

6TL0B655PT  
20-02524

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>20-02524</b>	Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>03/07/2020</b>		Crash Time <b>02:15 AM</b>	Date Arrived <b>03/07/2020</b>	Time Arrived <b>03:48 AM</b>	
Date Notified <b>03/07/2020</b>		Time Notified <b>03:30 AM</b>	Total Units <b>01</b>	Total Injured <b>00</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

<p>Diagram</p>	Reconstruction By
	Photos By <b>DEP. NEUBAUER 9140</b>
	Additional Information <b>NONE, PHOTOS</b>
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	
<p>UNIT 1 WAS TRAVELING S/B ON EAST STREET. UNIT 1 DRIVER STATED HE WAS DISTRACTED BY SPEAKING WITH HIS PASSENGER. UNIT 1 CRASHED INTO UTILITY POLE ON EAST SIDE OF ROAD.</p>	

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Location

ON 3456 EAST ST 347 FT N OF BADGER ST IN THE VILLAGE OF LOGANVILLE IN SAUK COUNTY	Latitude <b>43.437888452</b>	Longitude <b>-90.035331393</b>
	X Coordinate <b>254352.84375</b>	Y Coordinate <b>4813919.5</b>
	Structure Type <b>UTILITY</b>	

Crash Scene

First Harmful Event <b>UTILITY POLE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</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</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>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>UTILITY POLE</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</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>105YRC</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1FADP3N24EL148690</b>	Make <b>FORD</b>	Year <b>2014</b>	Model <b>FOCUS</b>
		Color <b>GRY - GRAY</b>	Body Style <b>HB - HATCHBACK</b>		Bus Use
		Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 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>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b>			
01	01	Owner Name <b>TIMMIE LEE CORNELL (608) 415-8173</b>		Owner Address <b>370 EAST ST LOGANVILLE, WI 53943 , US</b>
<b>Sequence Of Events</b>				
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
02	Event <b>UTILITY POLE</b>			
03	Event			
04	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		Individual <b>TIMMIE CORNELL</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>TIMMIE LEE CORNELL (608) 415-8173</b>		Citations Issued <b>3</b>	Sex <b>MALE</b>
	Address <b>370 EAST ST LOGANVILLE, WI 53943 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT 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 Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>DEPLOYED-FRONT</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		EMS Agency Identifier
Medical Transport <b>NOT TRANSPORTED</b>		Date of Death		EMS Run #
Hospital		Time of Death		
<b>Distracted By</b>		Distracted By Source <b>PASSENGER/OTHER NON-MOTORIST</b>		
Distracted By Action <b>TALKING/LISTENING</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	<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>Individual</b>					
		Passenger <b>PEGGY SUE CORNELL (608) 415-8173</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>370 EAST ST LOGANVILLE, WI 53943 , US</b>			Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
		01	002	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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>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			
Distracted By Action							
<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	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition  <b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b>				
	<b>Violations</b>				
01 02 03	01	UTC Number <b>BB958276</b>	Issue To? <b>001</b>	Statute Number <b>346.89(1)</b>	Description <b>INATTENTIVE DRIVING</b>
	02	UTC Number <b>BB958277</b>	Issue To? <b>001</b>	Statute Number <b>346.05(1)</b>	Description <b>OPERATING LEFT OF CENTER</b>
	03	UTC Number <b>BB958278</b>	Issue To? <b>001</b>	Statute Number <b>346.13(1)</b>	Description <b>UNSAFE LANE DEVIATION</b>