

6TL0D1PTLJ  
21-05832

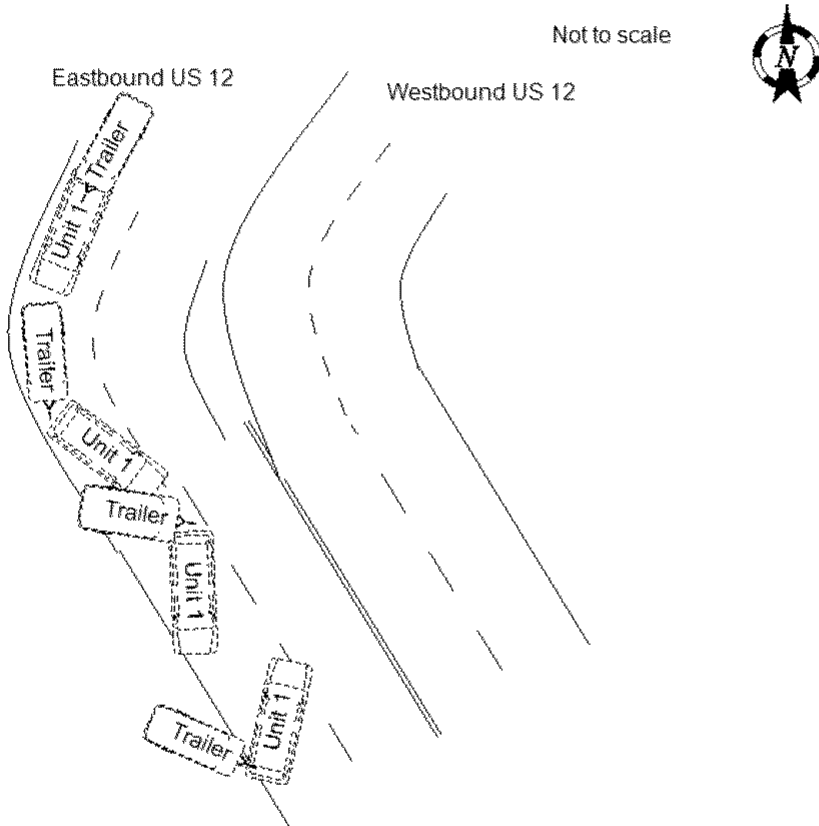
# WISCONSIN MOTOR VEHICLE CRASH REPORT

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 21-05832		Investigating Officer/Deputy DEPUTY S. MESSNER	
Crash Date 06/27/2021		Crash Time 12:10 PM		Date Arrived 06/27/2021		Time Arrived 12:18 PM	
Date Notified 06/27/2021		Time Notified 12:10 PM		Total Units 01		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" 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> 	Reconstruction By
	Photos By DEP. S. MESSNER #9134
	Additional Information PHOTOS

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

ON SUNDAY, 6/27/2021, AT APPROXIMATELY 12:10 PM, UNIT 1, A 2016 RED CHEVROLET SUBURBAN, BEARING WI #276LWD, WAS BEING DRIVEN BY PAUL T. CORNELL, FRONT PASSENGER OF MALLORY J. CORNELL WITH PASSENGERS IN REAR SEAT OF LONDON J. CORNELL AND HARPER L. CORNELL. UNIT 1 WAS EASTBOUND ON US 12 ON SAUK HILL WITH WARNING SIGNS OF 7% GRADE AND POST SPEED LIMIT OF 55 MPH. UNIT 1 WAS PULLING A TRAILER, A RECREATIONAL TRAILER BEARING WISCONSIN PLATE #RV103812. UNIT 1 NEGOTIATED A LEFT CORNER AT WHICH TIME THE TRAILER BEGAN FISH-TAILING. THE TRAILER THEN CAME AROUND TO THE LEFT SIDE OF THE UNIT 1, ROLLED OVER TO ITS SIDE AND FORCED UNIT 1 INTO A TURN OF APPROXIMATE 180 DEGREES. THE TRAILER CAME TO REST IN THE DITCH WITH UNIT 1, STILL ATTACHED, CAME TO REST IN LANE 2. NO ONE WAS INJURED. DEP. MESSNER PHOTOGRAPHED THE SCENE. UNIT 1 AND TRAILER WERE REMOVED BY BILL'S TOWING.



