# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 12/27/2021

| Document Number Override   | Primary Crash Document#  Crash Time 05:30 AM  Time Notified 05:37 AM |                  | Agency Crash Number 21-12407 |                       | Investigating Officer/Deputy DEPUTY B. STODDARD |                          |                        |  |
|--|--|------------------|------------------------------|-----------------------|---|--------------------------|------------------------|--|
| Crash Date 12/27/2021  |  |                  | Date A:<br>12/27/            |                       | Time Arrived 06:18 AM                           |                          |                        |  |
| Crash Date 12/27/2021  Date Notified 12/27/2021  On Emergency Hit  Government Property |  |                  | Total Units 01               |                       | Total Injured Total K                           |                          | illed                  |  |
| On Emergency Hit   | and Run  | Lane Closu       |                              | Work Zone             | <b></b>   | or Towed                 | Reporting  Threshold   |  |
| Government Property  | Active Sc  | hool Zone        | School<br><b>NO</b>          | Bus Related           | Tags  |                          |                        |  |
| Reportable   | Crash Type<br>DT4000 (STA  | NDARD CRASH      | )                            |                       | Amend   | ed                       | Secondary Crash        |  |
| Description Diagram  |  |                  |                              |                       |   |                          |                        |  |
| Diagram  |  |                  |                              |                       |   | Reconstruction Photos By |                        |  |
| Non-repo   | ortable  |                  |                              |                       |   | Additional Info          | ormation               |  |
|  |  |                  |                              |                       |   |                          |                        |  |
|  |  |                  |                              |                       |   |                          |                        |  |
|  |  |                  |                              |                       |   |                          |                        |  |
| i, a sworn law enforcement   | nt officer, agre   | e that I have no | ot adde                      | d any CJIS data in th | is report.                                      |                          |                        |  |
| UNIT 1 WAS SOUTHBOUND ON STI<br>DITCH AND REQUIRED A PULL-OU'                          |  |                  |                              |                       |   | ERY ROAD. UN             | NIT 1 ENTERED THE EAST |  |

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|      | Location ===                            |                                    |                                       |                           |  |   |  |                            |   |  |
|------|---|------------------------------------|---------------------------------------|---------------------------|--|---|--|----------------------------|---|--|
| ,    | ON STH78 SB                             |                                    |                                       |                           | Latitude   |   |  | Longi                      | tude                                    |  |
|      | 446 FT N                                |                                    |                                       |                           | 43.3485  | 57191 -89                                   |  | -89.6                      | .69991311                               |  |
|      | OF INSPIRATION DR                       | MAC                                |                                       |                           | X Coordin  | ate   |  | Y Coo                      | ordinate                                |  |
|      | IN SAUK COUNTY                          | mac .                              |                                       |                           |  |   |  | 4803                       | 4803063                                 |  |
|      |   |                                    | Structure Type NO STRUCTURE           |                           |  |   |  |                            |   |  |
|      | Crash Scene                             |                                    |                                       |                           | 1  |   |  |                            |   |  |
|      | First Harmful Event                     |                                    |                                       |                           | Ter an   | £ 1 = .1                                    |  |                            |   |  |
|      | DITCH                                   |                                    |                                       |                           |  | nfulEventLo                                 | cation                                     |                            |   |  |
|      | Manner of Collision                     |                                    |                                       |                           | SHOULDER LEFT  Light Condition DARK/UNLIT  Roadway Factor(s) |   |  |                            |   |  |
|      | 00 - NO COLLISION W/VE                  | HICLE IN TRANSPORT                 |                                       |                           |  |   |  |                            |   |  |
|      | Road Surface Condition(s)               |                                    |                                       |                           |  |   |  |                            |   |  |
|      | SNOW                                    |                                    |                                       |                           |  |   |  |                            |   |  |
|      | Environment Factor(s)                   |                                    |                                       |                           | 1  |   |  |                            |   |  |
|      | NONE                                    |                                    |                                       | ROAD SURFACE CONDITION (W |  |   |  |                            | ET, ICY, SNOW, SLUSH,                   |  |
|      | Weather Condition(s)                    |                                    |                                       |                           | ,  |   |  |                            |   |  |
|      | CLOUDY                                  |                                    |                                       |                           |  |   |  |                            |   |  |
|      | Animal Type                             |                                    |                                       |                           | 1  | Relation To Trafficway TRAFFICWAY - ON ROAD |  |                            |   |  |
