

PK2012

POLICE # 16-15118

ACCIDENT # 16-15118

<input checked="" type="checkbox"/> <b>Reportable Accident</b>		<input type="checkbox"/> <b>On Emergency</b>		<input type="checkbox"/> <b>Amended</b>		DOT Document Number <b>GX76BF0</b>		Document Override Number	
Agency Accident Number <b>16-15118</b>				Police Number <b>16-15118</b>					
4 - Accident Date <b>12/11/2016</b>		5 - Time of Accident (Military Time) <b>0827</b>		6 - Total Units <b>02</b>		7 - Total Injured <b>01</b>		8 - Total Killed <b>00</b>	
2 - County <b>SAUK - 56</b>		3 - Municipality <b>DELTON - 04, Town</b>				11 - Accident Location <b>Non-Intersection</b>			
14 - On Hwy No.	14 - On Street Name <b>CTH BD</b>			14 - Bus/Frnt/Rmp		15 - Est. Distance <b>309 Ft</b>		15 - Hwy. Dir <b>NORTH</b>	
16 - Fr/At Hwy No.	16 - From/At Street Name <b>PIT RD</b>			16 - Business/Frontage/Ramp					
17 - Structure Type	17 - Structure Number		12 - Latitude <b>43.514489198615</b>			13 - Longitude <b>-89.77803747000</b>			
80 - First Harmful Event <b>Motor Vehicle In Transport</b>				93 - Manner of Collision <b>Rear-end</b>					
112 - Access Control <b>No Control</b>		113 - Road Curvature <b>Straight</b>		113 - Road Terrain <b>Level/Flat</b>		Surface Type <b>Blacktop, Bituminous, or Asphalt - 2</b>			
115 - Traffic Way <b>Not-Physically-Divided-(2-Way Traffic)</b>									
117 - Relation To Roadway <b>On-Roadway</b>									
114 - Light Condition <b>Daylight</b>			116 - Road Surface Condition <b>Snow/Slush</b>			118 - Weather <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 checked="" 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 checked="" type="checkbox"/> <b>Names Exchanged</b>		
101 <input checked="" type="checkbox"/> <b>Supplemental Reports</b>		102 <input checked="" 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 <b>Motor Vehicle In Transport</b>		23 - Dir Of Travel <b>NORTH</b>		24 - Speed Limit <b>55</b>	
36 - Operating as Classified <b>D CLASS</b>		37 - Endorsements		35 <input type="checkbox"/> <b>Operating Commercial Motor Vehicle</b>			
29 - Driver's License Number			30 - State <b>WI</b>	31 - Expiration Year <b>2019</b>	34 - On Duty Accident		
25 - Operator/Pedestrian Last Name <b>KENNEDY</b>			25 - First Name <b>DESTINY</b>		25 - Middle Initial <b>MARIE</b>	25 - Suffix	
32 - Date Of Birth		33 - Sex <b>Female</b>					

<b>OPERATOR/PEDESTRIAN 01</b>	26 - Address Street & Number <b>809 CITY VIEW DR # 31</b>						26 - PO Box	
	27 - City <b>REEDSBURG</b>			27 - State <b>WI</b>	27 - Zip Code <b>53959</b>		28 - Telephone Number <b>(608) 415-3969 Ext.</b>	
	39 - Seat Position <b>Front-Seat-Left-Side-(MC/Bike Driver, Train Conductor)</b>				40 - Safety Equipment <b>Shoulder-Belt-And-Lap-Belt-Used</b>			
	38 - Injury Severity <b>B - Non-Incapacitating Injury</b>		41 - Airbag <b>Non-Deployed</b>		42 - Ejected <b>Not-Ejected</b>		44 <input type="checkbox"/> <b>Medical Transport</b>	
	43 - Trapped/Extricated <b>Not-Trapped</b>		92 - Pedestrian Location		92 - Pedestrian Action			
	119 - What Driver Was Doing <b>STOP IN TRAFFIC</b>			120 - Traffic Control <b>No-Control</b>			62 - No. of Citations Issued <b>0</b>	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.	
	122 - Driver Factors <b>Not-Applicable</b>							
	88 - Driver or Pedestrian Cond <b>Appeared Normal</b>			89 - Substance Presence <b>Neither-Alcohol-Nor-Drugs-Present</b>				
	90 - Alcohol Test <b>Test Not Given</b>			90 - Alcohol Content			91 - Drug Test <b>Test Not Given</b>	
91 - Drugs Reported								

