

PK2012

POLICE # 16-15261

ACCIDENT # 16-15261

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number GX69NFP		Document Override Number			
Agency Accident Number 16-15261				Police Number 16-15261							
4 - Accident Date 12/15/2016			5 - Time of Accident (Military Time) 1518			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 FERN DELL RD			14 - Bus/Frnt/Rmp		15 - Est. Distance 785 Ft		15 - Hwy. Dir WEST		
16 - Fr/At Hwy No.		16 - From/At Street Name TURTLEVILLE RD			16 - Business/Frontage/Ramp						
17 - Structure Type		17 - Structure Number		12 - Latitude 43.561213585884			13 - Longitude -89.82540104674				
80 - First Harmful Event Ditch				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 Outside-Shoulder-Left											
114 - Light Condition Daylight			116 - Road Surface Condition Ice			118 - Weather Cloudy					
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 2023		34 - On Duty Accident			
25 - Operator/Pedestrian Last Name MEINHARDT				25 - First Name GARRETT			25 - Middle Initial JOHN		25 - Suffix
32 - Date Of Birth		33 - Sex Male							

OPERATOR/PEDESTRIAN 01	26 - Address Street & Number 96 S AIRE DR						26 - PO Box			
	27 - City REEDSBURG			27 - State WI	27 - Zip Code 53959		28 - Telephone Number (608) 633-7831 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 02			
	64 - 1st Statute No. 344.62(1)		64 - 2nd Statute No. 346.57(2)		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

Vehicle

VEHICLE 01	21 - Unit Type Automobile		Vehicle Type Passenger-Car			22 - Total Occupants 01
	56 - License Plate Number 669XLF		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number 4T1BG22KXYU713597
	50 - Year 2000	51 - Make TOYT	52 - Model CAMRY	53 - Body Style SD - SEDAN	54 - Color SIL	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage Unknown					
	95 - Extent Of Damage Unknown		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By BILLS TOWING	
	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 MEINHARDT		46 - First Name GARRETT		46 - Middle Initial JOHN
	46 - Company Name				
	47 - Address Street & Number 96 S AIRE DR			47 - PO Box	
	48 - City REEDSBURG		48 - State WI	48 - Zip Code 53959	49 - Telephone Number (608) 633-7831 Ext.

Insurance

INS 01	63 - Liability Insurance Company NONE		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	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			

Trailer

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

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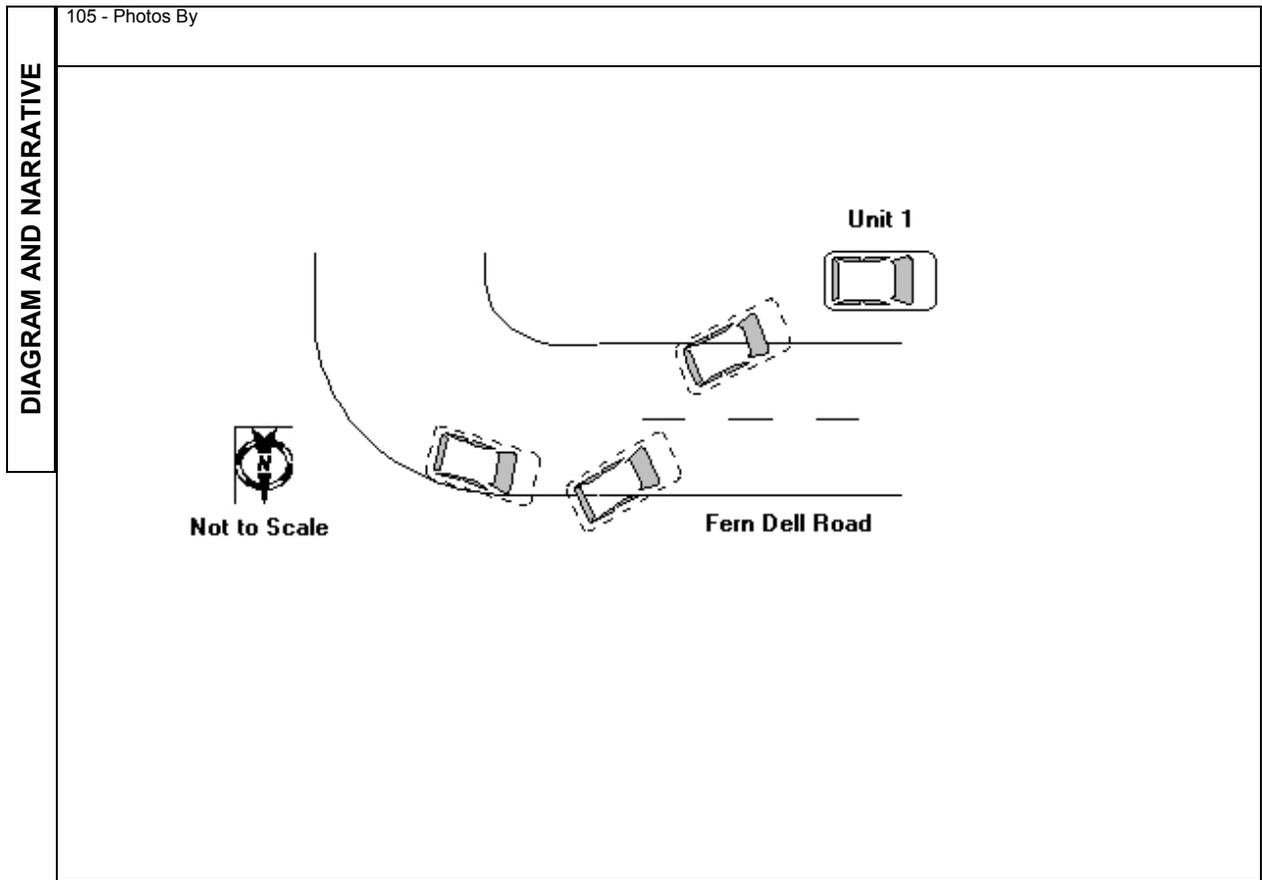
Property

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



ON 12-15-16 AT APPROX 1518 HRS I WAS DISPATCHED TO A SLIDE OFF ON FERN DELL ROAD EAST OF MIRROR LAKE ROAD. I ARRIVED ON SCENE AT APPROX 1540 HRS. UNIT 1 WAS NEGOTIATING A CURVE TO HEAD WEST ON FERN DELL ROAD. UNIT 1 FAILED TO PROPERLY NEGOTIATE THE CURVE, LOSING CONTROL AND ENTERING THE NORTH DITCHLINE BEFORE OVER CORRECTING AND CROSSING BOTH LANES OF TRAFFIC. UNIT 1 THEN ENTERED THE SOUTH DITCH LINE FACING WEST BOUND. UNIT 1 HAD TO BE REMOVED FROM THE DITCH BY BILLS TOWING. THE OPERATOR WAS ID'D VERBALLY AS THE R.O. STATED HE WAS GOING APPROX 20 MPH AND LOST CONTROL ON THE ICE. WAS UNABLE TO PROVIDE ME WITH PROOF OF INS. CITED FOR NO INS AND FAILURE TO KEEP VEHICLE UNDER CONTROL.

Officer Information

125 - Officer Last Name SCHRAM	125 - First Name STEVEN	125 - Middle Initial M	131 - Officer ID 9133
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OFFICER INFORMATION	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 12/15/2016		133 - Time Notified (Military Time) 1518	134 - Time Arrived (Military Time) 1540		135 - Date Of Report 12/15/2016
	16-15261		16-15261		19 - Special Study	
18 - Agency Space						