

PK2012

POLICE # 16-15322

ACCIDENT # 16-15322

<input checked="" type="checkbox"/> <b>Reportable Accident</b>		<input type="checkbox"/> <b>On Emergency</b>		<input type="checkbox"/> <b>Amended</b>		DOT Document Number <b>GX71W3H</b>		Document Override Number			
Agency Accident Number <b>16-15322</b>				Police Number <b>16-15322</b>							
4 - Accident Date <b>12/16/2016</b>			5 - Time of Accident (Military Time) <b>1948</b>			6 - Total Units <b>01</b>		7 - Total Injured		8 - Total Killed	
2 - County <b>SAUK - 56</b>			3 - Municipality <b>SUMPTER - 17, Town</b>				11 - Accident Location <b>Non-Intersection</b>				
14 - On Hwy No. <b>012</b>		14 - On Street Name				14 - Bus/Frnt/Rmp		15 - Est. Distance <b>869 Ft</b>		15 - Hwy. Dir <b>NORTH</b>	
16 - Fr/At Hwy No. <b>012</b>		16 - From/At Street Name				16 - Business/Frontage/Ramp					
17 - Structure Type		17 - Structure Number		12 - Latitude <b>43.412193900691</b>			13 - Longitude <b>-89.77225795533</b>				
80 - First Harmful Event <b>Ditch</b>				93 - Manner of Collision <b>No Collision with Motor Vehicle in Transport</b>							
112 - Access Control <b>No Control</b>		113 - Road Curvature <b>Straight</b>		113 - Road Terrain <b>Level/Flat</b>		Surface Type <b>Blacktop, Bituminous, or Asphalt - 2</b>					
115 - Traffic Way <b>Not-Physically-Divided-(2-Way Traffic)</b>											
117 - Relation To Roadway <b>Outside-Shoulder-Right</b>											
114 - Light Condition <b>Dark-Not-Lighted</b>			116 - Road Surface Condition <b>Snow/Slush</b>			118 - Weather <b>Snow</b>					
9 <input type="checkbox"/> <b>Hit and Run</b>		9 <input checked="" type="checkbox"/> <b>Government Property</b>			9 <input type="checkbox"/> <b>Fire</b>		9 <input type="checkbox"/> <b>Photos Taken</b>		9 <input type="checkbox"/> <b>Trailer or Towed</b>		
9 <input type="checkbox"/> <b>Truck, Bus, or Hazardous Materials</b>			9 <input type="checkbox"/> <b>Load Spillage</b>		9 <input type="checkbox"/> <b>Construction Zone</b>			9 <input type="checkbox"/> <b>Names Exchanged</b>			
101 <input type="checkbox"/> <b>Supplemental Reports</b>		102 <input type="checkbox"/> <b>Witness Statements</b>			103 <input type="checkbox"/> <b>Measurements Taken</b>			79 - E M S Number			

**Operator/Pedestrian**

Unit Status		81 - Most Harmful Event: Collision With <b>Ditch</b>		23 - Dir Of Travel <b>NORTH</b>		24 - Speed Limit <b>55</b>	
36 - Operating as Classified <b>D CLASS</b>		37 - Endorsements			35 <input type="checkbox"/> <b>Operating Commercial Motor Vehicle</b>		
29 - Driver's License Number			30 - State <b>WI</b>	31 - Expiration Year <b>2022</b>	34 - On Duty Accident		
25 - Operator/Pedestrian Last Name <b>WHITEEAGLE</b>				25 - First Name <b>AMANDA</b>		25 - Middle Initial <b>LAURIE</b>	25 - Suffix
32 - Date Of Birth		33 - Sex <b>Female</b>					

