

6TL0C5S26R  
20-05193

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>20-05193</b>		Investigating Officer/Deputy <b>DETECTIVE B. LUBER</b>	
Crash Date <b>06/02/2020</b>		Crash Time <b>07:37 PM</b>		Date Arrived <b>06/02/2020</b>		Time Arrived <b>07:47 PM</b>	
Date Notified <b>06/02/2020</b>		Time Notified <b>07:39 PM</b>		Total Units <b>01</b>		Total Injured <b>02</b>	Total Killed <b>01</b>
<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 <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 <b>SAUK COUNTY SHERIFF</b></p>
	<p>Photos By <b>B. LUBER</b></p>
	<p>Additional Information <b>FATAL CRASH SUPPLEMENT, PHOTOS, RECONSTRUCTION</b></p>

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

UNIT 1 WAS NORTH ON HWY 113. UNIT 1'S PASSENGER SIDE TIRES LEFT THE ROADWAY ONTO THE SHOULDER. UNIT 1 CAME BACK ONTO THE ROADWAY, CROSSED THE CENTERLINE, LEFT THE ROADWAY, AND CRASHED INTO A TREE. UNIT 1'S ENGINE COMPARTMENT STARTED ON FIRE. WHEN I ARRIVED ON SCENE ALL PASSENGERS WERE OUT OF THE VEHICLE. OPERATOR OF UNIT 1 WAS IDENTIFIED BY THE FRONT SEAT PASSENGER. FURTHER INFORMATION WILL BE CONTAINED IN SUPPLEMENTAL REPORTS.

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## Location

ON STH113 NB 0.43 MI E OF CTHDL NB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude <b>43.427335174</b>	Longitude <b>-89.689057904</b>
	X Coordinate <b>282339.875</b>	Y Coordinate <b>4811784</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>TREE</b>		First Harmful Event Location <b>OUTSIDE RIGHT-OF-WAY (TRAFFICWAY)</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DUSK</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>	
Closure Type <b>FULL CLOSURE</b>		Reasons for Closure	
Date Initial Lane/Rd Closed <b>06/02/2020</b>	Time Initial Lane/Rd Closed <b>08:01 PM</b>	<b>LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS</b>	
Date All Lanes Open <b>06/02/2020</b>	Time All Lanes Open <b>09:22 PM</b>	Date Scene Cleared <b>06/02/2020</b>	Time Scene Cleared <b>09:22 PM</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>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>NORTHBOUND</b>	<input checked="" type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>55</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>TREE</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>Vehicle</b>					
	<b>01</b>	License Plate Number <b>S6651J</b>	Plate Type <b>TMP - TEMPORARY PLAT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1G1ZT52815F292575</b>		Make <b>CHEVROLET</b>	Year <b>2005</b>	Model <b>MALIBU</b>		

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UNIT VEHICLE	Color <b>BLK - BLACK</b>	Body Style <b>SD - SEDAN</b>	Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>MIKES TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>	Vehicle Factors	
Driver Prior Action Other	<b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>EXCEED SPEED LIMIT, SPEED TOO FAST/COND, FAILURE TO CONTROL, RAN OFF ROADWAY, FAILED TO KEEP IN DESIGNATED LANE, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER</b>		
	Owner Name <b>KORRIANNA M TURNER</b>	Owner Address <b>2007 FISHER STREET MADISON, WI 53713 4310, US</b>	
01 01	<b>Sequence Of Events</b>		
	Event <b>RUN OFF ROADWAY RIGHT</b>		
	Event <b>CROSS CENTERLINE</b>		
	Event <b>RUN OFF ROADWAY LEFT</b>		
	Event <b>TREE</b>		
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>KORRIANNA M TURNER</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
		Date of Birth	Race <b>BLACK</b>
	Address <b>2007 FISHER STREET MADISON, WI 53713 4310, US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash
			Safety Equipment
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>RESTRAINT USE UNKNOWN</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>SUSPECTED SERIOUS INJUR</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>6000555</b>	EMS Run #	
Hospital <b>SAUK PRAIRIE HOSP</b>	Date of Death	Time of Death	

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<b>UNIT</b>	<b>Distracted By</b> Distracted By Source <b>UNKNOWN</b>	
	Distracted By Action <b>UNKNOWN</b>	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>YES</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	
<b>UNIT</b>	Individual Condition <b>EMOTIONAL (DEPRESSED, ANGRY, DISTURBED, ETC)</b>	
	<b>Individual</b>	
	Passenger <b>KEYANNA MONIQUE APPLEWHITE</b>	Citations Issued <b>0</b> Sex <b>FEMALE</b>
		Date of Birth Race <b>BLACK</b>
	Address <b>4506 COTTAGE GROVE RD #8 MADISON, WI 53716 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
	<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>
	Row <b>01 - FRONT ROW</b> Seat Position <b>09 - RIGHT</b>	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>UNIT</b>	<b>Injury</b> Injury Severity <b>SUSPECTED SERIOUS INJUR</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>EMS GROUND</b>		EMS Agency Identifier <b>6000555</b> EMS Run #
Hospital <b>SAUK PRAIRIE HOSP</b>		Date of Death Time of Death
<b>Distracted By</b> Distracted By Source		

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UNIT	Distracted By Action				
	<b>Non Motorist</b>	Striking Unit #	Location		
		Prior Action			
	INDIVIDUAL	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>			
UNIT		<b>Individual</b>			
		Passenger <b>DEAVION CHANTE ELEM</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>BLACK</b>	
	Address <b>2325 TRACEWAY DR #207 FITCHBURG, WI 53713 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>		
		Row <b>02 - SECOND ROW</b>	Seat Position <b>10 - UNKNOWN SE</b>		
	Helmet Use	Helmet Compliance			
	Eye Protection	Tint Compliance			
	UNIT	<b>Injury</b>	Injury Severity <b>FATAL INJURY</b>	Airbag <b>NOT APPLICABLE</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>6000368</b>	EMS Run #		
Hospital <b>ST CLARE HOSP</b>		Date of Death <b>06/03/2020</b>	Time of Death <b>06:36</b>		
<b>Distracted By</b>		Distracted By Source			
		Distracted By Action			

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<b>UNIT</b>	<b>Non Motorist</b>	Striking Unit #		Location			
		Prior Action					
	<b>INDIVIDUAL</b>	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 GIVEN</b>	Alcohol Test Type <b>BLOOD</b>		Alcohol Test Results <b>01</b>	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results			
	Drug Type						
	<b>01</b>	<b>003</b>	Individual Condition <b>APPEARED NORMAL</b>				