

PK2012

POLICE # 16-15288

ACCIDENT # 16-15288

| | | | | | | | | | |
|--|---|---|--|---|--|--|--|-------------------------------|--|
| <input checked="" type="checkbox"/> Reportable Accident | | <input type="checkbox"/> On Emergency | | <input type="checkbox"/> Amended | | DOT Document Number GX743R9 | | Document Override Number | |
| Agency Accident Number 16-15288 | | | | Police Number 16-15288 | | | | | |
| 4 - Accident Date 12/16/2016 | | 5 - Time of Accident (Military Time) 0920 | | 6 - Total Units 01 | | 7 - Total Injured 00 | | 8 - Total Killed 00 | |
| 2 - County SAUK - 56 | | 3 - Municipality DELTON - 04, Town | | | | 11 - Accident Location Intersection | | | |
| 14 - On Hwy No. 012 | 14 - On Street Name | | | 14 - Bus/Frnt/Rmp | | 15 - Est. Distance | | 15 - Hwy. Dir | |
| 16 - Fr/At Hwy No. | 16 - From/At Street Name MOON RD | | | 16 - Business/Frontage/Ramp | | | | | |
| 17 - Structure Type | 17 - Structure Number | | 12 - Latitude 43.561205465249 | | | 13 - Longitude -89.77851185829 | | | |
| 80 - First Harmful Event Traffic Sign Post | | | | 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 Concrete - 1 | | | | |
| 115 - Traffic Way Divided-Highway-Median-Strip-Without-Traffic-Barrier | | | | | | | | | |
| 117 - Relation To Roadway Shoulder-(Other than Shoulder within Median or Gore) | | | | | | | | | |
| 114 - Light Condition Daylight | | 116 - Road Surface Condition Ice | | | 118 - Weather Cloudy | | | | |
| 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 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 Traffic Sign Post | | 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 2024 | 34 - On Duty Accident | | | |
| 25 - Operator/Pedestrian Last Name KOWALCZYK | | | 25 - First Name TOMASZ | | 25 - Middle Initial M | 25 - Suffix | |
| 32 - Date Of Birth | | 33 - Sex Male | | | | | |

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|-------------------------------|---|----------------------|------------------------------------|---|---|----------------------|---|----------------------|--|--|
| OPERATOR/PEDESTRIAN 01 | 26 - Address Street & Number 1183 GALE CT | | | | | 26 - PO Box | | | | |
| | 27 - City WISCONSIN DELLS | | | 27 - State WI | 27 - Zip Code 53965 | | 28 - Telephone Number (608) 432-2818 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 1 | | | |
| | 64 - 1st Statute No. 346.57(3) | 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 |
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Vehicle

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|-------------------|--|--------------------------|---|---------------------------------------|--|--|
| VEHICLE 01 | 21 - Unit Type Truck | | Vehicle Type Pickup/Utility-Truck | | | 22 - Total Occupants 2 |
| | 56 - License Plate Number MV4187 | | 57 - Plate Type DLR | 58 - State WI | 59 - Exp Year | 55 - Vehicle Identification Number 1N6AD07W55C422108 |
| | 50 - Year 2005 | 51 - Make NISS | 52 - Model | 53 - Body Style PK - PICKUP | 54 - Color TAN | 100 - Skidmarks to Impact (Ft) 0 |
| | 94 - Vehicle Damage Rear Driver Side | | | | | |
| | 95 - Extent Of Damage Moderate | | 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 KOWALCZYK | | 46 - First Name TOMASZ | 46 - Middle Initial M | 46 - Suffix | Date Of Birth |
| | 46 - Company Name | | | | | |
| | 47 - Address Street & Number 1183 GALE CT | | | 47 - PO Box | | |
| | 48 - City WISCONSIN DELLS | | 48 - State WI | 48 - Zip Code 53965 | 49 - Telephone Number (608) 432-2818 Ext. | |

Insurance

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|---------------|---|--|--|--|--|--|
| INS 01 | 63 - Liability Insurance Company AUTO-OWNERS-INS-CO | | 60 <input checked="" type="checkbox"/> Policy Holder Same As Owner | | | |
| | 61 - Policy Holder Last Name KOWALCZYK | | 61 - Policy Holder First Name TOMASZ | | | |
| | 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 RIVERA | | 66 - First Name BENITO | 66 - Middle Initial | 66 - Suffix |
| | 68 - Address Street & Number 320 MINNESOTA AVE | | | 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 | | 77 |

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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 | | |

Trailer

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|---------------|-------------------------------------|----------------------|--------------------------|-------------------------------|-----------------|
| TRL 01 | 106 - Power Unit Number 1 | License Plate Number | Plate Type | State | Expiration Year |
| | Trailer Make | | Unit Type AUTO | Vehicle Identification Number | |

