

6TL0FKD6PZ
26-05818

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 26-05818		Investigating Officer/Deputy DEPUTY B. TRAGER	
Crash Date 06/05/2026		Crash Time 02:02 PM		Date Arrived 06/05/2026		Time Arrived 02:25 PM	
Date Notified 06/05/2026		Time Notified 02:03 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input checked="" 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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
<p>State Rd. 33 near Gudenschwager Rd.</p>		Photos By	
		Additional Information NONE	

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

ON JUNE 5, 2026 AT APPROXIMATELY 2:02PM UNIT 2 WAS TRAVELING EAST ON STATE RD. 33 JUST OUTSIDE OF LA VALLE NEAR GUNDENSCHWAGER RD. WHEN THEY UNIT 1 CAME UP BEHIND THEM AND GOT TO CLOSE. UNIT 2 STATED THEY ATTEMPTED TO PULL OVER AND UNIT 1 WENT TO GO AROUND AND STUCK THEIR BUMPER. UNIT 1 CONTINUED EAST ON HWY 33. CONTACT WAS MADE WITH UNIT 1 AND THEY STATED THEY DID NOT KNOW THEY STRUCK UNIT 2. WITH THE AMOUNT OF DAMAGE THIS IS PLAUSIBLE. NO INJURIES WERE REPORTED AND MINOR DAMAGE TO BOTH VEHICLES.

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Location

ON E MAIN ST/ STH33 EB 0.46 MI W OF CTHV EB IN THE TOWN OF LA VALLE IN SAUK COUNTY	Latitude 43.579051443	Longitude -90.114391051
	X Coordinate 248541.5625	Y Coordinate 4829834.5
	Structure Type	

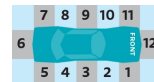
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status HIT AND RUN	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE			
	Vehicle Type PASSENGER CAR	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 EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					

UNIT 01	Vehicle				
	License Plate Number AZG9417	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2C3CA2CV7AH262239	Make CHRY	Year 2010	Model 300	
	Color RED - RED	Body Style SD - SEDAN		Bus Use	
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage			
	Extent Of Damage VEHICLE NOT AT SCENE	16 - VEHICLE NOT AT SCENE			



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UNIT	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
		What Driver Was Doing		Vehicle Factors		
		Driver Prior Action Other		NOT APPLICABLE		
		Driver Actions FOLLOWING TOO CLOSE				
01	01	Owner Name NOAH BISHOP (608) 620-1959		Owner Address 20537 COUNTY HWY D RICHLAND CENTER, WI 53581 , US		
		Sequence Of Events				
UNIT	INDIVIDUAL	01	Event MOTOR VEH IN TRANSPORT			
		02	Event			
		03	Event			
		04	Event			
01	005	Policy Holder				
		Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL NOAH BISHOP		
01	005	Individual				
		DRIVER NOAH BISHOP (608) 620-1959		Citations Issued 1	Sex MALE	
01	005	Date of Birth		Race WHITE		
		Address 20537 COUNTY HWY D RICHLAND CENTER, WI 53581 , US		Driver License Number		
01	005	Safety Equipment		On Duty Crash		
		Row 01 - FRONT ROW		Seat Position 07 - LEFT		
01	005	Safety Equipment		RESTRAINT USE UNKNOWN		
		Helmet Use		Helmet Compliance		
01	005	Eye Protection		Tint Compliance		
		Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
01	005	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE		
		Trapped/Extricated NOT APPLICABLE		Medical Transport NOT TRANSPORTED		
01	005	EMS Agency Identifier		EMS Run #		
		Hospital		Date of Death		
01	005	Time of Death		Distracted By		
		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		Distracted By Action NOT DISTRACTED		

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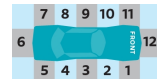
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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	01	005	Drug & Alcohol		Suspected Alcohol Use	Suspected Drug Use	
			Alcohol Test Given	Alcohol Test Type	Alcohol Test Results		
			TEST NOT GIVEN				
			Drug Test Given	Drug Test Type	Drug Test Results		
			TEST NOT GIVEN				
	Drug Type						
Individual Condition							
NOT OBSERVED							
Violations							
01	UTC Number		Issue To?	Statute Number	Description		
	BL507717		005	346.14(1m)	AUTOMOBILE FOLLOWING TOO CLOSELY		

