

PK2012

POLICE # 16-15196

ACCIDENT # 16-15196

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number GX6T73S		Document Override Number			
Agency Accident Number 16-15196				Police Number 16-15196							
4 - Accident Date 12/13/2016			5 - Time of Accident (Military Time) 1807			6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County SAUK - 56			3 - Municipality FRANKLIN - 07, Town					11 - Accident Location Intersection			
14 - On Hwy No.		14 - On Street Name CTH N				14 - Bus/Frnt/Rmp		15 - Est. Distance		15 - Hwy. Dir	
16 - Fr/At Hwy No.		16 - From/At Street Name RIM LN				16 - Business/Frontage/Ramp					
17 - Structure Type		17 - Structure Number		12 - Latitude 43.294104945534			13 - Longitude -90.06411199833				
80 - First Harmful Event Culvert					93 - Manner of Collision No Collision with Motor Vehicle in Transport						
112 - Access Control No Control		113 - Road Curvature Curve		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 On-Roadway											
114 - Light Condition Dark-Not-Lighted			116 - Road Surface Condition Snow/Slush			118 - Weather Clear					
9 <input type="checkbox"/> Hit and Run		9 <input checked="" 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 EAST		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 2023		34 - On Duty Accident		
25 - Operator/Pedestrian Last Name TOPP				25 - First Name MARANDA			25 - Middle Initial ROSE		25 - Suffix
32 - Date Of Birth		33 - Sex Female							

OPERATOR/PEDESTRIAN 01	26 - Address Street & Number 33578 GROVE ST						26 - PO Box			
	27 - City LONE ROCK			27 - State WI	27 - Zip Code 53556		28 - Telephone Number (608) 495-9348 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 NEGOTIATING CURV			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 Speed-Too-Fast-for-Conditions									
	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 3
	56 - License Plate Number N3426J		57 - Plate Type TMP	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number YV1VS2557YF523888
	50 - Year 2000	51 - Make VOLV	52 - Model S40	53 - Body Style 4D - 4DR	54 - Color BLU	100 - Skidmarks to Impact (Ft) 100
	94 - Vehicle Damage None					
	95 - Extent Of Damage None		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By GEORGES AUTO BODY	
	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 TOPP		46 - First Name MARANDA		46 - Middle Initial ROSE
	46 - Company Name				
	47- Address Street & Number 33578 GROVE ST			47 - PO Box	
	48 - City LONE ROCK		48 - State WI	48 - Zip Code 53556	49 - Telephone Number (608) 495-9348 Ext.

Insurance

INS 01	63 - Liability Insurance Company USAA-GENERAL-INDEMNITY-CO			60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name TOPP		61 - Policy Holder First Name MARANDA	
	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			

Occupant

OCCUPANT 01	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name TICE		66 - First Name MATTHEW	66 - Middle Initial D
	68 - Address Street & Number 33578 GROVE ST			68 - PO Box	
	68 - City LONE ROCK		68 - State WI	68 - Zip Code 53556	
	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	<input type="checkbox"/> Medical Transport
76 - Trapped/Extricated Not-Trapped	78 - Agency Space 16-15196		

Occupant

OCCUPANT 02	<input type="checkbox"/> Address Same As Operator			
	65 - Unit No 01	66 - Occupant Last Name ASHBURNER	66 - First Name HUNTER	66 - Middle Initial J
	68 - Address Street & Number 33578 GROVE ST		68 - PO Box	
	68 - City LONE ROCK		68 - State WI	68 - Zip Code 53556
	67 - Date of Birth		69 - Sex M	
	71 - Seat Position Second-Seat-Middle		72 - Safety Equipment Child-Safety-Seat-Used	
	70 - Injury Severity N - No Apparent Injury		73 - Airbag Not applicable	75 - Ejected Not-Ejected
	76 - Trapped/Extricated Not-Trapped		77 <input type="checkbox"/> Medical Transport	
78 - Agency Space 16-15196				