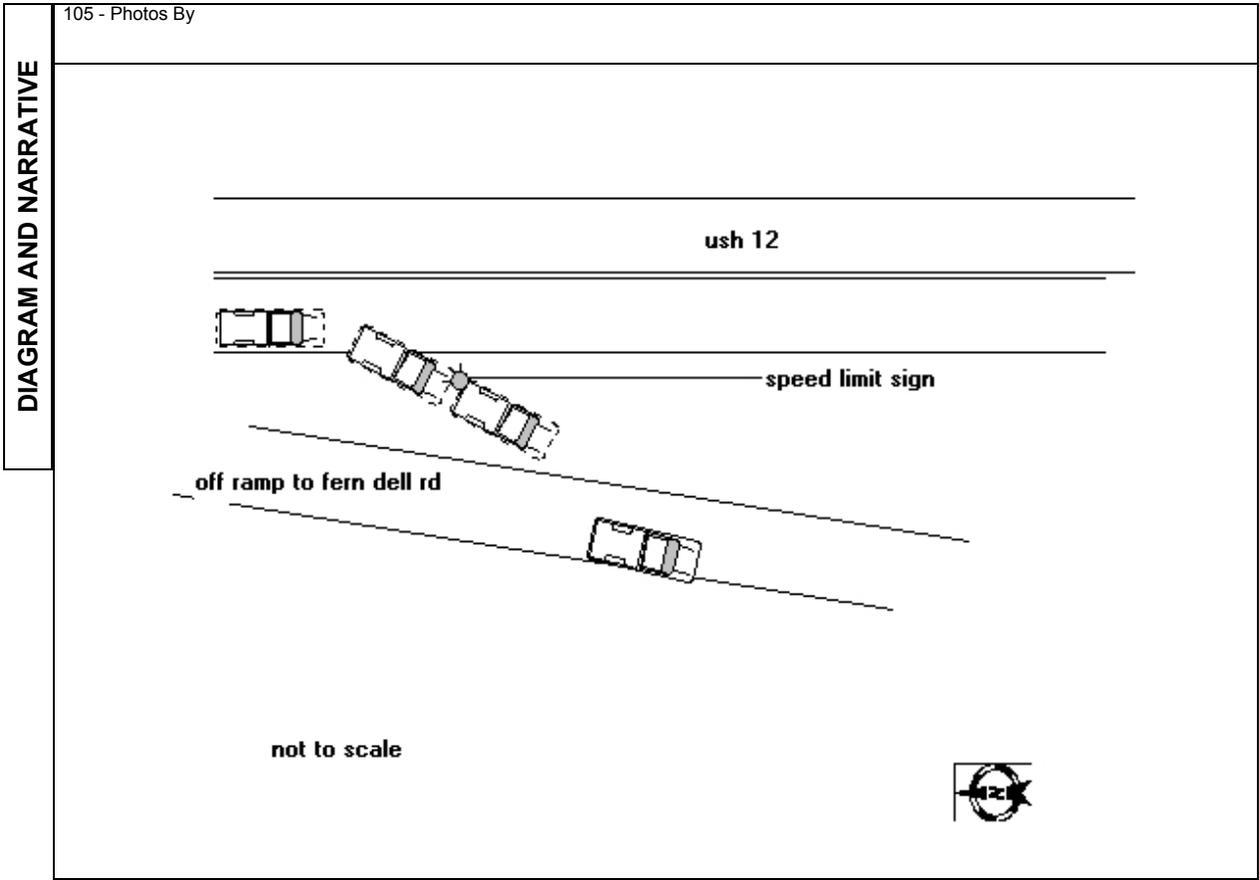
Property

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|--------------------------|--|-------------------------------|-------------------------------|---|-------------|
| PROPERTY OWNER 01 | Organization Type Government | 84 - Property Owner Last Name | 84 - First Name | 84 - Middle Initial | 84 - Suffix |
| | 84 - Company Name SAUK COUNTY | | | Government Property Type County/Municipal | |
| | 85 - Address Street & Number 505 BROADWAY ST | | 85 - PO Box | | |
| | 86 - City BARABOO | 86 - State WI | 86 - Zip Code 53913 | 87 - Telephone Number (608) 356-5581 Ext. | |
| | 83 - Government Damage Tag Number | | | | |

Fixed Objects Struck

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|---------------------------------|--|--------------------|--------------------|
| 82 - Striking Unit 01 | 82 - Object Struck Traffic-Sign-Post | 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



OPERATOR STATED WHILE TRAVELING EB ON USH 12 HE LOST CONTROL ON ICE AND WENT INTO DITCH STRIKING SPEED LIMIT POST AND CONTINUED OUT OF THE DITCH ONTO THE OFF RAMP ADJACENT USH 12. OPERATOR CITED FOR TOO FAST FOR CONDITIONS. NO INJURIES REPORTED AND OPERATOR REMOVED VEHICLE FROM SCENE. VEHICLE WAS TOWING A CAR DOLLY STYLE TRAILER THAT WAS EMPTY.

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Officer Information

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|----------------------------|---|--|---|--|
| OFFICER INFORMATION | 125 - Officer Last Name KNULL | 125 - First Name ERIC | 125 - Middle Initial D | 131 - Officer ID 9141 |
| | 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 12/16/2016 | 133 - Time Notified (Military Time) 0923 | 134 - Time Arrived (Military Time) 0943 | 135 - Date Of Report 12/16/2016 |
| | 16-15288 | 16-15288 | 19 - Special Study | |
| | 18 - Agency Space | | | |