<b>OPERATOR/PEDESTRIAN 01</b>	26 - Address Street & Number <b>N6699 WOLFRUN RD</b>						26 - PO Box		
	27 - City <b>BLK RIVER FALLS</b>			27 - State <b>WI</b>	27 - Zip Code <b>54615</b>		28 - Telephone Number		
	39 - Seat Position <b>Front-Seat-Left-Side-(MC/Bike Driver, Train Conductor)</b>				40 - Safety Equipment <b>Shoulder-Belt-And-Lap-Belt-Used</b>				
	38 - Injury Severity <b>N - No Apparent Injury</b>			41 - Airbag <b>Non-Deployed</b>		42 - Ejected <b>Not-Ejected</b>		44 <input type="checkbox"/> <b>Medical Transport</b>	
	43 - Trapped/Extricated <b>Not-Trapped</b>		92 - Pedestrian Location		92 - Pedestrian Action				
	119 - What Driver Was Doing <b>GOING STRAIGHT</b>			120 - Traffic Control <b>No-Control</b>			62 - No. of Citations Issued		
	64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.
	122 - Driver Factors <b>Failure-to-Have-Control</b>								
	88 - Driver or Pedestrian Cond <b>Appeared Normal</b>			89 - Substance Presence <b>Neither-Alcohol-Nor-Drugs-Present</b>					
	90 - Alcohol Test <b>Test Not Given</b>			90 - Alcohol Content			91 - Drug Test <b>Test Not Given</b>		
91 - Drugs Reported									

PK2012

124 - Highway Factors <b>Snow,-Ice,-or-Wet</b>
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**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>Automobile</b>		Vehicle Type <b>Passenger-Car</b>			22 - Total Occupants <b>4</b>
	56 - License Plate Number <b>145DDK</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2017</b>	55 - Vehicle Identification Number <b>JTDKN3DU4A0068859</b>
	50 - Year <b>2010</b>	51 - Make <b>TOYT</b>	52 - Model <b>PRIUS</b>	53 - Body Style <b>4D - 4DR</b>	54 - Color <b>BLK</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>Front</b>					
	95 - Extent Of Damage <b>Minor</b>		96 <input checked="" type="checkbox"/> <b>Vehicle Towed Due To Damage</b>	97 - Vehicle Removed By <b>BILLS TOWING</b>		
	123 - Vehicle Factors <b>Not-Applicable</b>					

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input checked="" type="checkbox"/> <b>Vehicle Owner Same As Operator</b>					
	46 - Vehicle Owner Last Name <b>WHITEEAGLE</b>		46 - First Name <b>AMANDA</b>	46 - Middle Initial <b>LAURIE</b>	46 - Suffix	Date Of Birth
	46 - Company Name					
	47- Address Street & Number <b>N6699 WOLFRUN RD</b>			47 - PO Box		
	48 - City <b>BLK RIVER FALLS</b>		48 - State <b>WI</b>	48 - Zip Code <b>54615</b>	49 - Telephone Number	

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>			60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>
	61 - Policy Holder Last Name <b>WHITEEAGLE</b>		61 - Policy Holder First Name <b>AMANDA</b>	
	61 - Policy Holder Company			

**School Bus**

<b>BUS 01</b>	Bus Travelling to/from <input type="radio"/> <b>To</b> <input type="radio"/> <b>From</b>	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Occupant**

<b>OCCUPANT 01</b>	<input type="checkbox"/> <b>Address Same As Operator</b>					
	65 - Unit No <b>01</b>	66 - Occupant Last Name <b>CORNELIUS</b>		66 - First Name <b>ALENA</b>	66 - Middle Initial <b>M</b>	66 - Suffix
	68 - Address Street & Number <b>N6699 WOLFRUN RD</b>			68 - PO Box		
	68 - City <b>BLK RIVER FALLS</b>		68 - State <b>WI</b>	68 - Zip Code <b>54615</b>		
	67 - Date of Birth			69 - Sex <b>F</b>		
	71 - Seat Position <b>Front-Seat-Right-Side-(Train Engineer)</b>			72 - Safety Equipment <b>Shoulder-Belt-And-Lap-Belt-Used</b>		
	70 - Injury Severity		73 - Airbag	75 - Ejected		77

