

6TL0D942DM  
26-05030

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>SC26-05030</b>		Investigating Officer/Deputy <b>DEPUTY M. PETERSON</b>	
Crash Date <b>05/16/2026</b>		Crash Time <b>07:58 PM</b>		Date Arrived <b>05/16/2026</b>		Time Arrived <b>08:09 PM</b>	
Date Notified <b>05/16/2026</b>		Time Notified <b>08:01 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>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	Reconstruction By
	Photos By <b>PETERSON</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 ONE WAS TRAVELING WEST ON STH 33 AND OBSERVED A DEER CROSSING THE ROAD. UNIT ONE WAS SLOWING TO STOP FOR THE DEER. AT THIS TIME UNIT TWO WAS ALSO TRAVELING WEST ON STH 33 AND REAR ENDED UNIT ONE. UNIT ONE OPERATOR SAID SHE HAD A MINOR INJURY AND WAS SEEN BY REEDSBURG EMS. SHE WAS LATER RELEASED FROM THE SCENE. UNIT ONE OPERATOR WAS WEARING A SEAT BELT AND THERE WAS NO AIRBAG DEPLOYMENT. UNIT TWO OPERATOR AND PASSENGER REPORTED NO INJURIES AND WERE WEARING SEAT BELTS. THERE WAS NO AIRBAG DEPLOYMENT. UNIT TWO OPERATOR SAID THAT THE SUN GLARE MADE IT HARD TO SEE. HE WAS ISSUED AND EXPLAINED A CITATION FOR FOLLOWING TOO CLOSELY. UNIT ONE WAS DRIVEN FROM THE SCENE. UNIT TWO WAS TOWED FROM THE SCENE BY SHIELDS TOWING.

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Location

ON E MAIN ST/ STH33 WB 1021 FT W OF CTHV WB IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude <b>43.576729526</b>	Longitude <b>-90.110080358</b>
	X Coordinate <b>248879.96875</b>	Y Coordinate <b>4829563.5</b>
	Structure Type <b>NO STRUCTURE</b>	

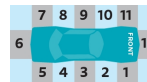
Crash Scene

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>DUSK</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>GLARE</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>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"/> 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>					

<b>UNIT 01</b>	<b>VEHICLE 01</b>	<b>Vehicle</b>			
		License Plate Number <b>ALG4282</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2GNFLEEK7G6253009</b>	Make <b>CHEV</b>	Year <b>2016</b>	Model <b>EQUINOX</b>
		Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR</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>OWNER</b>
	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors <b>NOT APPLICABLE</b>
	Driver Prior Action Other	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
01 01	Owner Name <b>TAMMY WOOD</b>	Owner Address <b>120 RIVER ST LA VALLE, WI 53941 , US</b>
	<b>Sequence Of Events</b>	
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
	Event	
UNIT	<b>Policy Holder</b>	
	Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>	INDIVIDUAL <b>TAMMY WOOD</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	DRIVER <b>TAMMY WOOD</b>	Citations Issued <b>0</b>
		Sex <b>FEMALE</b>
		Date of Birth <b>WHITE</b>
	Address <b>120 RIVER ST LA VALLE, WI 53941 , US</b>	Driver License Number
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 Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR 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>	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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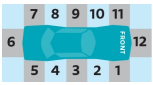
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UNIT INDIVIDUAL          01 001	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given <b>TEST NOT 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

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>1</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"/> 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>					

UNIT VEHICLE 02 02	<b>Vehicle</b>				
	License Plate Number <b>NZ8226</b>		Plate Type <b>LTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>3GCUKREC4JG386549</b>		Make <b>CHEV</b>	Year <b>2018</b>	Model <b>SILVERADO</b>
	Color <b>BLU - BLUE</b>		Body Style <b>PK - PICKUP</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>				
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>				

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>			
	Owner Name <b>SCOTT SCHMIDT</b>		Owner Address <b>W9460 WELCH RD ELROY, WI 53929 , 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>STATE-FARM-GENERAL-INS-CO</b>		INDIVIDUAL <b>SCOTT SCHMIDT</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>SCOTT SCHMIDT</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>W9460 WELCH RD ELROY, WI 53929 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number			
UNIT 002	<b>Safety Equipment</b>		On Duty Crash	
	<b>EMT/FIRST-RESPONDER</b>		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</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	
<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	

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UNIT	INDIVIDUAL	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	
02	002	Drug Test Given <b>TEST NOT GIVEN</b>	
		Drug Test Type	
		Drug Test Results	
		Drug Type	
		Individual Condition	
		<b>APPEARED NORMAL</b>	
		<b>Individual</b>	
		PASSENGER JOHANNA SCHMIDT	
		Citations Issued <b>0</b>	
		Sex <b>FEMALE</b>	
UNIT	INDIVIDUAL	Date of Birth	
		Race <b>WHITE</b>	
		Address W9460 WELCH RD ELROY, WI 53929 , US	
		Driver License Number	
		<b>Safety Equipment</b>	
		On Duty Crash	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	
		Seat Position <b>09 - RIGHT</b>	
		02	003
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			
<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		
		<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>					
		<b>Violations</b>					
		02	003	01		01	
		UTC Number <b>BG943893</b>	Issue To? <b>002</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>		