

PK2012

POLICE # 16-15100

ACCIDENT # 16-15100

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number GX73CJ6		Document Override Number			
Agency Accident Number 16-15100				Police Number 16-15100							
4 - Accident Date 11/07/2016			5 - Time of Accident (Military Time) 1730			6 - Total Units 01		7 - Total Injured 00		8 - Total Killed	
2 - County SAUK - 56			3 - Municipality WESTFIELD - 20, Town					11 - Accident Location Intersection			
14 - On Hwy No.		14 - On Street Name CTH D			14 - Bus/Frnt/Rmp		15 - Est. Distance		15 - Hwy. Dir		
16 - Fr/At Hwy No.		16 - From/At Street Name CTH W			16 - Business/Frontage/Ramp						
17 - Structure Type		17 - Structure Number		12 - Latitude 43.394796949178			13 - Longitude -89.98372373966				
80 - First Harmful Event Other Non-collision					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-Left											
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 Ditch			23 - Dir Of Travel SOUTH		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 2021		34 - On Duty Accident			
25 - Operator/Pedestrian Last Name HAINSTOCK				25 - First Name BOBBI			25 - Middle Initial J		25 - Suffix	
32 - Date Of Birth		33 - Sex Female								

OPERATOR/PEDESTRIAN 01	26 - Address Street & Number S10363 CTH C						26 - PO Box				
	27 - City SAUK CITY			27 - State WI		27 - Zip Code 53583		28 - Telephone Number (608) 445-1645 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 N - No Apparent Injury			41 - Airbag Non-Deployed		42 - Ejected Not-Ejected			44 <input type="checkbox"/> Medical Transport		
	43 - Trapped/Extricated Not-Trapped		92 - Pedestrian Location			92 - Pedestrian Action					
	119 - What Driver Was Doing RIGHT TURN				120 - Traffic Control No-Control			62 - No. of Citations Issued 0			
	64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.		
	122 - Driver Factors Not-Applicable										
	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 978LKF		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number 2CNDL73FX76113890
	50 - Year 2007	51 - Make CHEV	52 - Model EQUINOX LT	53 - Body Style UT - SPORT UTILITY	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage Front Passenger Side, Middle Passenger Side					
	95 - Extent Of Damage Moderate		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By SHIELDS TOWING	
	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 HAINSTOCK		46 - First Name BOBBI	46 - Middle Initial J	46 - Suffix	Date Of Birth
	46 - Company Name					
	47- Address Street & Number S10363 CTH C			47 - PO Box		
	48 - City SAUK CITY		48 - State WI	48 - Zip Code 53583	49 - Telephone Number (608) 445-1645 Ext.	

Insurance

INS 01	63 - Liability Insurance Company ESURANCE-INSURANCE-COMPANY		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name HAINSTOCK		61 - Policy Holder First Name BOBBI
	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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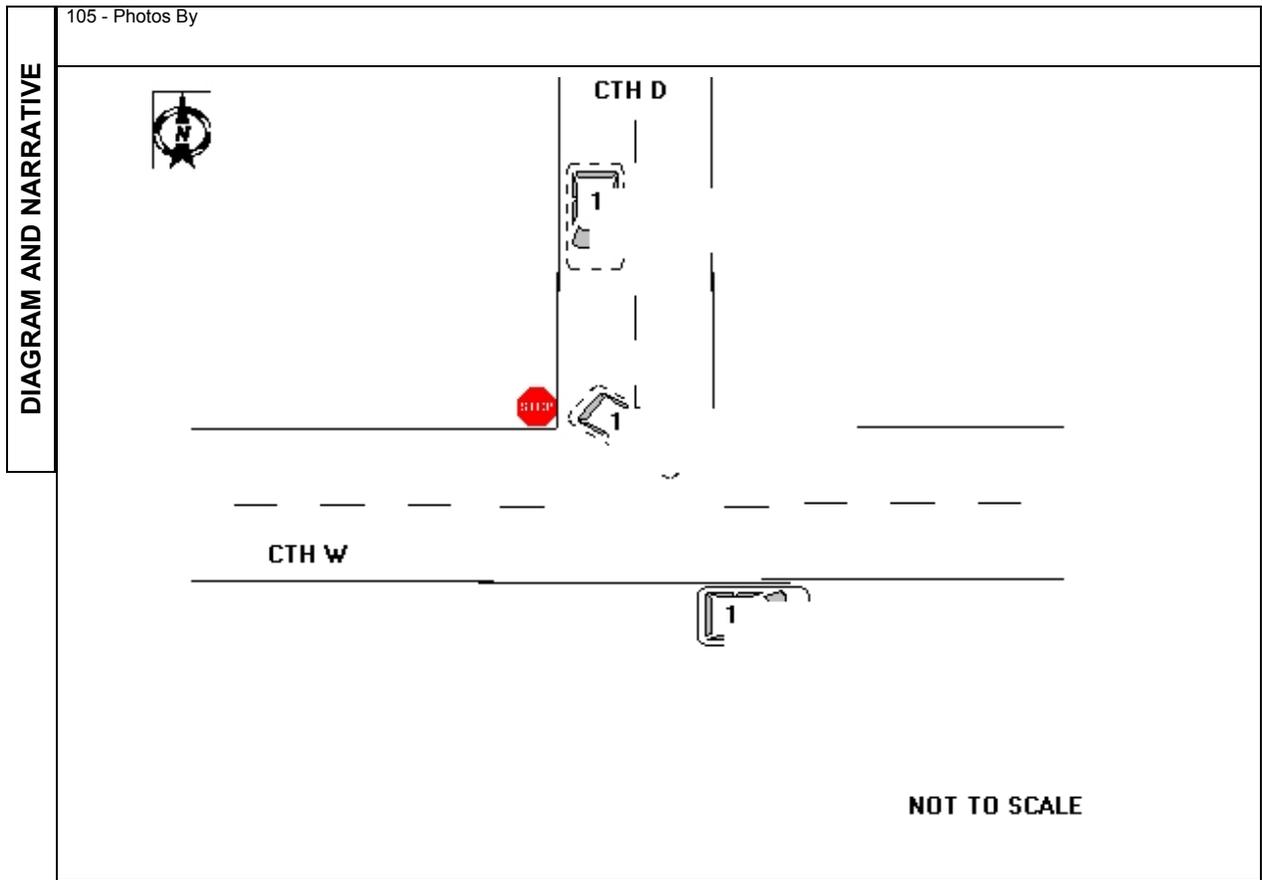
Property

PROPERTY OWNER 01	Organization Type	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	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	82 - Striking Unit	82 - Object Struck

Diagram and Narrative



UNIT 1 WAS SOUTHBOUND. WHILE APPROACHING THE INTERSECTION SHE WAS UNABLE TO STOP DUE TO ICE ON THE ROADWAY. UNIT 1 WENT THROUGH THE INTERSECTION LEFT THE ROADWAY AND ENTERED THE DITCH ON THE SOUTH SIDE OF CTH W. THE OPERATOR WAS IDENTIFIED USING A VALID WI DL.

Officer Information

125 - Officer Last Name PARKHURST	125 - First Name SCOTT	125 - Middle Initial	131 - Officer ID 9116
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 12/10/2016	133 - Time Notified (Military Time) 1627	134 - Time Arrived (Military Time) 1631	135 - Date Of Report 12/10/2016
16-15100	16-15100	19 - Special Study	
18 - Agency Space			