

PK2012

POLICE # 16-15116

ACCIDENT # 16-15116

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number GX6KSVW		Document Override Number			
Agency Accident Number 16-15116				Police Number 16-15116							
4 - Accident Date 12/11/2016			5 - Time of Accident (Military Time) 0801			6 - Total Units 01		7 - Total Injured 01		8 - Total Killed 00	
2 - County SAUK - 56			3 - Municipality REEDSBURG - 15, Town					11 - Accident Location Non-Intersection			
14 - On Hwy No.		14 - On Street Name CTH K			14 - Bus/Frnt/Rmp		15 - Est. Distance 632 Ft		15 - Hwy. Dir WEST		
16 - Fr/At Hwy No.		16 - From/At Street Name CROSSCUT DR				16 - Business/Frontage/Ramp					
17 - Structure Type Fire #		17 - Structure Number E5388		12 - Latitude 43.525059195233			13 - Longitude -90.05140072758				
80 - First Harmful Event Culvert					93 - Manner of Collision No Collision with Motor Vehicle in Transport						
112 - Access Control No Control		113 - Road Curvature Straight		113 - Road Terrain Hill		Surface Type Blacktop, Bituminous, or Asphalt - 2					
115 - Traffic Way Not-Physically-Divided-(2-Way Traffic)											
117 - Relation To Roadway Outside-Shoulder-Right											
114 - Light Condition Daylight			116 - Road Surface Condition Snow/Slush			118 - Weather Snow					
9 <input type="checkbox"/> Hit and Run		9 <input type="checkbox"/> Government Property			9 <input type="checkbox"/> Fire		9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed		
9 <input type="checkbox"/> Truck, Bus, or Hazardous Materials			9 <input type="checkbox"/> Load Spillage		9 <input 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		81 - Most Harmful Event: Collision With Culvert			23 - Dir Of Travel WEST		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 WI	31 - Expiration Year 2018		34 - On Duty Accident		
25 - Operator/Pedestrian Last Name COLLINS				25 - First Name STEPHANIE		25 - Middle Initial MARIE		25 - Suffix
32 - Date Of Birth		33 - Sex Female						

OPERATOR/PEDESTRIAN 01	26 - Address Street & Number 122 CENTER ST						26 - PO Box 112	
	27 - City LIME RIDGE			27 - State WI	27 - Zip Code 53942		28 - Telephone Number (608) 495-9418 Ext.	
	39 - Seat Position Front-Seat-Left-Side-(MC/Bike Driver, Train Conductor)				40 - Safety Equipment Shoulder-Belt-And-Lap-Belt-Used			
	38 - Injury Severity B - Non-Incapacitating Injury			41 - Airbag Deployed		42 - Ejected Not-Ejected		44 <input checked="" type="checkbox"/> Medical Transport
	43 - Trapped/Extricated Not-Trapped		92 - Pedestrian Location		92 - Pedestrian Action			
	119 - What Driver Was Doing GOING STRAIGHT			120 - Traffic Control No-Control			62 - No. of Citations Issued 1	
	64 - 1st Statute No. 344.62(1)	64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.
	122 - Driver Factors Speed-Too-Fast-for-Conditions, Failure-to-Have-Control							
	88 - Driver or Pedestrian Cond Appeared Normal			89 - Substance Presence Neither-Alcohol-Nor-Drugs-Present				
	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 Snow,-Ice,-or-Wet

Vehicle

VEHICLE 01	21 - Unit Type Automobile		Vehicle Type Passenger-Car			22 - Total Occupants 1
	56 - License Plate Number 464ZKW		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number 1B4HS38NX2F198050
	50 - Year 2002	51 - Make DODG	52 - Model DURANGO	53 - Body Style UT - SPORT UTILITY	54 - Color MAR	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage Undercarriage, Middle Passenger Side, Front Passenger Side, Front Driver Side					
	95 - Extent Of Damage Moderate		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By STEVES AUTO SERVICE	
	123 - Vehicle Factors Not-Applicable					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name COLLINS		46 - First Name STEPHANIE		46 - Middle Initial MARIE
	46 - Company Name				
	47- Address Street & Number 122 CENTER ST			47 - PO Box 112	
	48 - City LIME RIDGE		48 - State WI	48 - Zip Code 53942	49 - Telephone Number (608) 495-9418 Ext.

