

6TL0F2KRG5  
26-04027

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>26-04027</b>		Investigating Officer/Deputy <b>DEPUTY I. GALVAN</b>	
Crash Date <b>04/22/2026</b>		Crash Time <b>01:50 PM</b>		Date Arrived <b>04/22/2026</b>		Time Arrived <b>01:57 PM</b>	
Date Notified <b>04/22/2026</b>		Time Notified <b>01:52 PM</b>		Total Units <b>02</b>		Total Injured <b>01</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>YES, SCHOOL BUS INDIRE</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		Reconstruction By	
<p>STH 33 BETWEEN WEBSTER LN AND SAND ROAD</p> <p>DRIVEWAY OF E10633 STH 33 BARABOO, WI</p> <p>NOT TO SCALE</p>		Photos By <b>I GALVAN</b>	
		Additional Information <b>PHOTOS</b>	

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

UNIT 1 AND 2 WERE TRAVELING EASTBOUND ON STH 33. BOTH UNITS BEGAN TO SLOW TO STOP FOR A UNLOADING SCHOOL BUS. UNIT 1 STATED SHE LOOKED AWAY AS THEY WERE STOPPING TO LOOK AT VEHICLES BEHIND HER AS SHE WAS CONCERNED THEY WERE NOT GOING TO STOP. UNIT 1 STRUCK UNIT 2, FRONT TO REAR. UNIT 1 AIRBAGS DEPLOYED AND LEFT VEHICLE DISABLED. UNIT 1 OPERATOR HAS MINOR INJURIES. NO INJURIES REPORTED BY UNIT 2. SCHOOL BUS WAS NOT STRUCK AND CONTINUED ON. CRAIGS TOWING REMOVED UNIT 1. CITATION ISSUED TO OPERATOR OF UNIT 1 FOR INATTENTIVE DRIVING.

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Location

ON STH33 EB 966 FT W OF WEBSTER LN IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.514595065</b>	Longitude <b>-89.792326355</b>
	X Coordinate <b>274305.875</b>	Y Coordinate <b>4821750.5</b>
	Structure Type <b>NO STRUCTURE</b>	

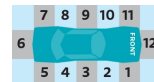
Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>BACKUP DUE TO REGULAR CONGESTION</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 01</b>	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>1</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"/> Pre CrashTire 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 01</b>	<b>VEHICLE 01</b>	<b>Vehicle</b>			
		License Plate Number <b>AHK7000</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1VWBP7A33DC076142</b>	Make <b>VOLK</b>	Year <b>2013</b>	Model <b>PASSAT</b>
		Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
		Extent Of Damage <b>DISABLING DAMAGE</b>			



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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>		
		What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors		
		Driver Prior Action Other		<b>NOT APPLICABLE</b>		
		Driver Actions <b>LOOKED BUT DID NOT SEE</b>				
01	01	Owner Name <b>AMY HEATH (608) 212-8527</b>		Owner Address <b>W8072 PHILLIPS RD POYNETTE, WI 53955 , US</b>		
		<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		02	Event			
		03	Event			
		04	Event			
UNIT	INDIVIDUAL	<b>Policy Holder</b>				
		Insurance Company <b>ERIE-INS-CO</b>		INDIVIDUAL <b>AMY HEATH</b>		
UNIT	INDIVIDUAL	<b>Individual</b>				
		DRIVER <b>KENNA HEATH (608) 212-8527</b>		Citations Issued <b>1</b>	Sex <b>FEMALE</b>	
		Address <b>W8072 PHILLIPS RD POYNETTE, WI 53955 , US</b>		Date of Birth	Race <b>WHITE</b>	
		Driver License Number				
01	001	<b>Safety Equipment</b>		On Duty Crash		
		Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>		
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		Helmet Use		
		Helmet Compliance		Eye Protection		
Tint Compliance		Injury <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-FRONT</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>EXTERNAL (TO VEHICLE/NON-MOTORIST AREA)</b>				
Distracted By Action <b>OTHER ACTION (LOOKING AWAY FROM TASK ETC)</b>						

