

PK2012

POLICE # 16-15101

ACCIDENT # 16-15101

|  |  |  |   |   |   |   |   |   |  |                               |  |
|--|--|--|---|---|---|---|---|---|--|-------------------------------|--|
| <input checked="" type="checkbox"/> <b>Reportable Accident</b>       |  | <input type="checkbox"/> <b>On Emergency</b>           |   | <input type="checkbox"/> <b>Amended</b> |   | DOT Document Number<br><b>GX69NFN</b>                       |   | Document Override Number                          |  |                               |  |
| Agency Accident Number<br><b>16-15101</b>                            |  |  |   | Police Number<br><b>16-15101</b>        |   |   |   |   |  |                               |  |
| 4 - Accident Date<br><b>12/10/2016</b>                               |  |  | 5 - Time of Accident (Military Time)<br><b>1654</b> |   |   | 6 - Total Units<br><b>01</b>                                |   | 7 - Total Injured<br><b>00</b>                    |  | 8 - Total Killed<br><b>00</b> |  |
| 2 - County<br><b>SAUK - 56</b>                                       |  |  | 3 - Municipality<br><b>GREENFIELD - 09, Town</b>    |   |   |   | 11 - Accident Location<br><b>Non-Intersection</b> |   |  |                               |  |
| 14 - On Hwy No.<br><b>113</b>  |  | 14 - On Street Name                                    |   |   |   | 14 - Bus/Frnt/Rmp   |   | 15 - Est. Distance<br><b>0.43 Mi</b>              |  | 15 - Hwy. Dir<br><b>EAST</b>  |  |
| 16 - Fr/At Hwy No.   |  | 16 - From/At Street Name<br><b>TOWER RD</b>            |   |   |   | 16 - Business/Frontage/Ramp                                 |   |   |  |                               |  |
| 17 - Structure Type  |  | 17 - Structure Number                                  |   | 12 - Latitude<br><b>43.427689728583</b> |   |   | 13 - Longitude<br><b>-89.68988202619</b>          |   |  |                               |  |
| 80 - First Harmful Event<br><b>Embankment</b>                        |  |  |   |   | 93 - Manner of Collision<br><b>No Collision with Motor Vehicle in Transport</b> |   |   |   |  |                               |  |
| 112 - Access Control<br><b>No Control</b>                            |  | 113 - Road Curvature<br><b>Curve</b>                   |   | 113 - Road Terrain<br><b>Hill</b>       |   | Surface Type<br><b>Blacktop, Bituminous, or Asphalt - 2</b> |   |   |  |                               |  |
| 115 - Traffic Way<br><b>Not-Physically-Divided-(2-Way Traffic)</b>   |  |  |   |   |   |   |   |   |  |                               |  |
| 117 - Relation To Roadway<br><b>Outside-Shoulder-Right</b>           |  |  |   |   |   |   |   |   |  |                               |  |
| 114 - Light Condition<br><b>Dark-Not-Lighted</b>                     |  |  | 116 - Road Surface Condition<br><b>Snow/Slush</b>   |   |   | 118 - Weather<br><b>Snow</b>                                |   |   |  |                               |  |
| 9 <input type="checkbox"/> <b>Hit and Run</b>                        |  | 9 <input type="checkbox"/> <b>Government Property</b>  |   |   | 9 <input type="checkbox"/> <b>Fire</b>  |   | 9 <input type="checkbox"/> <b>Photos Taken</b>    |   | 9 <input type="checkbox"/> <b>Trailer or Towed</b> |                               |  |
| 9 <input type="checkbox"/> <b>Truck, Bus, or Hazardous Materials</b> |  |  | 9 <input type="checkbox"/> <b>Load Spillage</b>     |   | 9 <input type="checkbox"/> <b>Construction Zone</b>                             |   |   | 9 <input type="checkbox"/> <b>Names Exchanged</b> |  |                               |  |
| 101 <input type="checkbox"/> <b>Supplemental Reports</b>             |  | 102 <input type="checkbox"/> <b>Witness Statements</b> |   |   | 103 <input type="checkbox"/> <b>Measurements Taken</b>                          |   |   | 79 - E M S Number                                 |  |                               |  |