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124 - Highway Factors <b>Snow,-Ice,-or-Wet</b>
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**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>Automobile</b>		Vehicle Type <b>Passenger-Car</b>			22 - Total Occupants <b>01</b>
	56 - License Plate Number <b>239YPA</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2017</b>	55 - Vehicle Identification Number <b>1GNDX06E1VD155275</b>
	50 - Year <b>1997</b>	51 - Make <b>CHEV</b>	52 - Model <b>VENTURE</b>	53 - Body Style <b>VN - VAN</b>	54 - Color <b>TEA</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>Rear Passenger Side, Rear</b>					
	95 - Extent Of Damage <b>Moderate</b>		96 <input checked="" type="checkbox"/> <b>Vehicle Towed Due To Damage</b>		97 - Vehicle Removed By <b>INTERSTATE BP</b>	
	123 - Vehicle Factors <b>Not-Applicable</b>					

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input type="checkbox"/> <b>Vehicle Owner Same As Operator</b>					
	46 - Vehicle Owner Last Name <b>FRENCH-GEORGESON</b>		46 - First Name <b>JESSICA</b>	46 - Middle Initial <b>M</b>	46 - Suffix	Date Of Birth
	46 - Company Name					
	47 - Address Street & Number <b>809 CITY VIEW DR # 31</b>			47 - PO Box		
	48 - City <b>REEDSBURG</b>		48 - State <b>WI</b>	48 - Zip Code <b>53959</b>	49 - Telephone Number <b>(608) 415-3969 Ext.</b>	

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>
	61 - Policy Holder Last Name <b>FRENCH-GEORGESON</b>		61 - Policy Holder First Name <b>JESSICA</b>
	61 - Policy Holder Company		

**School Bus**

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

**Operator/Pedestrian**

<b>02</b>	Unit Status		81 - Most Harmful Event: Collision With <b>Motor Vehicle In Transport</b>		23 - Dir Of Travel <b>NORTH</b>	24 - Speed Limit <b>55</b>	
	36 - Operating as Classified <b>D CLASS</b>		37 - Endorsements		35 <input type="checkbox"/> <b>Operating Commercial Motor Vehicle</b>		
	29 - Driver's License Number		30 - State <b>WI</b>	31 - Expiration Year <b>2007</b>	34 - On Duty Accident		
	25 - Operator/Pedestrian Last Name <b>FUNMAKER</b>		25 - First Name <b>KYLE</b>		25 - Middle Initial <b>JAMES</b>	25 - Suffix	
	32 - Date Of Birth		33 - Sex <b>Male</b>				
	26 - Address Street & Number <b>140A E DURKEE ST</b>				26 - PO Box		
	27 - City <b>LAKE DELTON</b>		27 - State <b>WI</b>	27 - Zip Code <b>53940</b>	28 - Telephone Number <b>(608) 432-9550 Ext.</b>		

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<b>OPERATOR/PEDESTRIAN</b>	39 - Seat Position <b>Front-Seat-Left-Side-(MC/Bike Driver, Train Conductor)</b>			40 - Safety Equipment <b>Shoulder-Belt-And-Lap-Belt-Used</b>		
	38 - Injury Severity <b>N - No Apparent Injury</b>		41 - Airbag <b>Non-Deployed</b>	42 - Ejected <b>Not-Ejected</b>	44 <input type="checkbox"/> <b>Medical Transport</b>	
	43 - Trapped/Extricated <b>Not-Trapped</b>	92 - Pedestrian Location	92 - Pedestrian Action			
	119 - What Driver Was Doing <b>GOING STRAIGHT</b>		120 - Traffic Control <b>No-Control</b>		62 - No. of Citations Issued <b>3</b>	
	64 - 1st Statute No. <b>343.44(1)(B)</b>	64 - 2nd Statute No. <b>344.62(1)</b>	64 - 3rd Statute No. <b>346.57(3)</b>	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors <b>Speed-Too-Fast-for-Conditions, Failure-to-Have-Control</b>					
	88 - Driver or Pedestrian Cond <b>Appeared Normal</b>		89 - Substance Presence <b>Neither-Alcohol-Nor-Drugs-Present</b>			
	90 - Alcohol Test <b>Test Not Given</b>		90 - Alcohol Content		91 - Drug Test <b>Test Not Given</b>	
	91 - Drugs Reported					
	124 - Highway Factors <b>Snow,-Ice,-or-Wet</b>					

