

PK2012

POLICE # 16-15222

ACCIDENT # 16-15222

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number GX6RQNK		Document Override Number	
Agency Accident Number 16-15222				Police Number 16-15222					
4 - Accident Date 12/14/2016		5 - Time of Accident (Military Time) 1154		6 - Total Units 02		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. 033	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Distance 467 Ft		15 - Hwy. Dir WEST	
16 - Fr/At Hwy No.	16 - From/At Street Name JOHNSON RD			16 - Business/Frontage/Ramp					
17 - Structure Type	17 - Structure Number		12 - Latitude 43.474283722538			13 - Longitude -89.67237712308			
80 - First Harmful Event Motor Vehicle In Transport				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 Daylight			116 - Road Surface Condition Dry			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 checked="" type="checkbox"/> Trailer or Towed			
9 <input checked="" 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 Other Non-collision		23 - Dir Of Travel WEST		24 - Speed Limit 55	
36 - Operating as Classified A CLASS		37 - Endorsements H,N		35 <input checked="" type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number		30 - State WI	31 - Expiration Year 2024	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name GRASSEL			25 - First Name GLENN		25 - Middle Initial RICHARD		25 - Suffix
32 - Date Of Birth		33 - Sex Male					

OPERATOR/PEDESTRIAN 01	26 - Address Street & Number 10020 EAGLE LN						26 - PO Box	
	27 - City MILLADORE			27 - State WI	27 - Zip Code 54454		28 - Telephone Number (715) 570-6089 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 Not applicable		42 - Ejected Not-Applicable		44 <input type="checkbox"/> Medical Transport	
	43 - Trapped/Extricated Not-Applicable		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 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 Not-Applicable
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Vehicle

VEHICLE 01	21 - Unit Type Truck		Vehicle Type Truck-Tractor- (Semi-attached)			22 - Total Occupants 1
	56 - License Plate Number 45830X		57 - Plate Type APO	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number 1XKDP4TX6FJ427042
	50 - Year 2015	51 - Make KWDT	52 - Model	53 - Body Style DS - TRACTOR-TRU	54 - Color WHI	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 type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name CONSTRUCKS					
	47- Address Street & Number 4517 NICOLET AVE			47 - PO Box		
	48 - City STEVENS POINT		48 - State WI	48 - Zip Code 54481	49 - Telephone Number (715) 344-0920 Ext.	

Insurance

INS 01	63 - Liability Insurance Company AMERICAN-GUARANTEE-&-LIABILITY-INS-CO		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company CONSTRUCKS		

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			

Operator/Pedestrian

02	Unit Status		81 - Most Harmful Event: Collision With Other Non-collision		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 2022	34 - On Duty Accident		
	25 - Operator/Pedestrian Last Name HARMSSEN		25 - First Name KENNETH		25 - Middle Initial CARL	25 - Suffix	
	32 - Date Of Birth		33 - Sex Male				
	26 - Address Street & Number 901 ROCK AVE				26 - PO Box		
	27 - City WAUPUN		27 - State WI	27 - Zip Code 53963	28 - Telephone Number		

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OPERATOR/PEDESTRIAN	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 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					
	124 - Highway Factors Not-Applicable					

Vehicle

VEHICLE 02	21 - Unit Type Automobile			Vehicle Type Passenger-Car			22 - Total Occupants 2
	56 - License Plate Number 962JRP		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number KNAFX4A69F5332317	
	50 - Year 2015	51 - Make KIA	52 - Model FORTE LX	53 - Body Style 4D - 4DR		54 - Color BLU	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage Front						
	95 - Extent Of Damage Very-Minor		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
	123 - Vehicle Factors Not-Applicable						

Vehicle Owner

VEH OWNER 02	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name HARMSSEN		46 - First Name KENNETH		46 - Middle Initial CARL	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 901 ROCK AVE				47 - PO Box	
	48 - City WAUPUN			48 - State WI	48 - Zip Code 53963	49 - Telephone Number

Insurance

02	63 - Liability Insurance Company GERMANTOWN-MUTUAL-INS-CO			60 <input checked="" type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name HARMSSEN			61 - Policy Holder First Name KENNETH		

61 - Policy Holder Company

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School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

