

6TL0D7W18D
26-02223

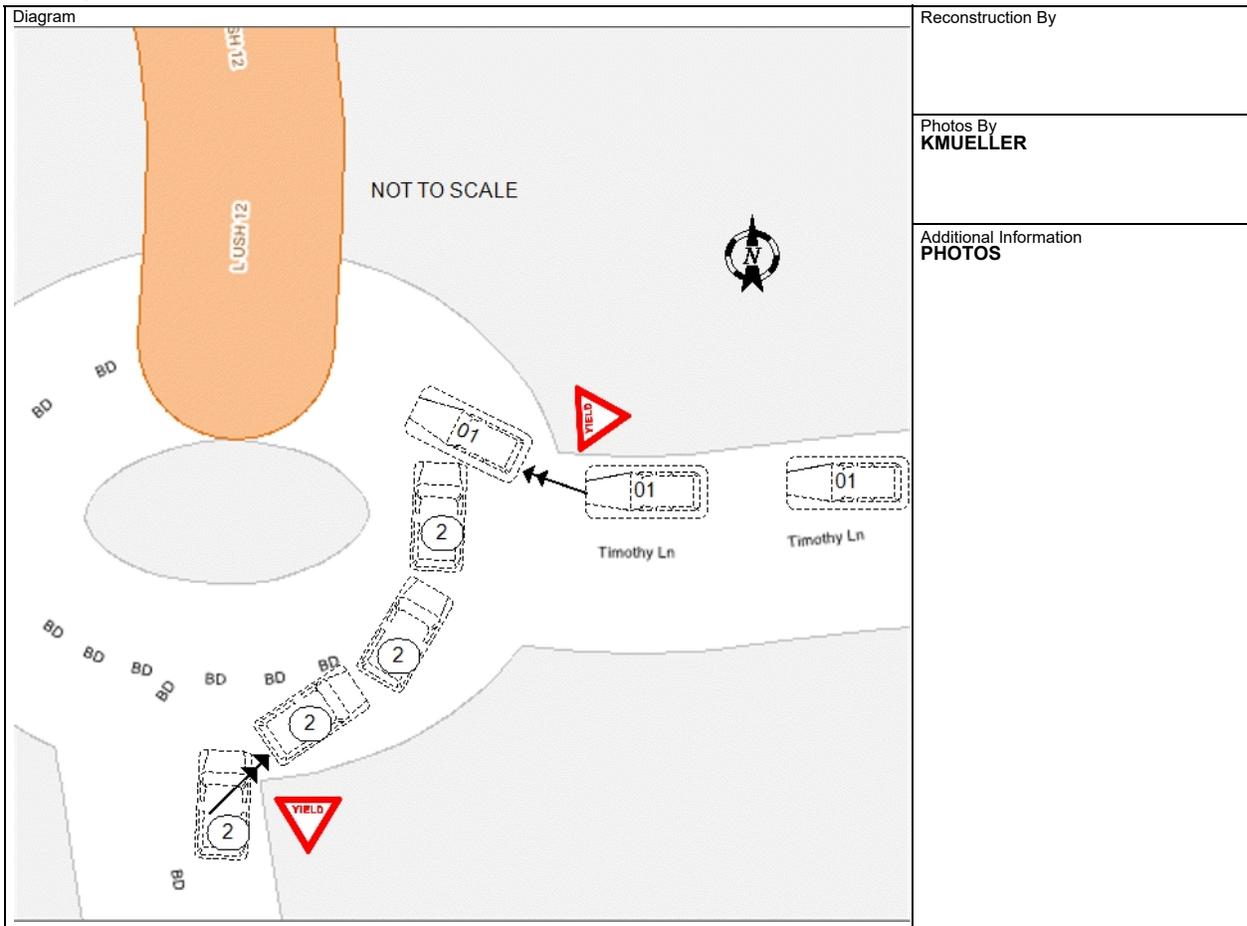
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 26-02223		Investigating Officer/Deputy DEPUTY K. MUELLER	
Crash Date 03/05/2026		Crash Time 09:07 AM		Date Arrived 03/05/2026		Time Arrived 09:13 AM	
Date Notified 03/05/2026		Time Notified 09:07 AM		Total Units 02		Total Injured 00	Total Killed 00
<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 NO		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description



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

UNIT 2 WAS IN THE ROUNDABOUT DRIVING NORTH. UNIT 1 ENTERED THE ROUNDABOUT PAST THE YIELD SIGN CAUSING A COLLISION BETWEEN THE VEHICLES.