**Vehicle**

<b>VEHICLE 02</b>	21 - Unit Type <b>Automobile</b>			Vehicle Type <b>Passenger-Car</b>		22 - Total Occupants <b>01</b>
	56 - License Plate Number <b>538ZLS</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2017</b>	55 - Vehicle Identification Number <b>1D8GP24R57B140091</b>
	50 - Year <b>2007</b>	51 - Make <b>DODG</b>	52 - Model <b>GRAND CARA</b>	53 - Body Style <b>VN - VAN</b>	54 - Color <b>WHI</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>Front, Front Driver Side</b>					
	95 - Extent Of Damage <b>Moderate</b>		96 <input checked="" type="checkbox"/> <b>Vehicle Towed Due To Damage</b>		97 - Vehicle Removed By <b>BILLS TOWING</b>	
	123 - Vehicle Factors <b>Not-Applicable</b>					

**Vehicle Owner**

<b>VEH OWNER 02</b>	45 <input type="checkbox"/> <b>Vehicle Owner Same As Operator</b>					
	46 - Vehicle Owner Last Name <b>WHITE EAGLE</b>		46 - First Name <b>JESSE</b>	46 - Middle Initial <b>T</b>	46 - Suffix	Date Of Birth
	46 - Company Name					
	47 - Address Street & Number <b>E8892 WINNESHIEK DR #3</b>			47 - PO Box		
	48 - City <b>WISCONSIN DELLS</b>		48 - State <b>WI</b>	48 - Zip Code <b>53965</b>	49 - Telephone Number <b>(608) 253-3843 Ext.</b>	

**Insurance**

<b>02</b>	63 - Liability Insurance Company <b>NONE</b>			60 <input type="checkbox"/> <b>Policy Holder Same As Owner</b>	
	61 - Policy Holder Last Name		61 - Policy Holder First Name		

