

PK2011

POLICE # 12-0010
ACCIDENT #

GENERAL INFORMATION

<input type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number D8FHZFS	Document Override Number
Agency Accident Number		Police Number 12-0010		
4 - Accident Date 01/01/2012	5 - Time of Accident (Military Time) 1129	6 - Total Units 01	7 - Total Injured 00	8 - Total Killed 00
2 - County KEWAUNEE - 31	3 - Municipality PIERCE - 08, TOWN		11 - Accident Location NON-INTERSECTION	
14 - On Hwy No. K	14 - On Street Name	14 - Bus/Frnt/Rmp	15 - Est. Dist 0.30	Ft/Mi M
16 - Fr/At Hwy No. CTH D		16 - Business/Frontage/Ramp		
17 - Structure Type	17 - Structure Number	12 - Latitude 44.58841	13 - Longitude -87.51768	
80 - First Harmful Event DITCH		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) - 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 SNOW/SLUSH		118 - Weather CLOUDY
<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Government Property	<input type="checkbox"/> Fire	<input type="checkbox"/> Photos Taken	<input type="checkbox"/> Trailer or Towed
<input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials		<input type="checkbox"/> Load Spillage	<input type="checkbox"/> Construction Zone	<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 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 S5626246792702	30 - State WI	31 - Expiration Year 2013	34 - On Duty Accident
25 - Operator/Pedestrian Last Name SOMMERS		25 - First Name NANCY	25 - Middle Initial D
32 - Date Of Birth 11/27/1967	33 - Sex FEMALE		
26 - Address Street & Number E4957 COUNTY RD K			26 - PO Box
27 - City ALGOMA	27 - State WI	27 - Zip Code 542010000	28 - Telephone Number (920) 412-1384 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 0
64 - 1st Statute No.	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

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91 - Drugs Reported
124 - Highway Factors SNOW,-ICE,-OR-WET

Vehicle

VEHICLE 01	21 - Unit Type TRUCK	Vehicle Type PICKUP/UTILITY-TRUCK				22 - Total Occupants 2
	56 - License Plate Number HR5085	57 - Plate Type LTK	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1FMZU77E73UB19422	
	50 - Year 2003	51 - Make FORD	52 - Model EXPLO	53 - Body Style 4D	54 - Color WHI	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage FRONT PASSENGER SIDE, REAR					
	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 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name SOMMERS	46 - First Name NANCY	46 - Middle Initial D	46 - Suffix	Date Of Birth 11/27/1967
	46 - Company Name				
	47 - Address Street & Number E4957 COUNTY RD K			47 - PO Box	
	48 - City ALGOMA	48 - State WI	48 - Zip Code 542010000	49 - Telephone Number (920) 412-1384 EXT.	

Insurance

INS 01	63 - Liability Insurance Company ALLSTATE	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name SOMMERS	61 - Policy Holder First Name NANCY
	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

01	<input checked="" type="checkbox"/> Address Same As Operator			
	65 - Unit No 01	66 - Occupant Last Name NELL	66 - First Name SHIRLEY	66 - Middle Initial M
	68 - Address Street & Number E4957 COUNTY RD K		68 - PO Box	

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OCCUPANT	68 - City ALGOMA	68 - State WI	68 - Zip Code 542010000	
	67 - Date of Birth 02/02/1954	69 - Sex FEMALE		
	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-EJECTED	77 <input type="checkbox"/> Medical Transport
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space		

Property

PROPERTY OWNER 01	Organization Type	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix	
	84 - Company Name KEWAUNEE COUNTY HIGHWAY DEPARTMENT			Government Property Type		
	85 - Address Street & Number E4280 CTH F		85 - PO Box			
	86 - City KEWAUNEE	86 - State WI	86 - Zip Code 54216	87 - Telephone Number (920) 388-3707 EXT.		
	83 - Government Damage Tag Number					

Fixed Objects Struck

PROPERTY OWNER 01	82 - Striking Unit 1	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

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<div style="text-align: center;"> <p style="text-align: center;">CTH K</p> <p style="text-align: center;">CTH D</p> </div>
<p>DRIVER STATED SHE WAS WEST BOUND WHEN SHE HIT PATCH OF ICE. DRIVER WENT OFF THE ROAD INTO THE DITCH THEN BACK OUT ONTO ROAD AGAIN. DRIVER HAD ONLY VERY MINOR DAMAGE. DAMAGE WAS JUST A FEW SCRATCHES FROM GOING INTO THE DITCH AND BACK OUT. R/O COMPLETED COUNTY ONLY ACCIDENT REPORT.</p>	

Officer Information

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OFFICER INFORMATION	125 - Officer Last Name KASSNER		125 - First Name JOSEPH		125 - Middle Initial E		131 - Officer ID 41		
	129 - Law Enforcement Agency No. 3100		130 - Law Enforcement Agency Name KEWAUNEE COUNTY SHERIFF						
	126 - Law Enforcement Agency Address Street & Number 620 JUNEAU STREET								
	127 - City KEWAUNEE			127 - State WI		127 - Zip Code 54216		128 - Telephone Number (920) 388-3100 EXT.	
	132 - Date Notified 01/01/2012		133 - Time Notified (Military Time) 1129		134 - Time Arrived (Military Time) 1129		135 - Date Of Report 01/01/2012		
	Agency Accident Number		Police Number 12-0010		19 - Special Study				
	18 - Agency Space								

Truck and Bus

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 Interstate Carrier <input type="checkbox"/>		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				