

PK2011

POLICE # 12-0295

ACCIDENT #

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number D8FZ9HM	Document Override Number
Agency Accident Number		Police Number 12-0295		
4 - Accident Date 01/15/2012	5 - Time of Accident (Military Time) 0215	6 - Total Units 01	7 - Total Injured 00	8 - Total Killed 00
2 - County KEWAUNEE - 31	3 - Municipality LINCOLN - 05, TOWN		11 - Accident Location NON-INTERSECTION	
14 - On Hwy No.	14 - On Street Name MAPLE RD	14 - Bus/Frnt/Rmp	15 - Est. Dist 0.50	Ft/Mi M
			15 - Hwy. Dir SOUTH	
16 - Fr/At Hwy No. S	16 - From/At Street Name		16 - Business/Frontage/Ramp	
17 - Structure Type	17 - Structure Number	12 - Latitude 44.60875	13 - Longitude - 87.60231	
80 - First Harmful Event OTHER FIXED OBJECT		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 SHOULDER-(OTHER THAN SHOULDER WITHIN MEDIAN OR GORE)				
114 - Light Condition UNKNOWN		116 - Road Surface Condition DRY		118 - Weather UNKNOWN
9 <input checked="" 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 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 H - HIT AND RUN		81 - Most Harmful Event: Collision With OTHER FIXED OBJECT		23 - Dir Of Travel SOUTH	24 - Speed Limit 45
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number		30 - State	31 - Expiration Year	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name		25 - First Name		25 - Middle Initial	25 - Suffix
32 - Date Of Birth		33 - Sex			
26 - Address Street & Number				26 - PO Box	
27 - City		27 - State	27 - Zip Code		28 - Telephone Number
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment RESTRAINT-USE-UNKNOWN		
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag UNKNOWN		42 - Ejected UNKNOWN	
		44 <input type="checkbox"/> Medical Transport			
43 - Trapped/Extricated UNKNOWN		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 INATTENTIVE-DRIVING					
88 - Driver or Pedestrian Cond NOT OBSERVED		89 - Substance Presence UNKNOWN			
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	57 - Plate Type	58 - State	59 - Exp Year	55 - Vehicle Identification Number	
	50 - Year	51 - Make	52 - Model	53 - Body Style	54 - Color	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage UNKNOWN					
	95 - Extent Of Damage UNKNOWN	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 type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name	46 - First Name		46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name					
	47 - Address Street & Number			47 - PO Box		
	48 - City	48 - State	48 - Zip Code	49 - Telephone Number		

Insurance

INS 01	63 - Liability Insurance Company UNKNOWN	60 <input 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			

Property

Organization Type GOVERNMENT	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
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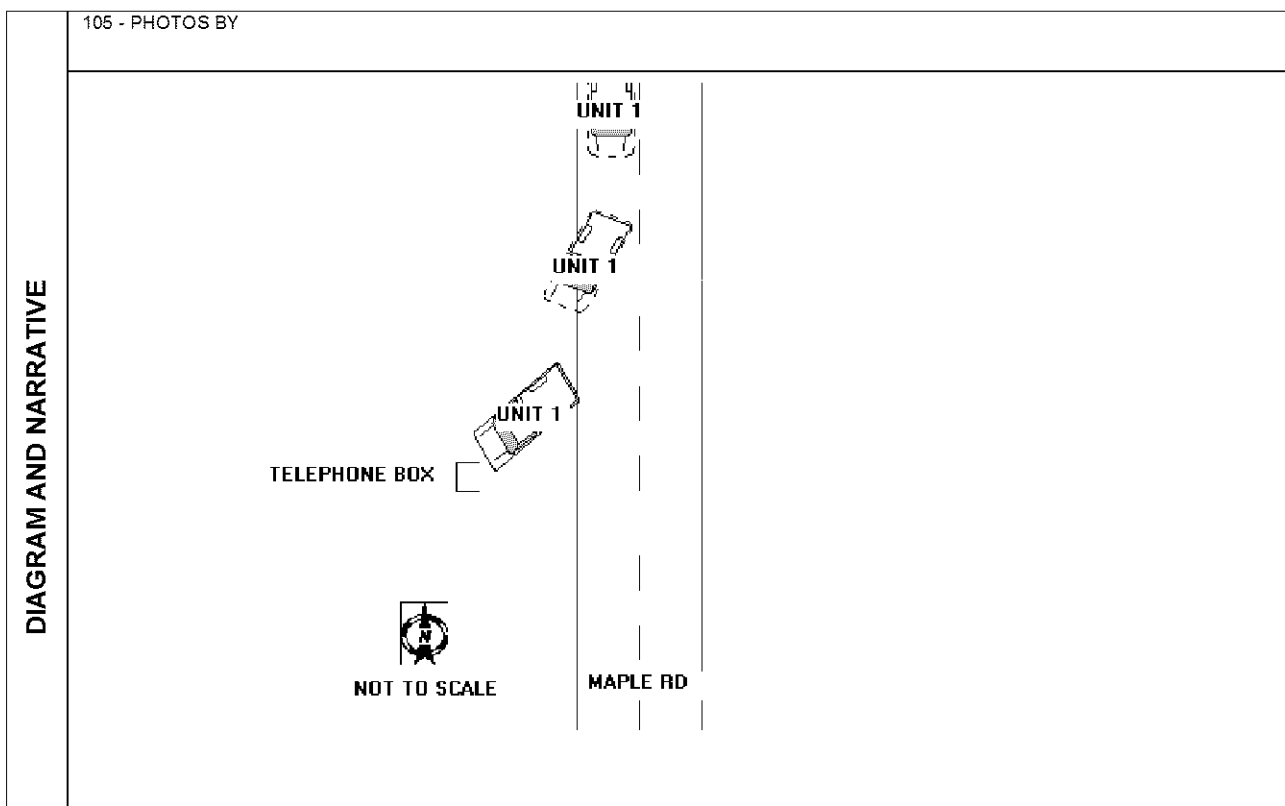
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PROPERTY OWNER 01	84 - Company Name KEWAUNEE COUNTY HIGHWAY DEPARTMENT		Government Property Type COUNTY/MUNICIPAL	
	85 - Address Street & Number E4280 CTH F		85 - PO Box	
	86 - City KEWAUNEE	86 - State WI	86 - Zip Code 54216	87 - Telephone Number (920) 388-3707 EXT.
	83 - Government Damage Tag Number 12-0295			
	Fixed Objects Struck			
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	

Property

PROPERTY OWNER 02	Organization Type ORGANIZATION	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
	84 - Company Name CENTURYLINK			Government Property Type	
	85 - Address Street & Number 330 FRONT ST N		85 - PO Box 4800		
	86 - City LACROSSE	86 - State WI	86 - Zip Code 54601	87 - Telephone Number (888) 231-3321 EXT.	
	83 - Government Damage Tag Number				
Fixed Objects Struck					
82 - Striking Unit 1	82 - Object Struck OTHER-FIXED-OBJECT	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



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UNIT 1 WAS TRAVELING SOUTHBOUND ON MAPLE ROAD. UNIT 1 ENTERED WEST DITCH AND STRUCK A TELEPHONE BOX CAUSING DAMAGE TO IT. UNIT 1 LEFT THE SCENE. NO EVIDENCE LEFT BEHIND AT THE SCENE.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name KARMAN	125 - First Name RICHARD	125 - Middle Initial T	131 - Officer ID 53
	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 01/15/2012	133 - Time Notified (Military Time) 0813	134 - Time Arrived (Military Time) 0830	135 - Date Of Report 01/15/2012
	Agency Accident Number	Police Number 12-0295	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 <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			