Trailer

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

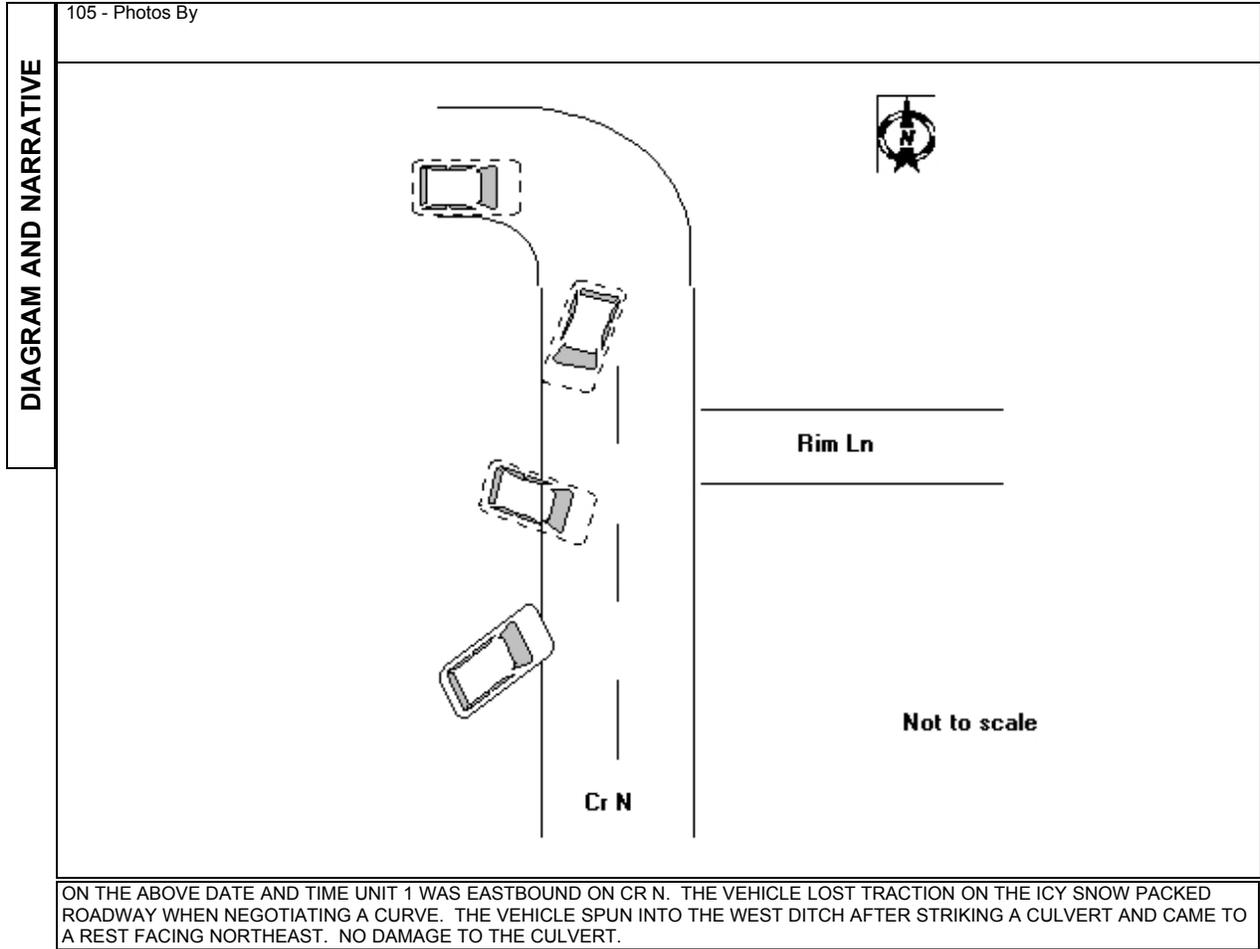
Property

PROPERTY OWNER 01	Organization Type Government	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
	84 - Company Name TOWNSHIP OF FRANKLIN			Government Property Type County/Municipal	
	85 - Address Street & Number E5114 CTH B		85 - PO Box		
	86 - City PLAIN	86 - State WI	86 - Zip Code 53577	87 - Telephone Number (608) 546-5712 Ext.	
	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



Officer Information

OFFICER INFORMATION	125 - Officer Last Name FRANK		125 - First Name C	125 - Middle Initial M	131 - Officer ID 9198	
	129 - Law Enforcement Agency No.		130 - Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN			
	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 12/13/2016		133 - Time Notified (Military Time) 1815	134 - Time Arrived (Military Time) 1817		135 - Date Of Report 12/13/2016
	16-15196		16-15196		19 - Special Study	
	18 - Agency Space					