Insurance

INS 01	63 - Liability Insurance Company NONE		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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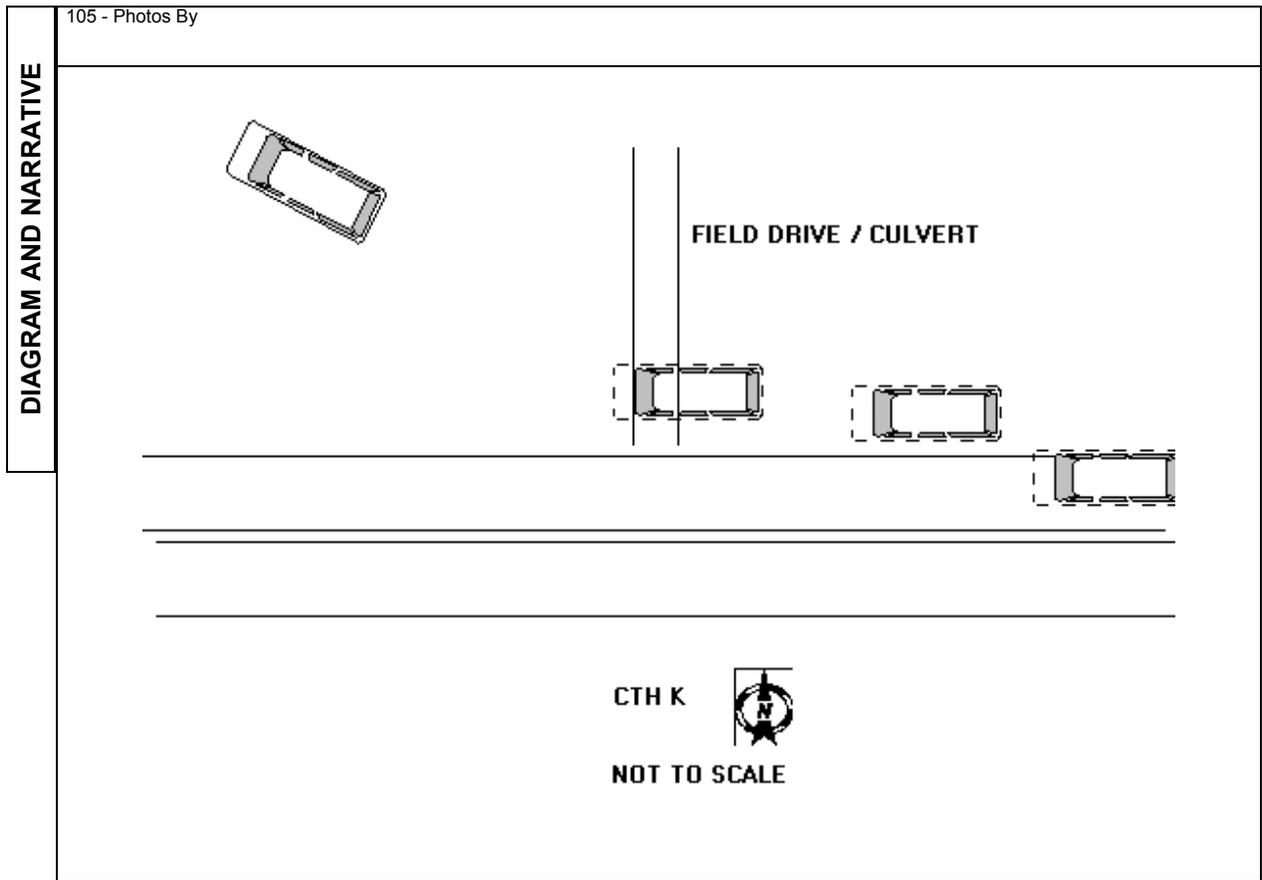
Property

PROPERTY OWNER 01	Organization Type Unknown	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 01	82 - Object Struck Culvert	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 THE DESCRIBED DATE, TIME AND LOCATION, UNIT 1 WAS HEADING WEST BOUND. OPERATOR STATED THAT SHE HIT SOME SLUSH THAT PULLED HER VEHICLE INTO THE DITCH. UNIT 1 CONTINUED WEST BOUND IN THE DITCH, STRUCK A CULVERT WHILE CROSSING OVER A FIELD DRIVE. AIR BAGS DEPLOYED, VEHICLE CONTINUED ON APPROXIMATELY 200' INTO CORN FIELD. OPERATOR CLAIMED INJURIES FROM AIR BAG AND SHOULDER BELT, SORE NECK AND BACK. OPERATOR TRANSPORTED TO REEDSBURG AREA MEDICAL CENTER BY REEDSBURG AMBULANCE. REEDSBURG FIRE DEPT ASSISTED AT SCENE. OPERATOR CITED FOR NO INSURANCE AND WRITTEN WARNING FOR FAILURE TO HAVE CONTROL.

Officer Information

125 - Officer Last Name WEINKE	125 - First Name HAROLD	125 - Middle Initial R	131 - Officer ID 9114
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129 - Law Enforcement Agency No. 130 - Law Enforcement Agency Name

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OFFICER INFORMATION	SAUK COUNTY SHERIFFS DEPARTMEN			
	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 12/11/2016	133 - Time Notified (Military Time) 0802	134 - Time Arrived (Military Time) 0814	135 - Date Of Report 12/11/2016
	16-15116	16-15116	19 - Special Study	
	18 - Agency Space			