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Location

INTERSECTION ON TIMOTHY LN AT CTHBD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.556132506	Longitude -89.778319954
	X Coordinate 275592.21875	Y Coordinate 4826326
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY, RAIN		
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 INTERSECTION	Intersection Type ROUNDBOUT

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER VAN	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 WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 35	Total Lanes 1
	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 YIELD SIGN	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE	Vehicle				
	License Plate Number FR98162	Plate Type AUT	St IL	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5FNRL38439B402231	Make HOND	Year 2009	Model ODYSSEY	
	Color GRY - GRAY	Body Style VN - VAN		Bus Use	
	Initial Contact Point 09 - LEFT SIDE MIDDLE	Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT			
	Extent Of Damage FUNCTIONAL DAMAGE				

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UNIT	VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing OTHER	Vehicle Factors NOT APPLICABLE	
		Driver Prior Action Other ENTERING ROUNDABOUT		
		Driver Actions FAILED TO YIELD RIGHT-OF-WAY		
01	01	Owner Name WILLIAM SCALLON (815) 281-3213	Owner Address 707 N DODGE ST GALENA, IL 61036 , US	
		Sequence Of Events		
UNIT	INDIVIDUAL	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	01	Policy Holder		
		Insurance Company WADENA-INSURANCE-CO	INDIVIDUAL WILLIAM SCALLON	
UNIT	INDIVIDUAL	Individual		
		DRIVER WILLIAM SCALLON (815) 281-3213	Citations Issued 1	Sex MALE
			Date of Birth	Race WHITE
		Address 707 N DODGE ST GALENA, IL 61036 , US	Driver License Number	
01	001	Safety Equipment		On Duty Crash
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment RESTRAINT USE UNKNOWN
		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 UNKNOWN		
Distracted By Action		UNKNOWN		

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UNIT	INDIVIDUAL	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					
01	001	Violations					
		UTC Number BL588421	Issue To? 001	Statute Number 346.18(6)	Description FAIL/YIELD FOR YIELD SIGN		

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		<input type="checkbox"/> Pre Crash Tire Mark	
		Speed Limit 55		Total Lanes 1		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							
		02	02	Vehicle					
				License Plate Number ASG2802		Plate Type AUT		St WI	
Vehicle Identification Number 3C4NJDCB6NT226383				Make JEEP		Year 2022		Model COMPASS	
Color RED - RED				Body Style UT - SPORT UTILITY VEHICLE				Bus Use	
Initial Contact Point 01 - RIGHT FRONT CORNER									



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UNIT VEHICLE	Extent Of Damage FUNCTIONAL DAMAGE		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT	
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing OTHER		Vehicle Factors	
	Driver Prior Action Other DRIVING IN ROUNDABOUT		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name DOROTHY E FRANK		Owner Address N570 MARIPOSA LN WISCONSIN DELLS, WI 53965 , US	
UNIT VEHICLE	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company WEST-BEND-MUTUAL-INS-CO		INDIVIDUAL TIMOTHY FRANK	
UNIT INDIVIDUAL	Individual			
	DRIVER TIMOTHY FRANK (608) 432-1310		Citations Issued 0	Sex MALE
	Address N570 MARIPOSA LN WISCONSIN DELLS, WI 53965 , US		Date of Birth	Race WHITE
	Driver License Number			
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash	
	Safety Equipment		RESTRAINT USE UNKNOWN	
	Row 01 - FRONT 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 #	
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UNIT	INDIVIDUAL	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	002	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			