61 - Policy Holder Company

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<b>INS</b>	

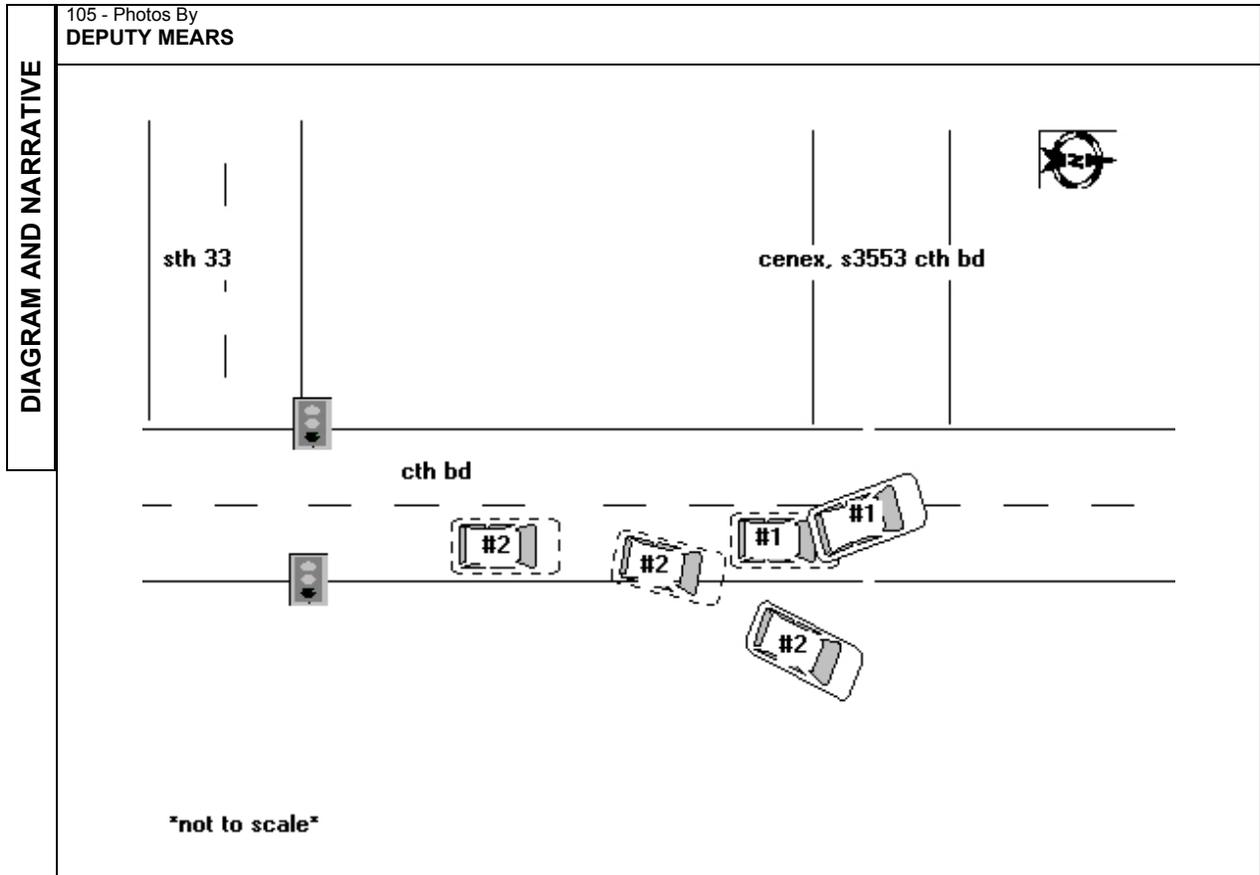
**School Bus**

<b>BUS 02</b>	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	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	

**Diagram and Narrative**



UNIT #1 WAS STOPPED FACING NORTHBOUND, WAITING TO TURN LEFT INTO THE DRIVEWAY AT S3553 CTH BD, WITH THE LEFT TURN SIGNAL ACTIVATED. OPERATOR OF UNIT #2 WAS NORTHBOUND ON USH 12. UNIT #2 OPERATOR TRIED TO SLOW DOWN TO AVOID HITTING UNIT #1. UNIT #2 OPERATOR ALSO STEERED THE UNIT TO THE RIGHT TO TRY TO AVOID UNIT #1, BUT STRUCK UNIT #1 ON RIGHT REAR CORNER WITH THE FRONT LEFT CORNER OF HIS UNIT. UNIT # 2 WENT DOWN INTO RIGHT SIDE DITCH ABOUT 10 FEET AND CAME TO REST FACING NORTHEAST. UNIT #1, WAS PUSHED OVER INTO SOUTHBOUND LANE. UNIT #1 WAS MOVED OFF OF THE ROADWAY FOR SAFETY PRIOR TO MY ARRIVAL. THE ROAD WAS SNOW COVERED AND SLIPPERY. BARABOO AMBULANCE RESPONDED TO CHECK ON A POSSIBLE INJURY FOR UNIT #1 OPERATOR. SHE DECLINED TRANSPORT. UNIT #2 OPERATOR REPORTED NO INJURY. BOTH UNITS WERE REMOVED BY BILLS TOWING. UNIT #2 OPERATOR WAS CITED FOR TOOFAST FOR CONDITIONS, OAR AND NO INSURANCE.

**Witness**

<b>01</b>	107 - Witness Last Name <b>BONHAM</b>	107 - First Name <b>ROBERT</b>	107 - Middle Initial <b>O</b>

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<b>WITNESS</b>	108 - Address Street & Number <b>E11250 STH 159</b>		108 - PO Box		109 - Date of Birth <b>1/18/1965 12:00:00 A</b>	
	110 - City <b>BARABOO</b>		State <b>WI</b>	110 - Zip Code <b>53913</b>		111 - Telephone Number <b>(608) 393-5832 Ext.</b>

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>MEARS</b>		125 - First Name <b>BILLIE</b>		125 - Middle Initial <b>A</b>		131 - Officer ID <b>9165</b>		
	129 - Law Enforcement Agency No.		130 - Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPARTMEN</b>						
	126 - Law Enforcement Agency Address Street & Number <b>1300 LANGE COURT</b>								
	127 - City <b>BARABOO</b>			127 - State <b>WI</b>		127 - Zip Code <b>53913</b>		128 - Telephone Number <b>(608) 356-4895 Ext.</b>	
	132 - Date Notified <b>12/11/2016</b>		133 - Time Notified (Military Time) <b>0827</b>		134 - Time Arrived (Military Time) <b>0847</b>		135 - Date Of Report <b>12/11/2016</b>		
	<b>16-15118</b>		<b>16-15118</b>		19 - Special Study				
	18 - Agency Space								