

PK2012

POLICE # 16-14918

ACCIDENT # 16-14918

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number GX74TZN		Document Override Number			
Agency Accident Number 16-14918				Police Number 16-14918							
4 - Accident Date 12/06/2016			5 - Time of Accident (Military Time) 1038			6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County SAUK - 56			3 - Municipality DELTON - 04, Town					11 - Accident Location Intersection			
14 - On Hwy No. 012		14 - On Street Name				14 - Bus/Frnt/Rmp		15 - Est. Distance		15 - Hwy. Dir	
16 - Fr/At Hwy No. 12		16 - From/At Street Name NB				16 - Business/Frontage/Ramp					
17 - Structure Type		17 - Structure Number		12 - Latitude 43.530591785082			13 - Longitude -89.7869987482				
80 - First Harmful Event Traffic Sign Post					93 - Manner of Collision No Collision with Motor Vehicle in Transport						
112 - Access Control No Control		113 - Road Curvature Straight		113 - Road Terrain Level/Flat		Surface Type Concrete - 1					
115 - Traffic Way Divided-Highway-Median-Strip-Without-Traffic-Barrier											
117 - Relation To Roadway On-Roadway											
114 - Light Condition Daylight			116 - Road Surface Condition Wet			118 - Weather Snow					
9 <input checked="" type="checkbox"/> Hit and Run		9 <input checked="" type="checkbox"/> Government Property			9 <input type="checkbox"/> Fire		9 <input checked="" type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed		
9 <input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials				9 <input type="checkbox"/> Load Spillage		9 <input checked="" type="checkbox"/> Construction Zone			9 <input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements			103 <input type="checkbox"/> Measurements Taken			79 - E M S Number			

Operator/Pedestrian

Unit Status H - Hit And Run		81 - Most Harmful Event: Collision With Traffic Sign Post			23 - Dir Of Travel NORTH		24 - Speed Limit 55	
36 - Operating as Classified D CLASS		37 - Endorsements			35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number			30 - State	31 - Expiration Year		34 - On Duty Accident		
25 - Operator/Pedestrian Last Name				25 - First Name			25 - Middle Initial	25 - Suffix
32 - Date Of Birth		33 - Sex						

OPERATOR/PEDESTRIAN 01	26 - Address Street & Number						26 - PO Box			
	27 - City			27 - State		27 - Zip Code		28 - Telephone Number		
	39 - Seat Position					40 - Safety Equipment Restraint-Use-Unknown				
	38 - Injury Severity			41 - Airbag Unknown		42 - Ejected Unknown		44 <input type="checkbox"/> Medical Transport		
	43 - Trapped/Extricated Unknown		92 - Pedestrian Location			92 - Pedestrian Action				
	119 - What Driver Was Doing GOING STRAIGHT				120 - Traffic Control No-Control			62 - No. of Citations Issued		
	64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.	
	122 - Driver Factors Failure-to-Have-Control									
	88 - Driver or Pedestrian Cond Not Observed			89 - Substance Presence Unknown						
	90 - Alcohol Test Test Not Given				90 - Alcohol Content			91 - Drug Test Test Not Given		
91 - Drugs Reported										

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124 - Highway Factors Not-Applicable
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Vehicle

VEHICLE 01	21 - Unit Type Truck		Vehicle Type Pickup/Utility-Truck			22 - Total Occupants 1
	56 - License Plate Number		57 - Plate Type LTK	58 - State	59 - Exp Year	55 - Vehicle Identification Number
	50 - Year	51 - Make	52 - Model	53 - Body Style	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage Unknown					
	95 - Extent Of Damage Unknown		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By	
	123 - Vehicle Factors Not-Applicable					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name					
	47 - Address Street & Number			47 - PO Box		
	48 - City		48 - State	48 - Zip Code	49 - Telephone Number	

Insurance

INS 01	63 - Liability Insurance Company UNKNOWN		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company		

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Trailer

TRL 01	106 - Power Unit Number	License Plate Number	Plate Type	State	Expiration Year
	Trailer Make		Unit Type	Vehicle Identification Number	

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Property

PROPERTY OWNER 01	Organization Type Government	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
	84 - Company Name SAUK COUNTY HWY DEPT			Government Property Type County/Municipal	
	85 - Address Street & Number 620 STH 136		85 - PO Box 26		
	86 - City BARABOO	86 - State WI	86 - Zip Code 53913	87 - Telephone Number (608) 356-3855 Ext.	
	83 - Government Damage Tag Number 238114				
	Fixed Objects Struck				
82 - Striking Unit 01	82 - Object Struck Traffic-Sign-Post		82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck		82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck		82 - Striking Unit	82 - Object Struck	

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - Photos By RABATA
	<p style="text-align: center;">NOT TO SCALE</p>
<p>UNIT 1 THE HIT AND RUN VEHICLE WAS TRAVELING NORTH ON WESTBOUND USH 12. THE TRUCK DROVE THROUGH THE CONSTRUCTION ZONE STRIKING A BARRICADE AND SEVERAL CONES. THE VEHICLE DID NOT STOP AND WAS ONLY DESCRIBED AS A SMALL WHITE PICKUP. PHOTOS OF MARKS ON THE HIGHWAY WERE TAKEN TO SHOW THE PLACEMENT OF THE BARRICADES WAS PROPER.</p>	

Officer Information

125 - Officer Last Name RABATA	125 - First Name M	125 - Middle Initial D	131 - Officer ID 9156
129 - Law Enforcement Agency No.	130 - Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPARTMEN		

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OFFICER INFORMATION

126 - Law Enforcement Agency Address Street & Number 1300 LANGE COURT			
127 - City BARABOO	127 - State WI	127 - Zip Code 53913	128 - Telephone Number (608) 356-4895 Ext.
132 - Date Notified 12/06/2016	133 - Time Notified (Military Time) 1134	134 - Time Arrived (Military Time) 1146	135 - Date Of Report 12/06/2016
16-14918	16-14918	19 - Special Study	
18 - Agency Space			