|      | Crash Classification - Location         | <u> </u>                           |                                       |                           |  |   |  |                            |   |  |
|      | PUBLIC PROPERTY                         | •                                  |                                       |                           | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION  |   |  |                            |   |  |
|      | Tribal Land                             |                                    |                                       |                           | Access Control Special Study NO CONTROL                      |   |  | Special Study              |   |  |
|      | Within Interchange Area                 | Junction Location NON-JUNCTION     |                                       | Intersection              | on Type<br>INTERSE   | CTION                                       |  |                            |   |  |
|      | Unit Summary =                          |                                    |                                       |                           |  |   |  |                            |   |  |
|      | Unit Status                             |                                    | Vehicle Op                            | erating As C              | lassification  | 1   | Unit Type                                  |                            |   |  |
|      | IN TRANSIT                              |                                    | D CLASS                               | _                         | AUTOMOBILE   |   |  |                            |   |  |
| _    | Vehicle Type                            |                                    |                                       |                           | Operating As Endorsements                                    |   |  |                            | sements                                 |  |
| 7    | PASSENGER CAR                           |                                    |                                       |                           |  |   |  |                            |   |  |
|      | Total Occs 2                            | Train/Bus#Recorded                 | Total#Cita<br>2                       | Total#Citations Issued 2  |  | d Total Traile                              |  | ilers Total HazMat Types 0 |   |  |
|      | Insurance?                              | Direction Of Travel                |                                       |                           | )  | Speed Lin                                   | mit Total Lanes                            |                            | anes                                    |  |
| ⊢    | NO                                      | SOUTHBOUND                         | <b>V</b>                              | ✓ Mark                    |  | 55  |  | 2                          |   |  |
| LINO | Most Harmful Event: Collision DITCH     | Most Harmful Event: Collision With |                                       |                           | Special Function NO SPECIAL FUNCTION                         |   | Emergency Motor Vehicle Use NOT APPLICABLE |                            |   |  |
|      | Traffic Way                             |                                    | Traffic Con                           | trol                      |  |   | Traffic Cont                               | rol Inope                  | erative/Missing                         |  |
|      | TWO-WAY, NOT DIVIDED                    | )                                  | NO CONT                               | ROL                       |  |   | NO   |                            |   |  |
|      | Surface Type                            | (0)                                |                                       | Road Curvature            |  |   | Road Grad                                  |                            | е                                       |  |
|      | BLACKTOP (BITUMINOU Truck Bus or HazMat | (5)                                | STRAIGH                               | 11                        |  |   | LEVEL                                      |                            |   |  |
|      | NO                                      |                                    |                                       |                           |  |   |  |                            |   |  |
|      | Vehicle                                 | KUSKUKUCKUSKUKUCKUCKUSCK           | K K K K K K K K K K K K K K K K K K K |                           |  | ****  |  | 1000000                    | STARTER STARTER STARTER STARTER STARTER |  |
|      | License Plate Number                    | Plate Type                         | Plate Type AUT - AUTOMOBILE Make      |                           | St Country of Issuance  WI UNITED STATES                     |   |  |                            |   |  |
|      | 517SAU                                  |                                    |                                       |                           |  |   | AUT - AL                                   |                            |   |  |
| _    | Vehicle Identification Nu               | Make                               |                                       |                           | Year   | Model                                       |  |                            |   |  |
| 7    | <b>a</b> 1G4HR54K72U17080               | BUICK                              |                                       |                           | 2002   | LESABRE                                     | Ll   |                            |   |  |
|      | Color<br>SIL - SILVER (ALUMINUM)        |                                    |                                       | Body Style 4D - 4DR       |  |   |  |                            |   |  |
|      |   |                                    |                                       | Vehicle Damage            |  |   |  |                            |   |  |
| LIND | <b>♂</b> 12 - FRONT                     |                                    |                                       |                           |  |   |  |                            | 7 8 9 10 11<br>6 12                     |  |
| ⋾    | Extent Of Damage NO DAMAGE              |                                    |                                       | 00 - NO DAMAGE            |  |   | 5 4 3 2 1                                  |                            |   |  |

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|      |           | Towed Due To Damage TOWED BUT NOT DUE T              | O DISABLING DAMAG      | Vehicle Removed By<br>EVERETTS TOWING           |                              |                                |  |  |  |
|------|-----------|--|------------------------|---|------------------------------|--------------------------------|--|--|--|
|      |           | What Driver Was Doing<br>GOING STRAIGHT              |                        | Vehicle Factors                                 | Vehicle Factors              |                                |  |  |  |
|      |           | Driver Prior Action Other                            |                        | WIPERS  |                              |                                |  |  |  |
