

POLICE # 11-13055

ACCIDENT # 11-13055

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number GX1GH0Z	Document Override Number
Agency Accident Number 11-13055		Police Number 11-13055		
4 - Accident Date 11/01/2011	5 - Time of Accident (Military Time) 0835	6 - Total Units 02	7 - Total Injured 01	8 - Total Killed 00
2 - County SAUK - 56	3 - Municipality EXCELSIOR - 05, TOWN		11 - Accident Location NON-INTERSECTION	
14 - On Hwy No. 033	14 - On Street Name		14 - Bus/Frnt/Rmp	15 - Est. Dist 0.30
16 - Fr/At Hwy No.		16 - From/At Street Name MIRROR LAKE RD		16 - Business/Frontage/Ramp
17 - Structure Type	17 - Structure Number	12 - Latitude		13 - Longitude -
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT		93 - Manner of Collision REAR-END		
112 - Access Control NO CONTROL	113 - Road Curvature STRAIGHT	113 - Road Terrain LEVEL/FLAT	Surface Type BLACKTOP (BITUMINOUS) - 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 checked="" type="checkbox"/> Photos Taken	9 <input 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

OPERATOR/PEDESTRIAN 01

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		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 F4532928467302		30 - State WI	31 - Expiration Year 2019	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name FLENTJE		25 - First Name GINA		25 - Middle Initial L	25 - Suffix
32 - Date Of Birth 05/13/1984		33 - Sex FEMALE			
26 - Address Street & Number E10862 LEHMAN RD				26 - PO Box	
27 - City BARABOO		27 - State WI	27 - Zip Code 53913	28 - Telephone Number (608) 477-1498 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 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. 346.89(1)	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
122 - Driver Factors INATTENTIVE-DRIVING					
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	

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91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type TRUCK		Vehicle Type PICKUP/UTILITY-TRUCK			22 - Total Occupants 1
	56 - License Plate Number JC5006		57 - Plate Type LTK	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1FTFX1EF3BFC39972
	50 - Year 2011	51 - Make FORD	52 - Model F-150	53 - Body Style PK	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, FRONT DRIVER SIDE					
	95 - Extent Of Damage SEVERE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By EVERETT'S TOWING	
	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
	46 - Company Name UNITED COOPERATIVE				
	47 - Address Street & Number N7160 RACEWAY DR			47 - PO Box	
	48 - City BEAVER DAM		48 - State WI	48 - Zip Code 53916	49 - Telephone Number (920) 887-1756 EXT.

Insurance

INS 01	63 - Liability Insurance Company AG STATES GROUP		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company UNITED COOPERATIVE		

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

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		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 G1402122804208		30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name GIEBEL		25 - First Name EUGENE		25 - Middle Initial L	25 - Suffix
32 - Date Of Birth 02/02/1928		33 - Sex MALE			

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number E9631 HWY 33				26 - PO Box	
	27 - City BARABOO		27 - State WI	27 - Zip Code 53913	28 - Telephone Number (608) 356-9286 EXT.	
	39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT	
	38 - Injury Severity B - NON-INCAPACITATING INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED		44 <input checked="" type="checkbox"/> Medical Transport
	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing SLOWING-OR-STOPPING		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 TRUCK		Vehicle Type PICKUP/UTILITY-TRUCK			22 - Total Occupants 1
	56 - License Plate Number 232175F		57 - Plate Type FRM	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 3B7KF23W7XG202164
	50 - Year 1999	51 - Make DODG	52 - Model RAM 2500 Q	53 - Body Style PK	54 - Color SIL	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage REAR PASSENGER SIDE, REAR, REAR DRIVER SIDE					
	95 - Extent Of Damage SEVERE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name GIEBEL		46 - First Name JAMES		46 - Middle Initial R	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number E9566 HWY 33				47 - PO Box	
	48 - City BARABOO		48 - State WI	48 - Zip Code 53913		49 - Telephone Number (608) 356-6773 EXT.

Insurance

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INS 02	63 - Liability Insurance Company GENERAL-CASUALTY		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name GIEBEL		61 - Policy Holder First Name JAMES
	61 - Policy Holder Company		

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			

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY DEPUTY RABATA
	<p>UNIT 1 WAS TRAVELING WEST ON STH 33 FOLLOWING UNIT 2. THE OPERATOR OF UNIT 1 STATES SHE BEGAN COUGHING AND LOST SIGHT OF THE ROADWAY IN FRONT OF HER FOR A MOMENT. WHEN SHE STOPPED COUGHING SHE REALIZED UNIT 2 WAS BEGINNING TO SLOW TO TURN INTO A PRIVATE DRIVE. OPERATOR OF UNIT 1 STATES SHE THEN DID NOT HAVE ENOUGH TIME TO STOP AND STRUCK UNIT 2</p>

Officer Information

OFFICER INFORMATION	125 - Officer Last Name RABATA		125 - First Name M	125 - Middle Initial D	131 - Officer ID 9156
	129 - Law Enforcement Agency No. 5600		130 - Law Enforcement Agency Name SAUK COUNTY SHERIFF		
	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 11/01/2011	133 - Time Notified (Military Time) 0943	134 - Time Arrived (Military Time) 0951	135 - Date Of Report 11/01/2011	
	Agency Accident Number 11-13055		Police Number 11-13055	19 - Special Study	
	18 - Agency Space				

Truck and Bus

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TRUCK/BUS	136 <input type="checkbox"/> A truck or truck combination > 10,000 lbs GVWR/GCWR		136 <input type="checkbox"/> Any vehicle displaying a hazardous materials placard			
	136 <input type="checkbox"/> A vehicle designed to carry 9 or more people, including the driver					
	136 <input type="checkbox"/> Fatal Injury	136 <input type="checkbox"/> Medical Transport	136 <input type="checkbox"/> One or more vehicles towed from the scene due to disabling damage			
	Unit Number					
	137 - Hazardous Materials Class Numbers					
	137 - Hazardous Materials "UN" Nos.		Hazardous Material Placard Displayed <input type="checkbox"/>	Hazardous Cargo Was Released <input type="checkbox"/>		
	137 - Name Of Hazardous Materials in this Load		137 - Name Of Hazardous Materials Released			
	138 <input type="checkbox"/> Interstate Carrier	140 - US DOT No.	140 - ICC MC No.	LC No.	IC No.	141 - Source
	139 - Carrier Name					
	142 - Carrier Address			City	State	Zip Code
	143 - GVWR (Lbs)	144 - Total No. of Axles	145 - Vehicle Configuration			147 - Cargo Body Type
	146 - First Event			146 - Second Event		
146 - Third Event			146 - Fourth Event			