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25-13225

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 25-13225		Investigating Officer/Deputy DEPUTY J. HUNTER	
Crash Date 12/26/2025		Crash Time 02:12 PM		Date Arrived 12/26/2025		Time Arrived 02:15 PM	
Date Notified 12/26/2025		Time Notified 02:12 PM		Total Units 02		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" 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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By DEPUTY J. HUNTER
	Additional Information PHOTOS

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

UNIT 2 WAS N/B ON CTY HY A, THE "THROUGH" HIGHWAY. UNIT 1 WAS W/B ON CTY HY U. OPERATOR OF UNIT 1 STATED SHE STOPPED AT THE STOP SIGN, CHECKED, AND DID NOT SEE ANY VEHICLES COMING. SHE ENTERED THE INTERSECTION AND REALIZED UNIT 2 WAS ABOUT TO COLLIDE WITH HER. OPERATOR OF UNIT 2 SAID HE WAS TRAVELING N/B WHEN UNIT 1 ENTERED THE INTERSECTION AND HE WAS NOT ABLE TO AVOID A COLLISION OR BRAKE FAST ENOUGH.

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Location

INTERSECTION ON S3090 CTHA AT CTHU (FIRE S3090) IN THE TOWN OF FAIRFIELD IN SAUK COUNTY	Latitude 43.532266713	Longitude -89.738869216
	X Coordinate 278691.46875	Y Coordinate 4823569.5
	Structure Type FIRE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure	
Date Initial Lane/Rd Closed 12/26/2025	Time Initial Lane/Rd Closed 02:24 PM	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date All Lanes Open 12/26/2025	Time All Lanes Open 02:49 PM	Date Scene Cleared 12/26/2025	Time Scene Cleared 03:27 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number AKY8523		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 4S4BSAKC6J3387956		Make SUBA	Year 2018	Model OUTBACK		

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UNIT	VEHICLE	Color BGE - BEIGE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use
		Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage 09 - LEFT SIDE MIDDLE	
		Extent Of Damage DISABLING DAMAGE		
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By	
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
		Driver Prior Action Other	NOT APPLICABLE	
UNIT	VEHICLE	Driver Actions DISREGARDED STOP SIGN, LOOKED BUT DID NOT SEE		
01	01	Owner Name KERRI WEGNER (608) 475-2995	Owner Address 29414 OAKRIDGE DR RICHLAND CENTER, WI 53581 , US	
Sequence Of Events				
UNIT	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	INDIVIDUAL KERRI WEGNER		
UNIT	INDIVIDUAL	Individual		
		DRIVER KERRI WEGNER (608) 475-2995	Citations Issued 1	Sex FEMALE
			Date of Birth	Race WHITE
		Address 29414 OAKRIDGE DR RICHLAND CENTER, WI 53581 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash
		Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-SIDE
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport EMS GROUND		EMS Agency Identifier 6000368	EMS Run #	

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02	UNIT VEHICLE	Vehicle Identification Number 3FAHP0HA7BR246564		Make FORD	Year 2011	Model FUSION SE	
		Color SIL - SILVER (ALUMINUM)		Body Style 4D - 4DR		Bus Use	
		Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage DISABLING DAMAGE					
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING			
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
Driver Prior Action Other		NOT APPLICABLE					
02	UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION					
02	02	Owner Name KENNETH OPATIK (608) 355-0242		Owner Address 1112 TILLBERRY DR BARABOO, WI 53913 , US			
Sequence Of Events							
01	UNIT	Event MOTOR VEH IN TRANSPORT					
		Event					
		Event					
		Event					
Policy Holder							
02	UNIT	Insurance Company ACUITY,-A-MUTUAL-INSURANCE-CO		INDIVIDUAL KENNETH OPATIK			
Individual							
02	UNIT INDIVIDUAL	DRIVER KENNETH JOPATIK (608) 355-0242		Citations Issued 0	Sex MALE		
				Date of Birth	Race		
		Address 1112 TILLBERRY DR BARABOO, WI 53913 , US		Driver License Number			
				STATE: WISCONSIN COUNTRY: UNITED STATES			
Safety Equipment							
02	002	On Duty Crash		Safety Equipment			
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-FRONT		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED		

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UNIT INDIVIDUAL	Medical Transport EMS GROUND		EMS Agency Identifier 6000368		EMS Run #	
	Hospital ST CLARE HOSP		Date of Death		Time of Death	
	Distracted By		Distracted By Source UNKNOWN			
	Distracted By Action UNKNOWN					
	Non Motorist	Striking Unit #		Location		
	Prior Action					
	Action					
	Action Other					To/From School
	Drug & Alcohol	Suspected Alcohol Use NO		Suspected Drug Use 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		
02 002	Drug Type					
	Individual Condition APPEARED NORMAL					