

6TL0B7D6W3
22-04596

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 22-04596		Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 05/21/2022		Crash Time 01:39 AM		Date Arrived 05/21/2022		Time Arrived 01:45 AM	
Date Notified 05/21/2022		Time Notified 01:42 AM		Total Units 03		Total Injured 03	Total Killed 01
<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> <p>Not to Scale</p>	<p>Reconstruction By SAUK COUNTY SHERIFF</p>
	<p>Photos By</p>
	<p>Additional Information RECONSTRUCTION, FATAL CRASH SUPPLEMENT</p>

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

UNIT 1 WAS TRAVELING SOUTHBOUND ON USH 12 AT OLD HIGHWAY 33 IN THE NORTHBOUND LANE. UNIT 2 AND UNIT 3 WERE TRAVELING NORTHBOUND ON USH 12 AT OLD HIGHWAY 33 IN THE PROPER LANES. UNIT 1 STRUCK UNIT 2 HEAD ON. UNIT 2 WENT TO THE LEFT, FLIPPING AND LANDING IN THE WEST SIDE DITCH. UNIT 1 CONTINUED ON AND HIT UNIT 3 HEAD ON. UNIT 1 SPUN ALONG WITH UNIT 3. UNIT 1 THEN STRUCK THE BACK END OF UNIT 3 WITH THEIR BACK END. UNIT 3 STOPPED FACING WEST IN THE MIDDLE OF THE 2 LANES OF TRAFFIC. UNIT 1 PROCEEDED BACK NORTHBOUND AND ENDED FACING SOUTHWEST IN THE EAST DITCH.

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Location

ON USH12 EB 262 FT S OF OLD HWY 33 IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.495736829	Longitude -89.781685724
	X Coordinate 275095.90625	Y Coordinate 4819627
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02 - FRONT TO FRONT		Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
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	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 05/21/2022	Time Initial Lane/Rd Closed 01:49 AM	Date Scene Cleared 05/21/2022	
Date All Lanes Open 05/21/2022	Time All Lanes Open 06:14 AM		

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 4	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		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 ALN3126	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1G11D5SR3DF184766	Make CHEVROLET	Year 2013	Model MALIBU

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UNIT VEHICLE	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN	Bus Use
	Initial Contact Point 12 - FRONT	Vehicle Damage	
	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS	
	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		
UNIT VEHICLE	Driver Actions WRONG SIDE OR WRONG WAY, OTHER CONTRIBUTING ACTION		
	Owner Name DAWSON TIMOTHY DIEGO ENGE (608) 370-4130	Owner Address W13383 COUNTY ROAD J LODI, WI 53555 , US	
UNIT VEHICLE	Sequence Of Events		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT VEHICLE	Policy Holder		
	Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)	Individual DAWSON ENGE	
UNIT INDIVIDUAL	Individual		
	Driver DAWSON TIMOTHY DIEGO ENGE (608) 370-4130	Citations Issued 4	Sex MALE
		Date of Birth [REDACTED]	Race HISPANIC
	Address W13383 COUNTY ROAD J LODI, WI 53555 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment NONE USED - VEHICLE OCCUPANT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	UNIT INDIVIDUAL	Injury	
SUSPECTED SERIOUS INJUR		DEPLOYED-COMBINATION	
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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UNIT INDIVIDUAL	Hospital ST CLARE HOSP		Date of Death	Time of Death
	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED			
	Non Motorist		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	Drug & Alcohol		Suspected Alcohol Use YES	Suspected Drug Use NO
	Alcohol Test Given TEST GIVEN		Alcohol Test Type BLOOD	Alcohol Test Results PENDING
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
UNIT INDIVIDUAL	Drug Type			
	Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL			
	Individual			
	Passenger DREW ALLEN FJOSER		Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race WHITE
	Address 212 E HARVEY ST RIO, WI 53960 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	NONE USED - VEHICLE OCCUPANT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT INDIVIDUAL	Injury		Injury Severity FATAL INJURY	Airbag DEPLOYED-COMBINATION
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated TRAPPED/EXTRICATED
	Medical Transport EMS GROUND		EMS Agency Identifier 6000368	EMS Run #
	Hospital ST CLARE HOSP		Date of Death 05/21/2022	Time of Death 10:51