**Operator/Pedestrian**

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

|   |  |                          |   |   |                                    |   |  |
|---|--|--------------------------|---|---|------------------------------------|---|--|
| 26 - Address Street & Number<br><b>514 LAKE WISCONSIN DR</b>                        |  |                          |   |   |                                    | 26 - PO Box   |  |
| 27 - City<br><b>MERRIMAC</b>  |  |                          | 27 - State<br><b>WI</b>   | 27 - Zip Code<br><b>53561</b>                                   |                                    | 28 - Telephone Number<br><b>(608) 370-1067 Ext.</b> |  |
| 39 - Seat Position<br><b>Front-Seat-Left-Side-(MC/Bike Driver, Train Conductor)</b> |  |                          |   | 40 - Safety Equipment<br><b>Shoulder-Belt-And-Lap-Belt-Used</b> |                                    |   |  |
| 38 - Injury Severity<br><b>N - No Apparent Injury</b>                               |  |                          | 41 - Airbag<br><b>Non-Deployed</b>                                  |   | 42 - Ejected<br><b>Not-Ejected</b> |   | 44 <input type="checkbox"/> <b>Medical Transport</b> |
| 43 - Trapped/Extricated<br><b>Not-Trapped</b>                                       |  | 92 - Pedestrian Location |   | 92 - Pedestrian Action  |                                    |   |  |
| 119 - What Driver Was Doing<br><b>NEGOTIATING CURV</b>                              |  |                          | 120 - Traffic Control<br><b>No-Control</b>                          |   |                                    | 62 - No. of Citations Issued<br><b>03</b>           |  |
| 64 - 1st Statute No.<br><b>344.62(1)</b>  | 64 - 2nd Statute No.<br><b>346.57(2)</b> |                          | 64 - 3rd Statute No.<br><b>343.44(1)(B)</b>                         |   | 64 - 4th Statute No.               | 64 - 5th Statute No.                                |  |
| 122 - Driver Factors<br><b>Failure-to-Have-Control</b>                              |  |                          |   |   |                                    |   |  |
| 88 - Driver or Pedestrian Cond<br><b>Appeared Normal</b>                            |  |                          | 89 - Substance Presence<br><b>Neither-Alcohol-Nor-Drugs-Present</b> |   |                                    |   |  |
| 90 - Alcohol Test<br><b>Test Not Given</b>  |  |                          | 90 - Alcohol Content  |   |                                    | 91 - Drug Test<br><b>Test Not Given</b>             |  |
| 91 - Drugs Reported   |  |                          |   |   |                                    |   |  |

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|   |
|---|
| 124 - Highway Factors<br><b>Snow,-Ice,-or-Wet</b> |
|---|

**Vehicle**

|                   |  |                          |   |  |                              |  |
|-------------------|--|--------------------------|---|--|------------------------------|--|
| <b>VEHICLE 01</b> | 21 - Unit Type<br><b>Automobile</b>            |                          | Vehicle Type<br><b>Passenger-Car</b>                              |  |                              | 22 - Total Occupants<br><b>01</b>                              |
|                   | 56 - License Plate Number<br><b>455YXA</b>     |                          | 57 - Plate Type<br><b>AUT</b>                                     | 58 - State<br><b>WI</b>                    | 59 - Exp Year<br><b>2017</b> | 55 - Vehicle Identification Number<br><b>3FALP1132WR127287</b> |
|                   | 50 - Year<br><b>1998</b>                       | 51 - Make<br><b>FORD</b> | 52 - Model<br><b>ESCORT</b>                                       | 53 - Body Style<br><b>CP - COUPE</b>       | 54 - Color<br><b>RED</b>     | 100 - Skidmarks to Impact (Ft)                                 |
|                   | 94 - Vehicle Damage<br><b>Undercarriage</b>    |                          |   |  |                              |  |
|                   | 95 - Extent Of Damage<br><b>Very-Minor</b>     |                          | 96<br><input type="checkbox"/> <b>Vehicle Towed Due To Damage</b> | 97 - Vehicle Removed By<br><b>OPERATOR</b> |                              |  |
|                   | 123 - Vehicle Factors<br><b>Not-Applicable</b> |                          |   |  |                              |  |

