

6TL0FV1GH2  
26-00660

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>26-00660</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>01/19/2026</b>		Crash Time <b>03:25 PM</b>	Date Arrived <b>01/19/2026</b>	Time Arrived <b>03:52 PM</b>	
Date Notified <b>01/19/2026</b>		Time Notified <b>03:28 PM</b>	Total Units <b>02</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>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram <p>NOT TO SCALE</p> <p>E4190</p> <p>LITTLE BROOK DR</p>		Reconstruction By  Photos By  Additional Information <b>NONE</b>
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		
ON THE DESCRIBED DATE, TIME, AND LOCATION, UNITS 1 AND 2 WERE TRAVELING EASTBOUND. UNIT 1 ATTEMPTED TO PASS UNIT 2 ON THE LEFT WHILE UNIT 2 WAS IN THE PROCESS OF MAKING A LEFT TURN ON TO PRIVATE PROPERTY. NO REPORTED INJURIES.		

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Location

ON LITTLE BROOK DR 1257 FT E OF HILLPOINT RD IN THE TOWN OF WASHINGTON IN SAUK COUNTY	Latitude <b>43.417583184</b>	Longitude <b>-90.110089219</b>
	X Coordinate <b>248218.1875</b>	Y Coordinate <b>4811887.5</b>
	Structure Type <b>NO STRUCTURE</b>	

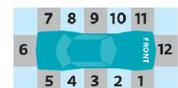
Crash Scene

First Harmful Event <b>OTHER NON-MOTORIST</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>ICE</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	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 <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

<b>UNIT</b>	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>EASTBOUND</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>OTHER NON-MOTORIST</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>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>Vehicle</b>			
	License Plate Number <b>AFW3838</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FM5K8D86HGC31272</b>	Make <b>FORD</b>	Year <b>2017</b>	Model <b>XPL</b>
	Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>02 - RIGHT SIDE FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT</b>		
Extent Of Damage <b>FUNCTIONAL 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>OVERTAKE LEFT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>IMPROPER OVERTAKING / PASSING LEFT</b>			
01 01	Owner Name <b>SHARON SCHMITT (608) 963-4123</b>		Owner Address <b>135 EAST ST LOGANVILLE, WI 53943 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>OTHER NON-MOTORIST</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		INDIVIDUAL <b>SHARON SCHMITT</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>SHARON SCHMITT (608) 963-4123</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>135 EAST ST LOGANVILLE, WI 53943 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01 001	<b>Injury</b>		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</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>		EMS Agency Identifier		
Hospital		EMS Run #		
Date of Death		Time of Death		
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<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>APPEARED NORMAL</b>					

## Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>O CLASS</b>		Unit Type <b>EQUIPMENT</b>		
		Vehicle Type <b>HORSE AND BUGGY</b>					Operating As Endorsements	
		Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>NO</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash <input type="checkbox"/> Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</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>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>						

<b>UNIT</b>	<b>VEHICLE</b>	<b>02</b>	<b>Vehicle</b>					
			License Plate Number		Plate Type	St	Country of Issuance	
			Vehicle Identification Number		Make	Year	Model	
			Color <b>BLK - BLACK</b>		Body Style <b>HE - HORSE-BUGGY</b>		Bus Use	
			Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage			
			Extent Of Damage <b>MINOR DAMAGE</b>		<b>09 - LEFT SIDE MIDDLE</b>			
Towed Due To Damage <b>NOT TOWED</b>			Vehicle Removed By <b>OPERATOR</b>					

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UNIT VEHICLE	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>GLEN KAUFFMAN (608) 727-2286</b>		Owner Address <b>E4190 LITTLE BROOK DR HILLPOINT, WI 53937 , US</b>	
02 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
04	Event			
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>BARBARA KAUFFMAN</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>E4190 LITTLE BROOK DR HILLPOINT, WI 53937 , US</b>		Date of Birth	Race <b>WHITE</b>
			Driver License Number	
02 002	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>10 - UNKNOWN SE</b>	<b>NOT APPLICABLE</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>		Striking Unit #	Location	
Prior Action				

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UNIT INDIVIDUAL	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>		
	<b>Individual</b>		
	PASSENGER <b>NOAH KAUFFMAN</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth		Race <b>WHITE</b>
Address <b>E4190 LITTLE BROOK DR HILLPOINT, WI 53937 , US</b>		Driver License Number	
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>NOT APPLICABLE</b>
	Row <b>01 - FRONT ROW</b>	Seat Position <b>10 - UNKNOWN SE</b>	
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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>		EMS Agency Identifier
	Hospital		EMS Run #
	Date of Death		Time of Death
	<b>Distracted By</b>	Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action			

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UNIT	INDIVIDUAL	Action		
		Action Other		To/From School
02	003	<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>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		PASSENGER <b>LYNN KAUFFMAN</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>E4190 LITTLE BROOK DR HILLPOINT, WI 53937 , US</b>	Driver License Number	
02	004	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>NOT APPLICABLE</b>
		Row <b>01 - FRONT ROW</b>	Seat Position <b>10 - UNKNOWN SE</b>	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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>		EMS Agency Identifier
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>	Distracted By Source			
Distracted By Action				
<b>Non Motorist</b>	Striking Unit #	Location		
Prior Action				

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		Action Other		To/From School	
02	004	<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>			
UNIT	INDIVIDUAL	<b>Individual</b>			
		PASSENGER <b>ANDY KAUFFMAN</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>E4190 LITTLE BROOK DR HILLPOINT, WI 53937 , US</b>	Driver License Number		
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>NOT APPLICABLE</b>	
02	005	Row <b>01 - FRONT ROW</b>	Seat Position <b>10 - UNKNOWN SE</b>	<b>NOT APPLICABLE</b>	
		Helmet Use		Helmet Compliance	
		Eye Protection		Tint Compliance	
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</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>		EMS Agency Identifier	EMS Run #		
Hospital		Date of Death	Time of Death		
<b>Distracted By</b>	Distracted By Source				
Distracted By Action					
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

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<b>UNIT</b>	<b>INDIVIDUAL</b>	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>					
		<b>02</b>	<b>005</b>				