

PK2012

POLICE # 16-15143

ACCIDENT # 16-15143

| | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|------------------------------|-------------------------------|--|
| <input type="checkbox"/> Reportable Accident | | <input type="checkbox"/> On Emergency | | <input type="checkbox"/> Amended | | DOT Document Number GX74TZR | | Document Override Number | | | |
| Agency Accident Number 16-15143 | | | | Police Number 16-15143 | | | | | | | |
| 4 - Accident Date 12/12/2016 | | | 5 - Time of Accident (Military Time) 0030 | | | 6 - Total Units 01 | | 7 - Total Injured 00 | | 8 - Total Killed 00 | |
| 2 - County SAUK - 56 | | | 3 - Municipality GREENFIELD - 09, Town | | | | 11 - Accident Location Non-Intersection | | | | |
| 14 - On Hwy No. | | 14 - On Street Name CTH W | | | 14 - Bus/Frnt/Rmp | | 15 - Est. Distance 65 Ft | | 15 - Hwy. Dir EAST | | |
| 16 - Fr/At Hwy No. | | 16 - From/At Street Name KONKEL MILL RD | | | 16 - Business/Frontage/Ramp | | | | | | |
| 17 - Structure Type | | 17 - Structure Number | | 12 - Latitude 43.478086948237 | | | 13 - Longitude -89.61040419114 | | | | |
| 80 - First Harmful Event Ditch | | | | 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 Blacktop, Bituminous, or Asphalt - 2 | | | | | |
| 115 - Traffic Way Not-Physically-Divided-(2-Way Traffic) | | | | | | | | | | | |
| 117 - Relation To Roadway Outside-Shoulder-Right | | | | | | | | | | | |
| 114 - Light Condition Dark-Not-Lighted | | | 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 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 BERNA | | | | 25 - First Name WENDY | | | 25 - Middle Initial A | | 25 - Suffix | |
| 32 - Date Of Birth | | 33 - Sex Female | | | | | | | | |

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|-------------------------------|---|--|--------------------------|---|----------------------|---|----------------------|---|---|--|--|
| OPERATOR/PEDESTRIAN 01 | 26 - Address Street & Number N5740 SKY HIGH DRIVE LOT 151 | | | | | | 26 - PO Box | | | | |
| | 27 - City PORTAGE | | | 27 - State WI | | 27 - Zip Code 53901 | | 28 - Telephone Number (608) 477-2456 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 GOING STRAIGHT | | | 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 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 |
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Vehicle

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|-------------------|--|--------------------------|---|--|--|--|
| VEHICLE 01 | 21 - Unit Type Automobile | | Vehicle Type Passenger-Car | | | 22 - Total Occupants 2 |
| | 56 - License Plate Number 907ZEV | | 57 - Plate Type AUT | 58 - State WI | 59 - Exp Year 2017 | 55 - Vehicle Identification Number 1J4GW48N9YC214056 |
| | 50 - Year 2000 | 51 - Make JEEP | 52 - Model GRAND CHER | 53 - Body Style UT - SPORT UTILITY | 54 - Color GRY | 100 - Skidmarks to Impact (Ft) |
| | 94 - Vehicle Damage None | | | | | |
| | 95 - Extent Of Damage None | | 96 <input type="checkbox"/> Vehicle Towed Due To Damage | | 97 - Vehicle Removed By MIKES TOWING | |
| | 123 - Vehicle Factors Not-Applicable | | | | | |

Vehicle Owner

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|---------------------|---|--|---------------------------------|-------------------------------|---|
| VEH OWNER 01 | 45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator | | | | |
| | 46 - Vehicle Owner Last Name BERNA | | 46 - First Name WENDY | | 46 - Middle Initial A |
| | 46 - Company Name | | | | |
| | 47 - Address Street & Number N5740 SKY HIGH DRIVE LOT 151 | | | 47 - PO Box | |
| | 48 - City PORTAGE | | 48 - State WI | 48 - Zip Code 53901 | 49 - Telephone Number (608) 477-2456 Ext. |

Insurance

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

School Bus

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

Occupant

| | | | | | |
|--------------------|---|--|-------------------------|---|------------------------------------|
| OCCUPANT 01 | <input type="checkbox"/> Address Same As Operator | | | | |
| | 65 - Unit No 01 | 66 - Occupant Last Name KINGSLEY | | 66 - First Name CASEY | 66 - Middle Initial ALAN |
| | 68 - Address Street & Number N5740 SKY HIGH DRIVE LOT 151 | | | 68 - PO Box | |
| | 68 - City PORTAGE | | 68 - State WI | 68 - Zip Code 53901 | |
| | 67 - Date of Birth | | | 69 - Sex M | |
| | 71 - Seat Position Front-Seat-Right-Side-(Train Engineer) | | | 72 - Safety Equipment Shoulder-Belt-And-Lap-Belt-Used | |
| | 70 - Injury Severity | | 73 - Airbag | 75 - Ejected | |

