

6TL0BFKDCS  
20-03801


WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

6TL0BFKDCS

Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-03801</b>		Investigating Officer/Deputy <b>DEPUTY H. VOLZ</b>		
Crash Date <b>04/22/2020</b>		Crash Time <b>04:30 PM</b>		Date Arrived <b>04/22/2020</b>		Time Arrived <b>04:38 PM</b>		
Date Notified <b>04/22/2020</b>		Time Notified <b>04:35 PM</b>		Total Units <b>01</b>		Total Injured <b>01</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

Diagram  	Reconstruction By
	Photos By
	Additional Information <b>DRIVER BEHAVIOR AND CONDITION</b>

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

UNIT 1 WAS ORIGINALLY TRAVELING EB ON INTERSTATE 94. UNIT 1 EXITED AT EXIT 92. WHILE TAKING THE EXIT AND ATTEMPTING TO NEGOTIATE THE CURVE IN THE EXIT, UNIT 1 OPERATOR SUFFERED A MEDICAL SEIZURE. UNIT 1 LEFT THE ROAD WAY, TRAVELED DOWN THE EMBANKMENT, ACROSS THE SB LANES OF USH 12, THE MEDIAN, AND THE NB LANES OF USH 12. UNIT 1 CONTINUED TO TRAVEL INTO THE EAST SIDE DITCH OF USH 12 AND STRUCK A FENCE BEFORE COMING TO REST.

## Location

ON RAMP IH90 EB 707 FT N OF USH12 EB IN THE VILLAGE OF LAKE DELTON IN SAUK COUNTY	Latitude <b>43.566965864</b>	Longitude <b>-89.778833792</b>
	X Coordinate <b>275590.96875</b>	Y Coordinate <b>4827530.5</b>
	Structure Type <b>NO STRUCTURE</b>	

## Crash Scene

First Harmful Event <b>EMBANKMENT</b>	First Harmful Event Location <b>ON ROADWAY</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>RAIN</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>FULL CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>EXIT RAMP-RELATED</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

UNIT 01	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>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>1</b>		
	Most Harmful Event: Collision With <b>EMBANKMENT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>ENTRANCE/EXIT RAMP</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>TRVLN2</b>		Plate Type <b>LEM - LAW ENFORCEME</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>2GNALCEKXG1163638</b>		Make <b>CHEVROLET</b>	Year <b>2016</b>	Model <b>EQUINOX</b>			
Color <b>BLK - BLACK</b>		Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use			
Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE</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>HOVLANDS</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>OTHER CONTRIBUTING ACTION</b>			
01 01	Owner Name <b>MICHAEL EDWARD GARNER (608) 347-3332</b>		Owner Address <b>307 HOWARD ST POYNETTE, WI 53955 , US</b>	
	<b>Sequence Of Events</b>			
01 01	01	Event <b>DITCH</b>		
	02	Event <b>CROSS MEDIAN</b>		
	03	Event <b>EMBANKMENT</b>		
	04	Event <b>FENCE</b>		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>MICHAEL GARNER</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>MICHAEL EDWARD GARNER (608) 347-3332</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>307 HOWARD ST POYNETTE, WI 53955 , 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>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
	01	001	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>ILL (SICK), FAINTED</b>				
			<b>Witness</b>				
WITN ESS	01	Individual <b>LUIS MANUEL POLANCO</b> <b>(608) 393-0722</b>			Address <b>913 CENTER ST</b> <b>BARABOO, WI 53913 , US</b>		
					Date of Birth		