PK2012

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

**Occupant**

<b>OCCUPANT 02</b>	<input type="checkbox"/> <b>Address Same As Operator</b>			
	65 - Unit No <b>01</b>	66 - Occupant Last Name <b>CORNILUS</b>	66 - First Name <b>JOHN</b>	66 - Middle Initial <b>R</b>
	68 - Address Street & Number <b>N6699 WOLFRUN RD</b>		68 - PO Box	
	68 - City <b>BLK RIVER FALLS</b>		68 - State <b>WI</b>	68 - Zip Code <b>54615</b>
	67 - Date of Birth		69 - Sex <b>M</b>	
	71 - Seat Position <b>Second-Seat-Left-Side-(MC/Bike Passenger, Train Breakman)</b>		72 - Safety Equipment <b>Shoulder-Belt-And-Lap-Belt-Used</b>	
	70 - Injury Severity <b>N - No Apparent Injury</b>	73 - Airbag <b>Non-Deployed</b>	75 - Ejected <b>Not-Applicable</b>	77 <input type="checkbox"/> <b>Medical Transport</b>
	76 - Trapped/Extricated <b>Not-Applicable</b>	78 - Agency Space		

**Occupant**

<b>OCCUPANT 03</b>	<input type="checkbox"/> <b>Address Same As Operator</b>			
	65 - Unit No <b>01</b>	66 - Occupant Last Name <b>WHITEEAGLE</b>	66 - First Name <b>LEO</b>	66 - Middle Initial <b>S</b>
	68 - Address Street & Number <b>N6699 WOLFRUN RD</b>		68 - PO Box	
	68 - City <b>BLK RIVER FALLS</b>		68 - State <b>WI</b>	68 - Zip Code <b>54615</b>
	67 - Date of Birth		69 - Sex <b>M</b>	
	71 - Seat Position <b>Second-Seat-Right</b>		72 - Safety Equipment <b>Child-Safety-Seat-Used</b>	
	70 - Injury Severity <b>N - No Apparent Injury</b>	73 - Airbag <b>Non-Deployed</b>	75 - Ejected <b>Not-Applicable</b>	77 <input type="checkbox"/> <b>Medical Transport</b>
	76 - Trapped/Extricated <b>Not-Applicable</b>	78 - Agency Space		

**Trailer**

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

PK2012

**Property**

<b>PROPERTY OWNER 01</b>	Organization Type <b>Government</b>	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
	84 - Company Name <b>TOWNSHIP OF SUMPTER</b>			Government Property Type <b>County/Municipal</b>	
	85 - Address Street & Number <b>E10603A CTH C</b>		85 - PO Box		
	86 - City <b>NORTH FREEDOM</b>	86 - State <b>WI</b>	86 - Zip Code <b>53951</b>	87 - Telephone Number <b>(608) 643-8483 Ext.</b>	
	83 - Government Damage Tag Number				

**Fixed Objects Struck**

82 - Striking Unit <b>01</b>	82 - Object Struck <b>Ditch</b>	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**

<b>DIAGRAM AND NARRATIVE</b>	105 - Photos By
	<p style="text-align: center;">us 12</p> <p style="text-align: right;">not scale</p>
<p>UNIT 1 WAS NORTH ON US 12. UNIT 1 STATED SHE STRUCK SOME SLUSH IN THE ROAD AND LOST CONTROL OF THE VEHICLE FOR A SECOND AND OVER CORRECTED. UNIT 1 SAID SHE THEN ENTERED THE EASTDITCH LINE AND WAS UNABLE TO REMOVE THE VEHICLE ON HER OWN 9109</p>	

**Officer Information**

125 - Officer Last Name <b>HANSON</b>	125 - First Name <b>I</b>	125 - Middle Initial <b>T</b>	131 - Officer ID <b>9109</b>
129 - Law Enforcement Agency No.	130 - Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPARTMEN</b>		

PK2012

**OFFICER INFORMATION**

126 - Law Enforcement Agency Address Street & Number <b>1300 LANGE COURT</b>			
127 - City <b>BARABOO</b>	127 - State <b>WI</b>	127 - Zip Code <b>53913</b>	128 - Telephone Number <b>(608) 356-4895 Ext.</b>
132 - Date Notified <b>12/16/2016</b>	133 - Time Notified (Military Time) <b>1950</b>	134 - Time Arrived (Military Time) <b>2002</b>	135 - Date Of Report <b>12/17/2016</b>
<b>16-15322</b>	<b>16-15322</b>	19 - Special Study	
18 - Agency Space			