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N - No Apparent Injury **Non-Deployed** **Not-Ejected** **Medical Transport**

| | |
|---|-------------------|
| 76 - Trapped/Extricated Not-Trapped | 78 - Agency Space |
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Trailer

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

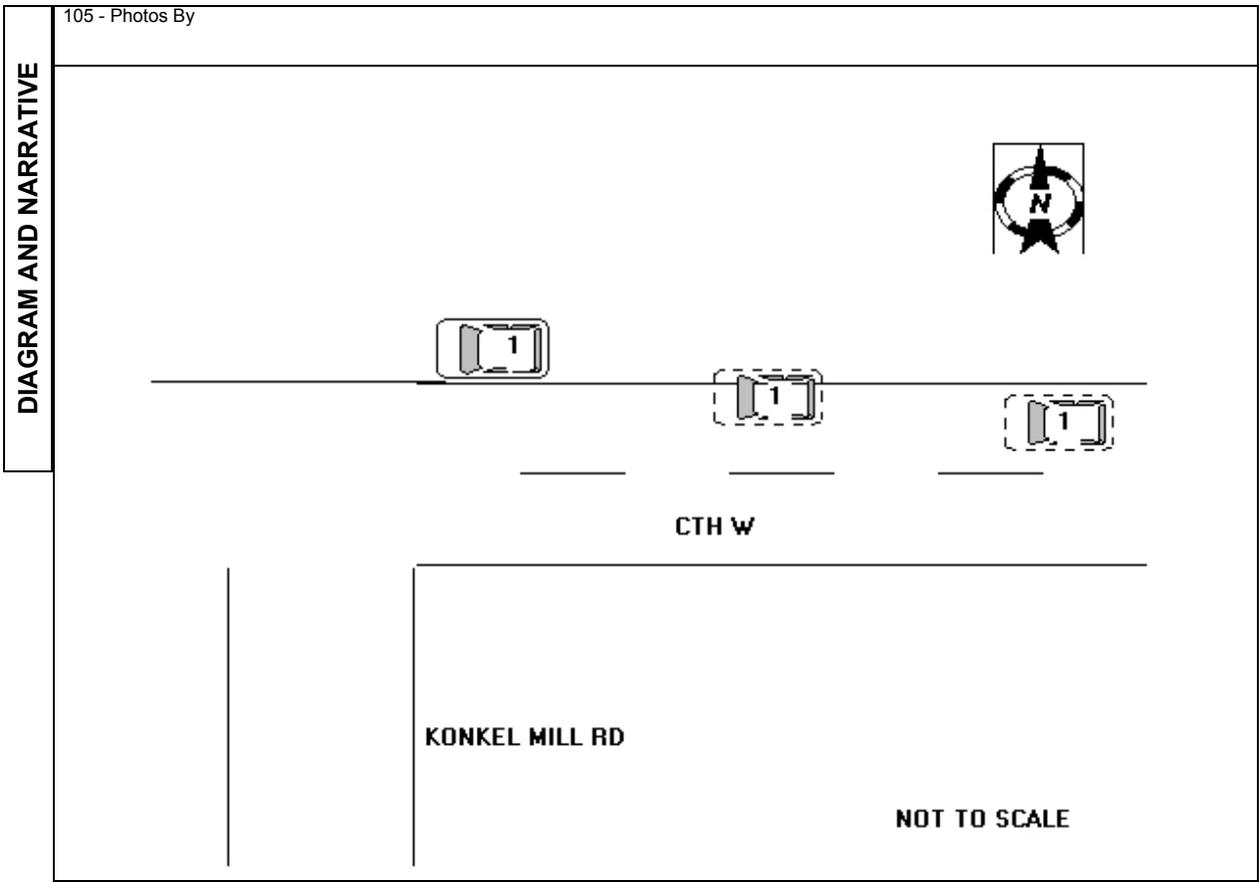
Property

| | | | | | |
|--------------------------|-------------------------------------|-------------------------------|-----------------|--------------------------|-------------|
| 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

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|---------------------------------|------------------------------------|--------------------|--------------------|
| 82 - Striking Unit 01 | 82 - Object Struck Ditch | 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 TRAVELING WEST ON CTH W AND LOST CONTROL. UNIT 1 ENTERED THE NORTH DITCH AND BECAME STUCK. DRIVER AND PASSENGER LEFT THE AREA DUE TO INCLIMATE WEATHER AND REMOTE LOCATION AND WHEN HOME. COLUMBIA COUNTY DEPUTY MADE CONTACT WITH BOTH PARTIES AND FORWARDED ME THEIR INFORMATION.

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Officer Information

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| 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 | | |
| | 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 12/12/2016 | 133 - Time Notified (Military Time) 0802 | 134 - Time Arrived (Military Time) 0815 | 135 - Date Of Report 12/15/2016 |
| | 16-15143 | 16-15143 | 19 - Special Study | |
| | 18 - Agency Space | | | |