| TIND | VEHICLE   | Driver Actions SPEED TOO FAST/CONE                   | )                      | -   |                              |                                |  |  |  |
| Ы    | Б         | Owner Name<br>AUTUMN FAWN GERNON<br>(608) 644-6705   | ¥                      | Owner Address<br>110B BRODHEAD<br>MAZOMANIE, WI |                              |                                |  |  |  |
|      | 5         | L<br>Sequence Of Events<br>Event<br>DITCH            |                        |   |                              |                                |  |  |  |
|      | 8         | Event  |                        |   |                              |                                |  |  |  |
|      | 8         | Event  |                        |   |                              |                                |  |  |  |
|      | 2         | Event  |                        |   |                              |                                |  |  |  |
|      |           | l<br>Individual                                      |                        | 50000000000000000000000000000                   | 0.00.00.00.00.00.00.00.00.00 |                                |  |  |  |
|      |           | Driver   |                        | Citations Issued                                | Sex                          |                                |  |  |  |
|      | 4         | AUTUMN FAWN GERNON<br>(608) 644-6705                 |                        | 2   | 2 FEMALE  Date of Birth Race |                                |  |  |  |
| ⊢    | B         |  |                        | Date of Birth                                   | WHITE                        |                                |  |  |  |
| TNU  | INDIVIDUA | Address<br>110B BRODHEAD ST<br>MAZOMANIE, WI 53560   | , us                   | Drivert icense Numbe<br>STATE: WISCONSI         |                              | TED STATES                     |  |  |  |
|      | Sai       | Con Dut<br>Tety Equipment                            | y Crash                | Safety Equipment                                |                              |                                |  |  |  |
|      |           | Row  | Seat Position          | SHOULDER & LAP BELT                             |                              |                                |  |  |  |
|      |           | 01 - FRONT ROW                                       | 07 - LEFT              |   |                              |                                |  |  |  |
|      |           | Helmet Use   |                        | Helmet Compliance                               |                              |                                |  |  |  |
|      |           | Eye Protection                                       |                        | Tint Compliance                                 |                              |                                |  |  |  |
| ٤    | 8         | Injury S<br>Injury NO AF                             | everity PPARENT INJURY | Airbag NON DEPLOYED                             |                              |                                |  |  |  |
|      |           | Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AF |                        | PLICABLE  |                              | Trapped/Extricated NOT TRAPPED |  |  |  |
|      |           | Medical Transport NOT TRANSPORTED                    |                        | EMS Agency Identifier                           |                              | EMS Run#                       |  |  |  |
|      |           | Hospital   |                        | Date of Death                                   |                              | Time of Death                  |  |  |  |
|      |           | Distracted By  | ted By Source          |   |                              | 1                              |  |  |  |
|      |           | Distracted By Action UNKNOWN                         |                        |   |                              |                                |  |  |  |
|      |           | Non Motorist   | Unit# Location         |   |                              |                                |  |  |  |

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|         |           | Prior Action                                      |               |                   |                                 |                   |                      |                |  |  |
|---------|-----------|---|---------------|-------------------|---------------------------------|-------------------|----------------------|----------------|--|--|
|         |           | Action  |               |                   |                                 |                   |                      |                |  |  |
|         | 4         |   |               |                   |                                 |                   |                      |                |  |  |
| <u></u> | NDIVIDUAL |   |               |                   |                                 |                   |                      |                |  |  |
| EN S    | ā         |   |               |                   |                                 |                   |                      |                |  |  |
|         | Z         |   |               |                   |                                 |                   |                      |                |  |  |
|         |           |   |               |                   |                                 |                   |                      |                |  |  |
|         |           | Action Other                                      |               |                   |                                 |                   |                      | To/From School |  |  |
|         | •         | I<br>Drug & Alcohol NO                            | ted Alcohol ( | Jse               | Suspected Drug Use              |                   |                      |                |  |  |
|         |           | Alcohol Test Given                                |               | Alcohol Test Type |                                 |                   | Alcohol Test Results |                |  |  |
|         |           | TEST NOT GIVEN                                    |               |                   |                                 | I =               |                      |                |  |  |
|         |           | Drug Test Given<br>TEST NOT GIVEN                 |               | Drug Test Type    |                                 | Drug Test Results | <b>1</b>             |                |  |  |
| 2       | 8         | Drug Type   |               |                   |                                 | 1                 |                      |                |  |  |
|         |           |   |               |                   |                                 |                   |                      |                |  |  |
|         |           | Individual Condition                              |               |                   |                                 |                   |                      |                |  |  |