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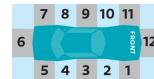
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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other					
		To/From School					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
		Alcohol Test Given <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>					
01	001	<b>Violations</b>					
		UTC Number <b>BK261145</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>		

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>							
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements							
		Total Occs <b>2</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"/> Pre Crash 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>											
		02	02	<b>Vehicle</b>									
				License Plate Number <b>SM8353</b>			Plate Type <b>LTK</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>			
Vehicle Identification Number <b>1C6SRFFT5MN587718</b>				Make <b>RAM</b>		Year <b>2021</b>	Model <b>1500</b>						
Color <b>WHI - WHITE</b>				Body Style <b>PK - PICKUP</b>			Bus Use						
Initial Contact Point <b>06 - REAR</b>													



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UNIT VEHICLE	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>	
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OWNER</b>	
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>ROBBIN PRIMLEY (608) 847-7762</b>		Owner Address <b>N2103 COUNTY ROAD G MAUSTON, WI 53948 , US</b>	
UNIT 02	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		INDIVIDUAL <b>ROBBIN PRIMLEY</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>ROBBIN PRIMLEY (608) 847-7762</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>N2103 COUNTY ROAD G MAUSTON, WI 53948 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number			
UNIT 002	<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 Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>		Airbag <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	EMS Run #	
Hospital		Date of Death	Time of Death	

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UNIT	<b>Distracted By</b> <small>Distracted By Source</small> NOT APPLICABLE (NOT DISTRACTED)	
	<small>Distracted By Action</small> NOT DISTRACTED	
	<b>Non Motorist</b>	<small>Striking Unit #</small>  <small>Location</small>
	<small>Prior Action</small>	
	<small>Action</small>	
	<small>Action Other</small>	
	<small>To/From School</small>	
	<b>Drug &amp; Alcohol</b> <small>Suspected Alcohol Use</small> NO	
	<small>Suspected Drug Use</small> NO	
	<small>Alcohol Test Given</small> TEST NOT GIVEN	
<small>Alcohol Test Type</small>		
<small>Alcohol Test Results</small>		
<small>Drug Test Given</small> TEST NOT GIVEN		
<small>Drug Test Type</small>		
<small>Drug Test Results</small>		
<small>Drug Type</small>		
<small>Individual Condition</small> APPEARED NORMAL		
UNIT	<b>Individual</b>	
	<small>PASSENGER</small> NANCY PRIMLEY (608) 847-7762	
	<small>Citations Issued</small> 0	
	<small>Sex</small> FEMALE	
	<small>Date of Birth</small>	
	<small>Race</small> WHITE	
	<small>Address</small> N2103 COUNTY ROAD G MAUSTON, WI 53948 , US	
	<small>Driver License Number</small>	
	<b>Safety Equipment</b> <small>On Duty Crash</small>	
	<small>Safety Equipment</small> SHOULDER & LAP BELT	
<small>Row</small> 01 - FRONT ROW		
<small>Seat Position</small> 09 - RIGHT		
<small>Helmet Use</small>		
<small>Helmet Compliance</small>		
<small>Eye Protection</small>		
<small>Tint Compliance</small>		
UNIT	<b>Injury</b> <small>Injury Severity</small> NO APPARENT INJURY	
	<small>Airbag</small> NON DEPLOYED	
	<small>Ejected</small> NOT EJECTED	
	<small>Ejection Path</small> NOT EJECTED/NOT APPLICABLE	
	<small>Trapped/Extricated</small> NOT TRAPPED	
	<small>Medical Transport</small> NOT TRANSPORTED	
<small>EMS Agency Identifier</small>		
<small>EMS Run #</small>		
<small>Hospital</small>		
<small>Date of Death</small>		
<small>Time of Death</small>		
<b>Distracted By</b> <small>Distracted By Source</small>		

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
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Crash Date 04/22/2026  
Crash Time 01:50 PM

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UNIT INDIVIDUAL          02 003	Distracted By Action		
	<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>		