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25-12620


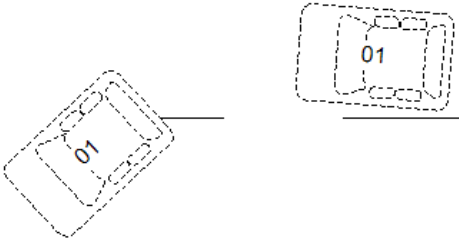

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>25-12620</b>		Investigating Officer/Deputy <b>DEPUTY S. MESSNER</b>	
Crash Date <b>12/06/2025</b>		Crash Time <b>11:30 PM</b>		Date Arrived <b>12/07/2025</b>		Time Arrived <b>01:08 PM</b>	
Date Notified <b>12/07/2025</b>		Time Notified <b>01:08 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 type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By
Not to scale		
		Photos By <b>DEP. MESSNER #9134</b>
CTH S		Additional Information <b>PHOTOS</b>
		
		
Unit 1 lost control due to ice and snow on roadway, ran off roadway and came to stop in field.		

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

ON 12/07/2025, AT APPROXIMATELY 1:08 PM, I OBSERVED A SINGLE UNOCCUPIED VEHICLE OFF THE ROADWAY, BEARING WI# BCA9334, AT E4067 CTH S, TOWNSHIP OF WASHINGTON, SAUK COUNTY, WI. I MADE CONTACT WITH THE LANDOWNER, DENNIS SCHNEIDER, WHO ADVISED HE DID NOT KNOW WHO OWNED THE VEHICLE AND THE VEHICLE DID NOT HAVE PERMISSION TO BE ON HIS PROPERTY. I ATTEMPTED CONTACT WITH THE RO, KEYSHA MALLO, OF THE VEHICLE AND LEFT A VOICEMAIL. THE MOTHER OF THE RO, SARAH JOHNSRUD, CALLED BACK AND ADVISED THE FOLLOWING. THE RO WAS THE DRIVER AND WAS COMING HOME FROM WORK WHEN SHE WENT INTO THE DITCH/FIELD AT APPROXIMATELY 12/06/2025 AT 11:30 PM. NO INJURIES. INSURANCE IS PROGRESSIVE. NO DAMAGE OCCURRED TO THE VEHICLE. A FARMER FRIEND WITH A TRACTOR WILL PULL OUT THE VEHICLE WHEN FAMILY ARRIVES BACK HOME. NO CONTACT WAS MADE WITH LANDOWNER DUE TO TIME OF NIGHT. REMADE CONTACT WITH LANDOWNER AND HE ADVISED THE VEHICLE CAN REMAIN ON PROPERTY UNTIL RO REMOVES VEHICLE. I PROVIDED CASE NUMBER TO RO'S MOTHER IF DAMAGE IS FOUND. INFORMATION DOCUMENTED.

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**Location**

ON CTHS EB 0.44 MI E OF TUCKER TOWN RD IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude <b>43.46016852</b>	Longitude <b>-90.113748365</b>
	X Coordinate <b>248098.84375</b>	Y Coordinate <b>4816628.5</b>
	Structure Type	

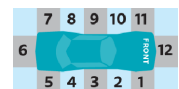
**Crash Scene**

First Harmful Event <b>DITCH</b>		First Harmful Event Location <b>SHOULDER LEFT</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>UNKNOWN</b>	
Road Surface Condition(s) <b>SNOW</b>		Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>SNOW</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - NOT ON ROAD</b>	
Crash Classification - Location <b>PRIVATE PROPERTY</b>		Crash Classification - Jurisdiction <b>PRIVATE PROPERTY</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

**Unit Summary**

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>	
	Vehicle Type <b>PASSENGER CAR</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"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>DITCH</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>					

UNIT 01 VEHICLE 01	<b>Vehicle</b>				
	License Plate Number <b>BCA9334</b>		Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>2G1WP551149236259</b>		Make <b>CHEV</b>	Year <b>2004</b>	Model <b>IMPALA</b>
	Color <b>BLK - BLACK</b>		Body Style <b>SD - SEDAN</b>		Bus Use
	Initial Contact Point <b>00 - NON-COLLISION</b>		Vehicle Damage		
	Extent Of Damage <b>NO DAMAGE</b>		<b>00 - NO DAMAGE</b>		



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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILURE TO CONTROL</b>			
01	01	Owner Name <b>KEYSHA MALLO</b>		Owner Address <b>E4070 COUNTY ROAD S LOGANVILLE, WI 53943 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>RUN OFF ROADWAY LEFT</b>			
	02	Event <b>DITCH</b>			
	03	Event			
	04	Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>			
		Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		INDIVIDUAL <b>KEYSHA MALLO</b>	
01	001	<b>Individual</b>			
		DRIVER <b>KEYSHA MALLO</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth		Race <b>WHITE</b>	
		Address <b>E4070 COUNTY ROAD S LOGANVILLE, WI 53943 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Safety Equipment</b>		On Duty Crash	
		Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
		Helmet Use		Tint Compliance	
01	001	Eye Protection		Airbag <b>NON DEPLOYED</b>	
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
		Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>NOT TRANSPORTED</b>	
Hospital		EMS Agency Identifier		EMS Run #	
Date of Death		Time of Death		<b>Distracted By</b>	
Distracted By Source <b>UNKNOWN</b>		Distracted By Action <b>UNKNOWN</b>			

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UNIT INDIVIDUAL          01 001	<b>Non Motorist</b>	Striking Unit #	Location			
	Prior Action					
	Action					
	Action Other					
	To/From School					
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition <b>NOT OBSERVED</b>					