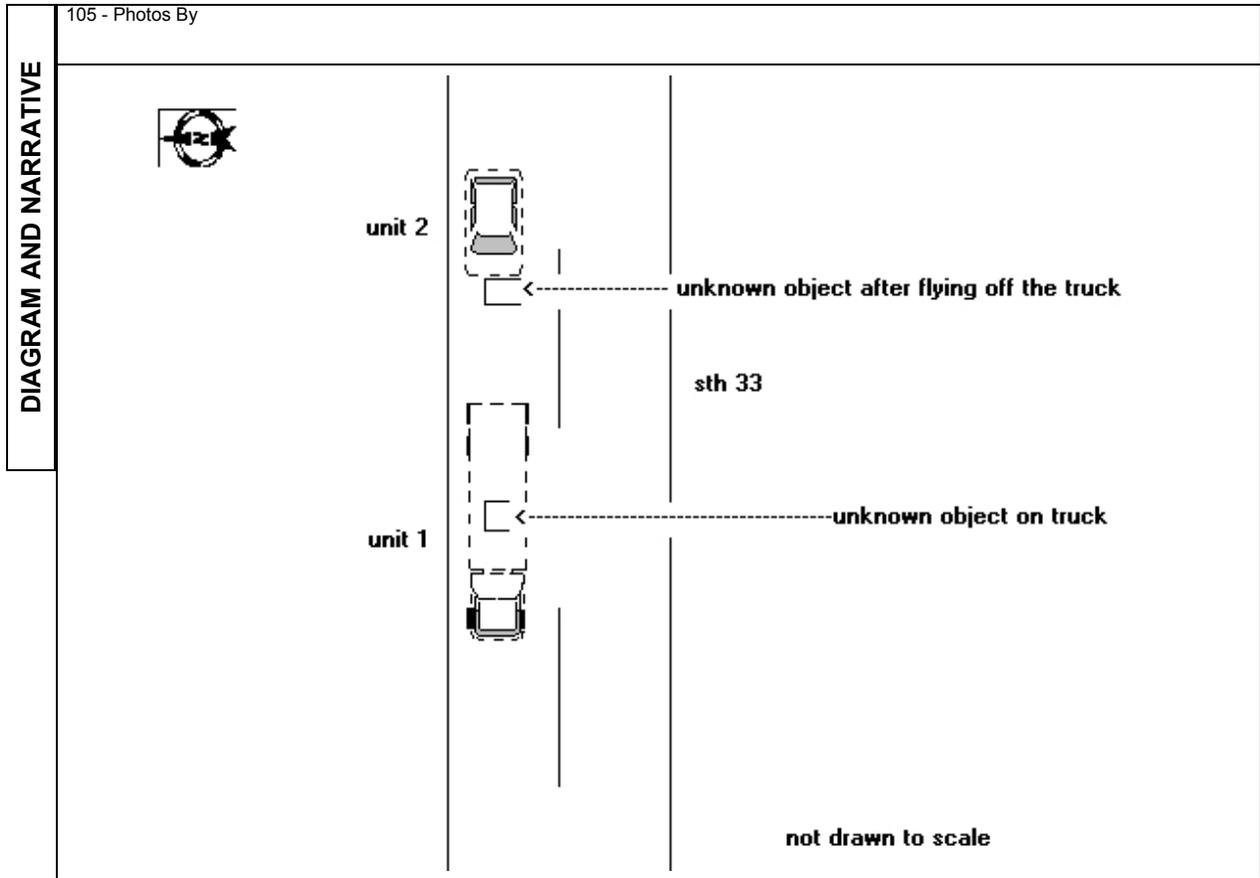
Occupant

<input type="checkbox"/> Address Same As Operator						
OCCUPANT 01	65 - Unit No 02	66 - Occupant Last Name WILD	66 - First Name JUNE	66 - Middle Initial C	66 - Suffix	
	68 - Address Street & Number 901 ROCK AVE		68 - PO Box			
	68 - City WAUPUN		68 - State WI	68 - Zip Code 53963		
	67 - Date of Birth		69 - Sex F			
	71 - Seat Position Front-Seat-Right-Side-(Train Engineer)		72 - Safety Equipment Shoulder-Belt-And-Lap-Belt-Used			
	70 - Injury Severity N - No Apparent Injury		73 - Airbag Non-Deployed	75 - Ejected Not-Applicable	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated Not-Applicable		78 - Agency Space			

Trailer

TRL 01	106 - Power Unit Number 1	License Plate Number 523537	Plate Type STL	State WI	Expiration Year
	Trailer Make EAGER BEAV		Unit Type SEMI	Vehicle Identification Number 112SD35395L070283	

Diagram and Narrative



UNIT 1 AND 2 WERE W/B ON STH 33 WHEN UNIT 2 DRIVER STATES AN OBJECT FLEW OFF OF THE TRAILER AREA OF UNIT 1 AND HE STRUCK IT WHEN IT LANDED IN FRONT OF HIS CAR. EVENTUALLY HE GOT THE ATTENTION OF UNIT 1 DRIVER AND THEY PULLED OVER AND POLICE WERE CALLED. UNIT 1 DRIVER STATES HE HAS NO IDEA WHAT WOULD HAVE FLOWN OFF OR OUT OF HIS TRAILER AS EVERYTHING HE SAW THERE EARLIER WAS STILL THERE. I DID GO BACK TO WHERE I BELIEVE THE SCENE WAS AND LOCATED A RUBBER PIECE WITH BOLTS IN IT. IT WAS APPROXIMATELY 1 FT BY 2 FT IN SIZE. UNKNOWN IF IT COULD HAVE CAUSED THE DAMAGE THAT UNIT 2 HAS.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name FINNEGAN		125 - First Name S	125 - Middle Initial A	131 - Officer ID 9107	
	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 12/14/2016		133 - Time Notified (Military Time) 1204	134 - Time Arrived (Military Time) 1212		135 - Date Of Report 12/14/2016
	16-15222		16-15222		19 - Special Study	
	18 - Agency Space					