|         |           | APPEARED NORMAL                                   |               |                   |                                 |                   |                      |                |  |  |
|         |           | Individual  |               |                   |                                 |                   |                      |                |  |  |
|         |           | Passenger GEORGE E GERNON                         |               |                   | Citations issued  0             | Sex<br>MALE       |                      |                |  |  |
|         | INDIVIDUA | (608) 434-9873                                    |               |                   | Date of Birth                   | Race<br>WHITE     |                      |                |  |  |
| S       |           | Address   |               |                   | Driver License Number           |                   |                      |                |  |  |
|         | 2         | 110B BRODHEAD ST<br>MAZOMANIE, WI 53560 , US      |               |                   | STATE: WISCONSIN                | I COUNTRY: UNI    | TED STATES           |                |  |  |
|         |           |   |               |                   |                                 |                   |                      |                |  |  |
|         | Sai       | On Duty Crash afety Equipment                     |               |                   | Safety Equipment                |                   |                      |                |  |  |
|         |           | Row   | Seat Position |                   | SHOULDER & LAP BELT             |                   |                      |                |  |  |
|         |           | 01 - FRONT ROW<br>HelmetUse                       | 09 - RIGHT    |                   | Helmet Compliance               |                   |                      |                |  |  |
|         |           | 5 - San       |               |                   | TintCompliance                  |                   |                      |                |  |  |
|         |           | Eye Protection                                    |               |                   | FintCompilance                  |                   |                      |                |  |  |
| 2       | 8         | Injury Severity NO APPARENT INJURY                |               |                   | Airbag NON DEPLOYED             |                   |                      |                |  |  |
|         |           | Ejected   | Ejection Path |                   | 1                               |                   | Trapped/Extricated   |                |  |  |
|         |           | NOT EJECTED NOT EJECTED/NOT APP Medical Transport |               |                   | PLICABLE  EMS Agency Identifier |                   | NOT TRAPPED EMS Run# |                |  |  |
|         |           | NOT TRANSPORTED                                   |               |                   | EWO Agency (dentine)            |                   | 330107               |                |  |  |
|         |           | Hospital  |               |                   | Date of Death                   |                   | Time of Death        |                |  |  |
|         |           | Distracted By                                     | ed By Source  | 0                 |                                 |                   | 1                    |                |  |  |
|         |           | Distracted By Action                              |               |                   |                                 |                   |                      |                |  |  |
|         |           |   | 41.5.0        | I. s              |                                 |                   |                      |                |  |  |
|         |           | Non Motorist                                      | Unit#         | Location          |                                 |                   |                      |                |  |  |
| l       |           | Prior Action                                      |               |                   |                                 |                   |                      |                |  |  |

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|      | Action                            |                     |  |                                |                   |                      |                |
|------|-----------------------------------|---------------------|--|--------------------------------|-------------------|----------------------|----------------|
| W    |                                   |                     |  |                                |                   |                      |                |
| UNIT |                                   |                     |  |                                |                   |                      |                |
|      |                                   |                     |  |                                |                   |                      |                |
|      |                                   |                     |  |                                |                   |                      |                |
|      | Action Other                      |                     |  |                                |                   |                      | To/From School |
|      | Drug & Alcohol                    | Suspected Alc<br>NO | ohol Use                               | Suspected Drug Use<br>NO       |                   |                      |                |
|      | Alcohol Test Given TEST NOT GIVEN | l                   | Alcohol Test Type                      |                                |                   | Alcohol Test Results |                |
|      | Drug Test Given<br>TEST NOT GIVEN |                     | Drug Test Type                         |                                | Drug Test Results |                      |                |
| E 3  | Drug Type                         |                     | ·                                      |                                |                   |                      |                |
|      | Individual Condition              |                     |  |                                |                   |                      |                |
|      | APPEARED NORM                     | //AL                |  |                                |                   |                      |                |
|      | Violations                        |                     | 81818181818181818181818181818181818181 |                                |                   | ******               |                |
| 5    | UTC Number<br>BG110715            | Issue To?           | Statute Number 344.62(1)               | Description OPERATE MOTOR \    | /EHICLE W/O IN:   | SURANCE              |                |
| 8    | UTC Number<br>BG110716            | Issue To?           | Statute Number 341.15(3)(a)            | Description<br>IMPROPER DISPLA | Y OF LICENSE P    | LATE/TAG/DECAL       |                |