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UNIT	Distracted By	Distracted By Source			
		Distracted By Action			
	Non Motorist	Striking Unit #	Location		
		Prior Action			
	Action				
	Action Other			To/From School	
	Drug & Alcohol	Suspected Alcohol Use YES		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 OTHER					
Violations					
01	002	UTC Number BE131279	Issue To? 001	Statute Number 940.09(1)(a)	Description HOMICIDE BY INTOX. USE/VEHICLE
		UTC Number BE131280	Issue To? 001	Statute Number 940.10(1)	Description HOMICIDE BY NEGLIGENT OPERATION/VEHICLE
		UTC Number BE938612	Issue To? 001	Statute Number 346.63(2)(a)1	Description CAUSE INJURY/OPERATE WHILE UNDER INFLUENCE 1ST
		UTC Number BC938614	Issue To? 001	Statute Number 346.15	Description DRIVING WRONG WAY ON DIVIDED HIGHWAY

Unit Summary

UNIT	02	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 0		Total Trailers 0	
	Total HazMat Types 0		Insurance? YES		Direction Of Travel NORTHBOUND		Pre Crash Tire Mark <input checked="" type="checkbox"/>	
	Speed Limit 65		Total Lanes 4		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION
	Emergency Motor Vehicle Use NOT APPLICABLE			Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER			Traffic Control NO CONTROL	
	Traffic Control Inoperative/Missing NO			Surface Type BLACKTOP (BITUMINOUS)			Road Curvature STRAIGHT	
	Road Grade LEVEL			Truck Bus or HazMat NO				

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UNIT 02	VEHICLE	Vehicle			
		License Plate Number 921ZUG	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 3FMCR9B66MRB22307	Make FORD	Year 2021	Model BRONCO SPO
		Color BRO - BROWN	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		
		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		
		Driver Actions NO CONTRIBUTING ACTION			
Owner Name JULIE MARIE PENDLETON (608) 963-2288	Owner Address 516 JUNEAU AVE MAUSTON, WI 53948 , US				
UNIT 01	VEHICLE	Sequence Of Events			
		Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
UNIT 02	VEHICLE	Policy Holder			
		Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual JULIE PENDLETON		
UNIT 01	INDIVIDUAL	Individual			
		Driver NICHOLAS ROBERT PENDLETON (608) 415-2274	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
		Address 516 JUNEAU AVE MAUSTON, WI 53948 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT 01	INDIVIDUAL	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			

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02 003	UNIT INDIVIDUAL	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION		
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport EMS AIR		EMS Agency Identifier 6000123	EMS Run #		
		Hospital ST CLARE HOSP		Date of Death	Time of Death		
		Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action NOT DISTRACTED					
		Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
02 003	UNIT INDIVIDUAL	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 Summary

03 UNIT	Unit Status IN TRANSIT	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 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit 65	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					

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03 UNIT VEHICLE	License Plate Number AFJ7202	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1FADP3K24EL164568	Make FORD	Year 2014	Model FOCUS
	Color RED - RED	Body Style HB - HATCHBACK	Bus Use	
	Initial Contact Point 12 - FRONT	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		
	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			
Driver Actions NO CONTRIBUTING ACTION				
03 UNIT VEHICLE	Owner Name EMILY RUTH TILLINGER (608) 432-4555	Owner Address 520 COUNTY ROAD P WISCONSIN DELLS, WI 53965 , US		

Sequence Of Events

01 02 03 04 UNIT	Event MOTOR VEH IN TRANSPORT
	Event
	Event
	Event

Policy Holder

Insurance Company SAFECO-INS-CO-OF-AMERICA	Individual EMILY TILLINGER
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Individual

01 02 03 04 UNIT INDIVIDUAL	Driver EMILY RUTH TILLINGER (608) 432-4555	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race WHITE
	Address 520 COUNTY ROAD P WISCONSIN DELLS, WI 53965 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	

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-COMBINATION
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03 004 UNIT INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND			EMS Agency Identifier 6000123		EMS Run #
	Hospital ST CLARE HOSP			Date of Death		Time of Death
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
	Distracted By Action NOT DISTRACTED					
	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					