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20-04936

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>20-04936</b>	Investigating Officer/Deputy <b>DEPUTY S. FINNEGAN</b>	
Crash Date <b>05/27/2020</b>		Crash Time <b>10:16 AM</b>	Date Arrived <b>05/27/2020</b>	Time Arrived <b>10:22 AM</b>	
Date Notified <b>05/27/2020</b>		Time Notified <b>10:17 AM</b>	Total Units <b>01</b>	Total Injured <b>03</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>	<p>Reconstruction By</p> <p>Photos By</p> <p>Additional Information <b>NONE</b></p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS S/B ON EVERGREEN DR WHEN DRIVER LOST CONTROL, WENT IN THE DITCH AND OVERTURNED. DRIVER STATED SHE WAS GOING TOO FAST AND ONLY HAD FRONT BRAKES. SHE LOCKED UP THE BRAKES WENT ONTO THE SHOULDER OF THE ROAD. SHE THEN OVER CORRECTED A COUPLE TIMES SENDING HER SIDEWAYS INTO THE DITCH WHERE THE SUV ROLLED COMPLETELY OVER. THE WITNESS STATED THE SAME AND SAID HE HEARD THE VEHICLE RACING TOWARDS HIS LOCATION.

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**Location**

ON EVERGREEN RD 1128 FT W OF COUNTY LAND FILL LN IN THE TOWN OF EXCELSIOR IN SAUK COUNTY	Latitude <b>43.518135533</b>	Longitude <b>-89.89630042</b>
	X Coordinate <b>265915.34375</b>	Y Coordinate <b>4822431.5</b>
	Structure Type <b>NO STRUCTURE</b>	

**Crash Scene**

First Harmful Event <b>OVERTURN/ROLLOVER</b>		First Harmful Event Location <b>SHOULDER RIGHT</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</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>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements	
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>3</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>OVERTURN/ROLLOVER</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>CURVE LEFT</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>545XDM</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>JHLRD1860XC039919</b>	Make <b>HONDA</b>	Year <b>1999</b>	Model <b>CR-V EX</b>
		Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>00 - NON-COLLISION</b>	Vehicle Damage		
Extent Of Damage <b>DISABLING DAMAGE</b>		<b>15 - ALL AREAS</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>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>BRAKES</b>	
	Driver Actions <b>SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER, OVER-CORRECTING/OVER-STEERING</b>			
01 01	Owner Name <b>ALESHA M KOWALKE (608) 393-7802</b>		Owner Address <b>409 E BROADWAY ROCK SPRINGS, WI 53961 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>RUN OFF ROADWAY RIGHT</b>		
	02	Event <b>OVERTURN/ROLLOVER</b>		
	03	Event		
	04	Event		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ALESHA M KOWALKE (608) 393-7802</b>		Citations Issued <b>3</b>	Sex <b>FEMALE</b>
	Address <b>409 E BROADWAY ROCK SPRINGS, WI 53961 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
<b>Injury</b>		Injury Severity <b>SUSPECTED MINOR 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>EMS GROUND</b>		EMS Agency Identifier <b>6001024</b>	EMS Run #	
Hospital <b>ST CLARE'S HOSPITAL</b>		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source		
Distracted By Action <b>UNKNOWN</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

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UNIT	INDIVIDUAL	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>ALYANAIH K HEFTY (608) 393-7802</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
Address <b>409 E BROADWAY ROCK SPRINGS, WI 53961 , US</b>			Date of Birth <b>WHITE</b>			
Driver License Number						
01			002	<b>Safety Equipment</b>		On Duty Crash
	Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>				
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
	<b>Injury</b>			Injury Severity <b>SUSPECTED MINOR 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					
01	002	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
01	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>			
UNIT	INDIVIDUAL	<b>Individual</b>			
		Passenger <b>ALIVIAN A SCHRANK</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth	Race <b>WHITE</b>		
		Address <b>ROCK SPRINGS, WI 53961 , US</b>	Driver License Number		
01	003	<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 Compliance	
		Helmet Use			
		Eye Protection			
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR 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					

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<b>UNIT</b>	<b>INDIVIDUAL</b>	Action					
		Action Other			To/From School		
	<b>01</b>	<b>003</b>	<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>01</b>	<b>02</b>	<b>Violations</b>				
			UTC Number <b>BG023508</b>	Issue To? <b>001</b>	Statute Number <b>343.44(1)(b)</b>	Description <b>OPERATING WHILE REVOKED (FORFEITURE)</b>	
			UTC Number <b>BG023509</b>	Issue To? <b>001</b>	Statute Number <b>344.62(1)</b>	Description <b>OPERATE MOTOR VEHICLE W/O INSURANCE</b>	
<b>03</b>	<b>03</b>	UTC Number <b>BG023510</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>		
<b>Witness</b>							
<b>WITN</b>	<b>01</b>	Individual <b>RONNIE L LEIKE</b> <b>(608) 963-1440</b>			Address <b>S3550 EVERGREEN DR</b> <b>REEDSBURG, WI 53959 , US</b>		Date of Birth