		Kart 1		SPECIAL PROPERTY.			
			1.0	The state of			
				A STATE OF			
			E13203				

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

OPERATOR OF U1 STATED SHE WAS EASTBOUND ON HY33 WHEN SHE SAW A VEHICLE THAT WAS IN FRONT OF HER, U2, WAS WAITING TO TURN LEFT INTO A DRIVEWAY. U1 STATED SHE THEN SWERVED TO THE RIGHT TO AVOID COLLIDING WITH THE VEHICLE AND CAUGHT THE GRAVEL SHOULDER, RESULTING IN HER GOING INTO THE DITCH AND THEN STRIKING A TREE. U1 OPERATOR ALSO STATED THE VEHICLE THAT SHE SWERVED TO AVOID CONTINUED DRIVING EAST BOUND ON HY33 AND DID NOT STEP TO ASSIST. U1 OPERATOR STATED SHE HAD MINOR INJURIES TO INCLUDE A SMALL CUT AND BRUISING ON HER CHEST BELIEVED TO BE FROM THE SEATBELT. U1 OPERATOR WAS EVALUATED BY BARABOO EMS ON SCENE. PROPERTY LOCATION OF THE CRASH DID NOT RECEIVE ANY DAMAGE. CRAIG'S TOWING RESPONDED FOR THE VEHICLE.

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L	_oc	ation									
Ī		STH33 EB				Latitude			Longitue	de	
	0.31 MI E					43.474267596		-89.664368982			
	OF JOHNSON RD IN THE TOWN OF GREENFIELD IN SAUK COUNTY					X Coordinate		Y Coordinate			
						284505.15625		4816932			
						Structure Type				•	
						Structure	туре				
(Cra	sh Scene									
T	First	Harmful Event				First Harm	nful Event Lo	ocation			
	DIT	СН				ROADSI	DE				
ŀ	Manr	ner of Collision				Light Cond	dition				
	00 -	NO COLLISION W/VE	EHICLE IN TRANSPORT			DAYLIGI					
ŀ		d Surface Condition(s)				Roadway					
	DRY	` ,				ĺ	()				
-	Envir	ronment Factor(s)									
	NON	NE				NONE					
ŀ	Wea	ther Condition(s)				1					
	CLE	AR									
ţ	Anim	nal Type					o Trafficway	•			
L							CWAY - ON				
		h Classification - Location	1				ssification				
L		BLIC PROPERTY						ISDICTION			
	Triba	Tribal Land				Access Control Special Study NO CONTROL					
ŀ	Withi	in Interchange Area	Junction Location		Intersection	an Intersection					
	NO	-	NON-JUNCTION		NOT AN						
į	Jnit	t Summary =									
		Status		Vehicle Ope	erating As C	lassification		Unit Type			
	IN T	N TRANSIT D CLASS				AUTOMOBILE					
-	Vehic	ehicle Type				Operating As Endorsements			ments		
5	PAS	SENGER CAR									
ŀ	Total	Occs	Train/Bus # Recorded	Total # Citations Issued 0 Pre CrashTire		0		0		Mat Types	
	1		Direction Of Travel								
ľ	Insur	rance?								es	
	YES	}	EASTBOUND		Mark	55		2			
.	Most	Harmful Event: Collision	With	Special Fur	Special Function				Emergency Motor Vehicle Use		
	TRE	Ε	NO SPECIAL FUNC			CTION		NOT APPLICABLE			
ļ	Traffi	ic Way		Traffic Conf	Traffic Control NO CONTROL Road Curvature STRAIGHT			Traffic Control Inope		tive/Missing	
I	TWC	D-WAY, NOT DIVIDED)	NO CONT				NO Road Grade LEVEL			
ŀ	Surfa	ace Type		Road Curva							
I	BLA	CKTOP (BITUMINOU	IS)	STRAIGH							
		k Bus or HazMat		I				.1			
+		Vehicle									
		License Plate Number		Plate Type			St	Country of Iss	suance		
		ATD9086	AUT	AUT		WI	UNITED STATES				
	_	Vehicle Identification Nu	Make			Year	Model				
	01	3FADP4BJ1BM1215	38	FORD Body Style			2011	FIESTA			
		Color BLU - BLUE	Body Style SD - SED	SD - SEDAN			Bus Use				
	ш	Initial Contact Point		Vehicle Damage			J				
. [-					7 8 9 10 11	
	\succeq	Extent Of Damage		11 - LEFT FRONT CORNER		CORNER		6 7 12			
	T	LAIGHT OF Dalliage		11 - LEF	T FRONT	CORNER				=	
	VEHICL	DISABLING DAMAG	E	11 - LEF	T FRONT	CORNER				5 4 3 2 1	

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		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE	Vehicle Removed By CRAIGS TOWING					
		What Driver Was Doing	ING DAWAGE	Vehicle Factors					
		GOING STRAIGHT		verlicie i actors					
		Driver Prior Action Other		NOT APPLICABLE					
		Briver i noi Action Culci							
UNIT	VEHICLE	Driver Actions RAN OFF ROADWAY							
		Owner Name		Owner Address					
10	٤	MARISSA FALLON (608) 333-6328		4185 TIMOTHY DEFOREST, WI					
	;	Sequence Of Events							
	2	Event DITCH							
	02	Event TREE							
	03	Event							
	04	Event							
_		l Policy Holder							
LIND		Insurance Company	INDIVIDUAL						
)		GENERAL-CASUALTY-IN	IS-CO	MARISSA FALLON					
	ı	Individual							
		DRIVER	Citations Issued	Sex					
	ب	MARISSA FALLON	0	FEMALE	FEMALE				
_	INDIVIDUAL		Date of Birth	Race WHITE					
UNIT	Σ	Address	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES						
		4185 TIMOTHY CT # 216 DEFOREST, WI 53532, U							
		DEI OREOI, III 00002 , 00							
		On Duty	/ Crash	Safety Equipment					
	Sat	fety Equipment	Calety Equipment						
		Row	Seat Position	SHOULDER & LA	AP BELT				
		01 - FRONT ROW	07 - LEFT						
		Helmet Use	et Use		Helmet Compliance				
		Eye Protection	Tint Compliance						
		Lyon lotoston	Till Compilation						
01	004	Injury S	Airbag						
0	ŏ		ECTED MINOR INJURY	DEPLOYED-COMBINATION		1/5			
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT APP		UICARI E		Trapped/Extricated NOT TRAPPED			
		Medical Transport	NOT ESECTED/NOT AF	EMS Agency Identif	er	EMS Run #			
		NOT TRANSPORTED							
		Hospital		Date of Death		Time of Death			
		Distracted By UNKN	ed By Source OWN						
		Distracted By Action UNKNOWN			-		-		

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		Non Motorist Striking Unit #	Location				
		Prior Action					
TIND	INDIVIDUAL	Action					
		Action Other					To/From School
	L	Suspected Alcohol NO	Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	е		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
٤	001	Drug Type	1		•		
		Individual Condition					
		APPEARED NORMAL					