Unit Summary

UNIT	02	Unit Status		Vehicle Operating As Classification	Unit Type		
		IN TRANSIT		D CLASS	AUTOMOBILE		
		Vehicle Type			Operating As Endorsements		
		(SPORT) UTILITY VEHICLE					
		Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
		4		0	0	0	
		Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
		YES	EASTBOUND		55	2	
		Most Harmful Event: Collision With		Special Function	Emergency Motor Vehicle Use		
		MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION	NOT APPLICABLE		
Traffic Way		Traffic Control	Traffic Control Inoperative/Missing				
TWO-WAY, NOT DIVIDED		NO CONTROL	NO				
Surface Type		Road Curvature	Road Grade				
BLACKTOP (BITUMINOUS)		STRAIGHT	LEVEL				
Truck Bus or HazMat							
NO							
02	02	Vehicle					
		License Plate Number	Plate Type	St	Country of Issuance		
		61054DS	DIS	WI	UNITED STATES		
		Vehicle Identification Number	Make	Year	Model		
		5GAKRBKD3HJ138794	BUIC	2017	ENCLAVE		
Color	Body Style	Bus Use					
BLK - BLACK	UT - SPORT UTILITY VEHICLE						
Initial Contact Point							
07 - LEFT REAR CORNER							



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UNIT VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 07 - LEFT REAR CORNER	
	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name JASON ROPS (608) 415-2552		Owner Address W3410 DORE RD LYNDON STATION, WI 53944 , US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		INDIVIDUAL JASON ROPS	
UNIT INDIVIDUAL	Individual			
	DRIVER JASON ROPS (608) 415-2552		Citations Issued 0	Sex MALE
	Address W3410 DORE RD LYNDON STATION, WI 53944 , US		Date of Birth	Race WHITE
	On Duty Crash		Driver License Number	
UNIT INDIVIDUAL	Safety Equipment			
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Injury NO APPARENT INJURY		Tint Compliance	
	Injury Severity		Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	

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UNIT	Distracted By <small>Distracted By Source</small> NOT APPLICABLE (NOT DISTRACTED)	
	<small>Distracted By Action</small> NOT DISTRACTED	
	Non Motorist	<small>Striking Unit #</small> <small>Location</small>
	<small>Prior Action</small>	
	<small>Action</small>	
	<small>Action Other</small>	
	<small>To/From School</small>	
	Drug & Alcohol <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	Individual	
	<small>PASSENGER</small> RACHEL ROPS (608) 415-2552	
	<small>Citations Issued</small> 0	
	<small>Sex</small> FEMALE	
	<small>Date of Birth</small>	
	<small>Race</small>	
	<small>Address</small> W3410 DORE RD LYNDON STATION, WI 53944 , US	
	<small>Driver License Number</small>	
	Safety Equipment <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	Injury <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>		
Distracted By <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 06/05/2026
Crash Time 02:02 PM

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		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
		Drug Type		
		Individual Condition APPEARED NORMAL		
UNIT	INDIVIDUAL	Individual		
		PASSENGER JUSTIN ROPS (608) 415-2552	Citations Issued 0	Sex MALE
			Date of Birth	Race WHITE
		Address W3410 DORE RD LYNDON STATION, WI 53944 , US	Driver License Number	
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #		
Hospital	Date of Death	Time of Death		
Distracted By	Distracted By Source			
Distracted By Action				

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		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	
		Drug Type					
		Individual Condition APPEARED NORMAL					
UNIT	INDIVIDUAL	Individual					
		PASSENGER ERIC ROPS (608) 415-2552		Citations Issued 0	Sex MALE		
		Address W3410 DORE RD LYNDON STATION, WI 53944 , US		Date of Birth	Race WHITE		
		Driver License Number					
		Safety Equipment		On Duty Crash		Safety Equipment	
		Row 02 - SECOND ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
		Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
Hospital		Date of Death		Time of Death			
Distracted By		Distracted By Source					
Distracted By Action							
Non Motorist		Striking Unit #		Location			

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UNIT INDIVIDUAL 02 004	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
	Drug Type		
	Individual Condition APPEARED NORMAL		