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UNIT VEHICLE	Color	RED - RED		Body Style	UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point	00 - NON-COLLISION		Vehicle Damage				
	Extent Of Damage	DISABLING DAMAGE		05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 14 - UNDERCARRIAGE				
	Towed Due To Damage	TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By				
	What Driver Was Doing	NEGOTIATING CURVE		Vehicle Factors				
	Driver Prior Action Other			NOT APPLICABLE				
UNIT VEHICLE	Driver Actions							
	SPEED TOO FAST/COND							
01 01	Owner Name				Owner Address			
	MALLORY JEAN CORNELL (920) 573-9798				920 AZURE CT S OREGON, WI 53575 , US			
Sequence Of Events								
01 02 03 04	Event							
	OVERTURN/ROLLOVER							
	Event							
	Event							
UNIT 01	Policy Holder							
	Insurance Company				Individual			
ALLMERICA-FINANCIAL-BENEFIT-INS-CO				PAUL CORNELL				
UNIT TRAILER	Trailer/Towed							
	Trailer Plate #	Plate Type	Make	State	Country of Issuance			
	RV103812	RVT - REC	FRRV	WI	UNITED STATES			
UNIT TRAILER	Unit Type	Individual			Address			
	MOBILE HOME	MALLORY JEAN CORNELL (920) 573-9798			920 AZURE CT S OREGON, WI 53575 , US			
UNIT INDIVIDUAL	Vehicle Identification Number							
	4X4TWD19LY095200							
UNIT INDIVIDUAL	Individual							
	Driver			Citations Issued		Sex		
	PAUL T CORNELL (920) 573-9798			0		MALE		
				Date of Birth		Race		
					WHITE			
Address			Driver License Number					
920 AZURE CT S OREGON, WI 53575 , US			STATE: WISCONSIN COUNTRY: UNITED STATES					
Safety Equipment								
On Duty Crash				Safety Equipment				
				SHOULDER & LAP BELT				
Row		Seat Position						
01 - FRONT ROW		07 - LEFT						
Helmet Use				Helmet Compliance				

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01	001	Eye Protection		Tint Compliance				
		<b>Injury</b>	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		
		<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)				
		Distracted By Action NOT DISTRACTED						
		<b>Non Motorist</b>	Striking Unit #		Location			
			Prior Action					
		01	001	Action				
Action Other								
To/From School								
<b>Drug &amp; Alcohol</b>				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			<b>Individual</b>				
				Passenger MALLORY JEAN CORNELL (920) 376-4446		Citations Issued 0		Sex FEMALE
		Date of Birth [REDACTED]		Race WHITE				
		Address 920 AZURE CT S OREGON, WI 53575 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES				
		<b>Safety Equipment</b>						
		On Duty Crash		Safety Equipment SHOULDER & LAP BELT				
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT					
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				

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01 UNIT INDIVIDUAL	002	<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						
		Action						
		Action Other					To/From School	
01 UNIT INDIVIDUAL	002	<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>LONDON J CORNELL</b> (920) 573-9798			Citations Issued <b>0</b>		Sex <b>FEMALE</b>	
		Address <b>920 AZURE CT S</b> <b>OREGON, WI 53575 , US</b>			Date of Birth <b>[REDACTED]</b>		Race <b>WHITE</b>	
					Driver License Number			
		<b>Safety Equipment</b>		On Duty Crash		Safety Equipment <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>		
Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>							
Helmet Use			Helmet Compliance					
Eye Protection			Tint Compliance					
01 UNIT INDIVIDUAL	003	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>			

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UNIT 01	INDIVIDUAL 003	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		
		Action		
		Action Other		To/From School
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>
UNIT 01	INDIVIDUAL 004	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>HARPER L CORNELL</b> (920) 573-9798	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>920 AZURE CT S</b> <b>OREGON, WI 53575 , US</b>	Driver License Number	
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>BOOSTER SEAT</b>
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>	
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
UNIT 01	INDIVIDUAL 004	<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>

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UNIT INDIVIDUAL	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					
	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>						