

PK2012

POLICE # 16-15203

ACCIDENT # 16-15203

<input type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number GX7B1J4		Document Override Number			
Agency Accident Number 16-15203				Police Number 16-15203							
4 - Accident Date 12/13/2016			5 - Time of Accident (Military Time) 2325			6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County SAUK - 56			3 - Municipality DELTON - 04, Town				11 - Accident Location Non-Intersection				
14 - On Hwy No.		14 - On Street Name ISHNALA RD			14 - Bus/Frnt/Rmp		15 - Est. Distance 189 Ft		15 - Hwy. Dir NORTH		
16 - Fr/At Hwy No.		16 - From/At Street Name GASSER RD			16 - Business/Frontage/Ramp						
17 - Structure Type		17 - Structure Number		12 - Latitude 43.576273555229			13 - Longitude -89.79735114694				
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 On-Roadway											
114 - Light Condition Dark-Lighted			116 - Road Surface Condition Ice			118 - Weather Clear					
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 35		
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 2022		34 - On Duty Accident			
25 - Operator/Pedestrian Last Name HENRY				25 - First Name MARLENE			25 - Middle Initial LOUISE		25 - Suffix
32 - Date Of Birth		33 - Sex Female							

OPERATOR/PEDESTRIAN 01	26 - Address Street & Number 516 CAPITAL ST						26 - PO Box				
	27 - City WISCONSIN DELLS			27 - State WI	27 - Zip Code 53965		28 - Telephone Number (608) 432-2949 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 Speed-Too-Fast-for-Conditions										
	88 - Driver or Pedestrian Cond Appeared Normal			89 - Substance Presence Unknown							
	90 - Alcohol Test Test Not Given			90 - Alcohol Content			91 - Drug Test Test Not Given				
91 - Drugs Reported											

PK2012

124 - Highway Factors Snow,-Ice,-or-Wet

Vehicle

VEHICLE 01	21 - Unit Type Automobile		Vehicle Type Passenger-Car			22 - Total Occupants 2
	56 - License Plate Number 120PER		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number JTDBT923571034113
	50 - Year 2007	51 - Make TOYT	52 - Model YARIS	53 - Body Style 4D - 4DR	54 - Color GRN	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 OPERATOR	
	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 HENRY		46 - First Name MARLENE		46 - Middle Initial LOUISE
	46 - Company Name				
	47- Address Street & Number 516 CAPITAL ST			47 - PO Box	
	48 - City WISCONSIN DELLS		48 - State WI	48 - Zip Code 53965	49 - Telephone Number (608) 432-2949 Ext.

Insurance

INS 01	63 - Liability Insurance Company STATE-FARM		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name HENRY		61 - Policy Holder First Name MARLENE		
	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 SOWLS		66 - First Name ROBERT	66 - Middle Initial WILLIAM
	68 - Address Street & Number 516 CAPITAL ST			68 - PO Box	
	68 - City WISCONSIN DELLS		68 - State WI	68 - Zip Code 53965	
	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	

PK2012

N - No Apparent Injury	Non-Deployed	Not-Applicable	<input type="checkbox"/> Medical Transport
76 - Trapped/Extricated Not-Applicable	78 - Agency Space		

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 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 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

DIAGRAM AND NARRATIVE	105 - Photos By
	<p>SLIDE OFF</p>

U1 WAS SOUTH ON ISHNALA RD. HIT A SLICK SPOT ON THE ICY ROADWAY, AND SLID INTO THE WEST SIDE DITCH. VEHICLE PULLED OUT BY PLATTS AND REMOVED BY OPERATOR. NO DAMAGE. NEGATIVE IMPAIRMENT ISSUES. WARNING ISSUED.

PK2012

Officer Information

OFFICER INFORMATION	125 - Officer Last Name LUBER		125 - First Name BRAD	125 - Middle Initial T	131 - Officer ID 9129
	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 12/13/2016	133 - Time Notified (Military Time) 2325	134 - Time Arrived (Military Time) 2331	135 - Date Of Report 12/13/2016	
	16-15203	16-15203	19 - Special Study		
	18 - Agency Space				