**Vehicle Owner**

|                     |   |  |                                 |                                   |   |               |
|---------------------|---|--|---------------------------------|-----------------------------------|---|---------------|
| <b>VEH OWNER 01</b> | 45<br><input checked="" type="checkbox"/> <b>Vehicle Owner Same As Operator</b> |  |                                 |                                   |   |               |
|                     | 46 - Vehicle Owner Last Name<br><b>MOEN</b>                                     |  | 46 - First Name<br><b>JANET</b> | 46 - Middle Initial<br><b>SUE</b> | 46 - Suffix   | Date Of Birth |
|                     | 46 - Company Name   |  |                                 |                                   |   |               |
|                     | 47 - Address Street & Number<br><b>514 LAKE WISCONSIN DR</b>                    |  |                                 | 47 - PO Box                       |   |               |
|                     | 48 - City<br><b>MERRIMAC</b>  |  | 48 - State<br><b>WI</b>         | 48 - Zip Code<br><b>53561</b>     | 49 - Telephone Number<br><b>(608) 370-1067 Ext.</b> |               |

**Insurance**

|               |   |  |  |
|---------------|---|--|--|
| <b>INS 01</b> | 63 - Liability Insurance Company<br><b>NONE</b> |  | 60<br><input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b> |
|               | 61 - Policy Holder Last Name                    |  | 61 - Policy Holder First Name  |
|               | 61 - Policy Holder Company                      |  |  |

**School Bus**

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

**Trailer**

|               |                         |                      |            |                               |                 |
|---------------|-------------------------|----------------------|------------|-------------------------------|-----------------|
| <b>TRL 01</b> | 106 - Power Unit Number | License Plate Number | Plate Type | State                         | Expiration Year |
|               | Trailer Make            |                      | Unit Type  | Vehicle Identification Number |                 |

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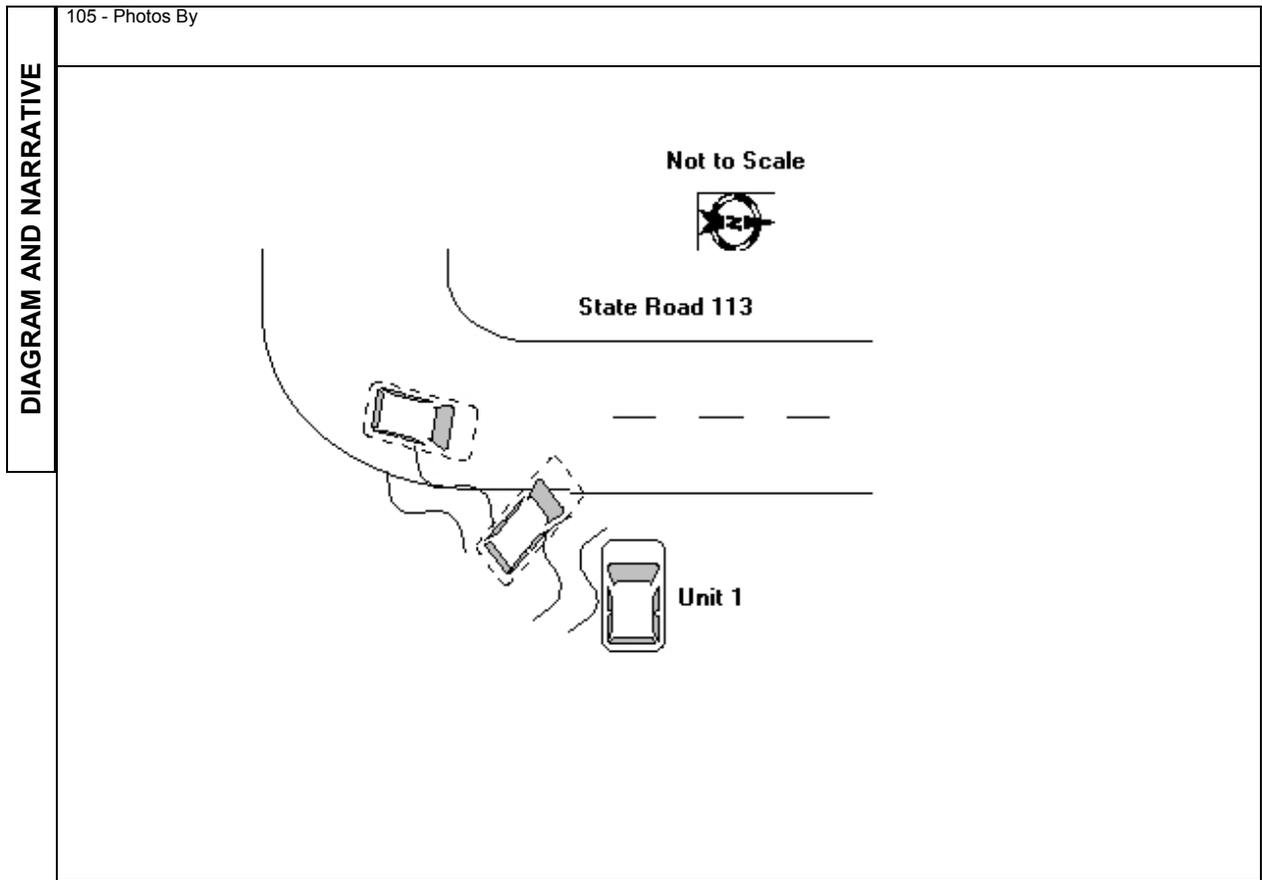
**Property**

|                          |                                     |                               |                 |                          |             |
|--------------------------|-------------------------------------|-------------------------------|-----------------|--------------------------|-------------|
| <b>PROPERTY OWNER 01</b> | Organization Type<br><b>Unknown</b> | 84 - Property Owner Last Name | 84 - First Name | 84 - Middle Initial      | 84 - Suffix |
|                          | 84 - Company Name                   |                               |                 | Government Property Type |             |
|                          | 85 - Address Street & Number        |                               | 85 - PO Box     |                          |             |
|                          | 86 - City                           | 86 - State                    | 86 - Zip Code   | 87 - Telephone Number    |             |
|                          | 83 - Government Damage Tag Number   |                               |                 |                          |             |

**Fixed Objects Struck**

|                                 |   |                    |                    |
|---------------------------------|---|--------------------|--------------------|
| 82 - Striking Unit<br><b>01</b> | 82 - Object Struck<br><b>Embankment</b> | 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**



ON 12-10-16 AT APPROX 1654 I WAS DISPATCHED TO A REPORT OF A MOTOR VEHICLE CRASH WHICH HAD OCCURRED ON STATE ROAD 113 SOUTH OF CTY DL TO THE WEST. I ARRIVED ON SCENE AND LOCATED UNIT 1 OVER AN EMBANKMENT ON THE EAST SIDE OF THE ROADWAY. UNIT 1 WAS TRAVELING NB ON HWY 113 HEADING TOWARDS BARABOO WHEN THE OPERATOR LOST CONTROL GOING AROUND A CURVE ON A DOWNHILL ANGLE. UNIT 1 SLID OFF THE ROADWAY AND OVER AN EMBANKMENT BEFORE COMING TO REST FACING BACK TOWARDS THE ROADWAY. UNIT 1 WAS PULLED BACK ONTO THE ROADWAY BY MIKES TOWING AND THEN WAS DRIVEN FROM THE SCENE BY A VALID DRIVER. UNIT 1 OPERATOR WAS CITED FOR NO INSURANCE, FAILURE TO KEEP VEHICLE UNDER CONTROL AND CRIMINAL OAR DUE TO OWI CONVICTION.

**Officer Information**

|  |                                   |                                  |                                 |
|--|-----------------------------------|----------------------------------|---------------------------------|
| 125 - Officer Last Name<br><b>SCHRAM</b> | 125 - First Name<br><b>STEVEN</b> | 125 - Middle Initial<br><b>M</b> | 131 - Officer ID<br><b>9133</b> |
|--|-----------------------------------|----------------------------------|---------------------------------|

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|                            |   |  |  |   |                                |   |
|----------------------------|---|--|--|---|--------------------------------|---|
| <b>OFFICER INFORMATION</b> | 129 - Law Enforcement Agency No.  |  | 130 - Law Enforcement Agency Name<br><b>SAUK COUNTY SHERIFFS DEPARTMEN</b> |   |                                |   |
|                            | 126 - Law Enforcement Agency Address Street & Number<br><b>1300 LANGE COURT</b> |  |  |   |                                |   |
|                            | 127 - City<br><b>BARABOO</b>  |  | 127 - State<br><b>WI</b>   |   | 127 - Zip Code<br><b>53913</b> |   |
|                            | 128 - Telephone Number<br><b>(608) 356-4895 Ext.</b>                            |  |  |   |                                |   |
|                            | 132 - Date Notified<br><b>12/10/2016</b>  |  | 133 - Time Notified (Military Time)<br><b>1654</b>                         | 134 - Time Arrived (Military Time)<br><b>1713</b> |                                | 135 - Date Of Report<br><b>12/10/2016</b> |
|                            | <b>16-15101</b>   |  | <b>16-15101</b>  |   | 19 - Special Study             |   |
| 18 - Agency Space          |   |  |  |   |                                |   |