

POLICE # 12-0356

ACCIDENT #

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

<input type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number <b>D8FHZFZ</b>	Document Override Number
Agency Accident Number		Police Number <b>12-0356</b>		
4 - Accident Date <b>01/18/2012</b>	5 - Time of Accident (Military Time) <b>1050</b>	6 - Total Units <b>02</b>	7 - Total Injured <b>00</b>	8 - Total Killed <b>00</b>
2 - County <b>KEWAUNEE - 31</b>		3 - Municipality <b>RED RIVER - 09, TOWN</b>		11 - Accident Location <b>PARKING LOT</b>
14 - On Hwy No.	14 - On Street Name <b>PARKING LOT</b>	14 - Bus/Frnt/Rmp	15 - Est. Dist	Ft/Mi
16 - Fr/At Hwy No.	16 - From/At Street Name <b>PARK RD</b>	16 - Business/Frontage/Ramp		
17 - Structure Type <b>HOUSE #</b>	17 - Structure Number <b>E420</b>	12 - Latitude <b>44.66825</b>	13 - Longitude <b>-87.74512</b>	
80 - First Harmful Event <b>PARKED MOTOR VEHICLE</b>		93 - Manner of Collision <b>SIDESWIPE. SAME DIRECTION</b>		
112 - Access Control <b>NO CONTROL</b>	113 - Road Curvature <b>CURVE</b>	113 - Road Terrain <b>LEVEL/FLAT</b>	Surface Type <b>SLAG, GRAVEL, OR STONE - 4</b>	
115 - Traffic Way <b>PARKING-LOT-OR-PRIVATE-PROPERTY</b>				
117 - Relation To Roadway <b>PARKING-LOT-OR-PRIVATE-PROPERTY</b>				
114 - Light Condition <b>DAYLIGHT</b>		116 - Road Surface Condition <b>SNOW/SLUSH</b>		118 - Weather <b>CLOUDY</b>
<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Government Property	<input type="checkbox"/> Fire	<input checked="" type="checkbox"/> Photos Taken	<input checked="" 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 checked="" 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 <b>PARKED MOTOR VEHICLE</b>	23 - Dir Of Travel <b>WEST</b>	24 - Speed Limit <b>25</b>
36 - Operating as Classified <b>D CLASS</b>	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number <b>L5307376203103</b>	30 - State <b>WI</b>	31 - Expiration Year <b>2019</b>	34 - On Duty Accident <b>POLICE</b>
25 - Operator/Pedestrian Last Name <b>LIND</b>		25 - First Name <b>RANDAL</b>	25 - Middle Initial <b>S</b>
32 - Date Of Birth <b>01/31/1962</b>	33 - Sex <b>MALE</b>		
26 - Address Street & Number <b>2684 DEVELOPMENT DR</b>			26 - PO Box
27 - City <b>GREEN BAY</b>		27 - State <b>WI</b>	27 - Zip Code <b>543110000</b>
28 - Telephone Number <b>(920) 448-6184 EXT.</b>			
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>
43 - Trapped/Extricated <b>NOT-TRAPPED</b>		44 <input type="checkbox"/> Medical Transport	
92 - Pedestrian Location		92 - Pedestrian Action	
119 - What Driver Was Doing <b>MAKING-LEFT-TURN</b>		120 - Traffic Control <b>NO-CONTROL</b>	
62 - No. of Citations Issued <b>0</b>			
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.
64 - 5th Statute No.			
122 - Driver Factors <b>NOT-APPLICABLE</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>		91 - Drug Test <b>TEST-NOT-GIVEN</b>	

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

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>TRUCK</b>		Vehicle Type <b>PICKUP/UTILITY-TRUCK</b>			22 - Total Occupants <b>1</b>
	56 - License Plate Number <b>197SXW</b>		57 - Plate Type <b>LTK</b>	58 - State <b>WI</b>	59 - Exp Year <b>2013</b>	55 - Vehicle Identification Number <b>1GNFK16327J284318</b>
	50 - Year <b>2007</b>	51 - Make <b>CHEV</b>	52 - Model <b>K1500</b>	53 - Body Style <b>4D</b>	54 - Color <b>BLK</b>	100 - Skidmarks to Impact (Ft) <b>0</b>
	94 - Vehicle Damage <b>REAR DRIVER SIDE</b>					
	95 - Extent Of Damage <b>VERY-MINOR</b>		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By <b>OPERATOR</b>	
	123 - Vehicle Factors <b>NOT-APPLICABLE</b>					

**Vehicle Owner**

<b>VEH OWNER 01</b>	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 <b>BROWN COUNTY SHERIFF'S DEPARTMENT</b>					
	47 - Address Street & Number <b>2684 DEVELOPMENT DRIVE</b>				47 - PO Box	
	48 - City <b>GREEN BAY</b>		48 - State <b>WI</b>	48 - Zip Code <b>543110000</b>		49 - Telephone Number <b>(920) 448-4200 EXT.</b>

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>WISCONSIN-MUNICIPAL-MUTUAL-INS-CO</b>				60 <input type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name			61 - Policy Holder First Name		
	61 - Policy Holder Company <b>BROWN COUNTY</b>					

**School Bus**

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

**Operator/Pedestrian**

Unit Status <b>L - LEGALLY PARKED</b>		81 - Most Harmful Event: Collision With <b>MOTOR VEHICLE IN TRANSPORT</b>		23 - Dir Of Travel <b>WEST</b>	24 - Speed Limit <b>N/A</b>
36 - Operating as Classified <b>D CLASS</b>		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
32 - Date Of Birth		33 - Sex			

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<b>OPERATOR/PEDESTRIAN 02</b>	26 - Address Street & Number					26 - PO Box	
	27 - City			27 - State	27 - Zip Code		28 - Telephone Number
	39 - Seat Position <b>BLANK</b>				40 - Safety Equipment <b>NOT-APPLICABLE-NONMOTORIST</b>		
	38 - Injury Severity		41 - Airbag <b>NOT APPLICABLE</b>		42 - Ejected <b>NOT-APPLICABLE</b>		44 <input type="checkbox"/> Medical Transport
	43 - Trapped/Extricated <b>NOT-APPLICABLE</b>		92 - Pedestrian Location		92 - Pedestrian Action		
	119 - What Driver Was Doing <b>LEGALLY-PARKED</b>			120 - Traffic Control <b>NO-CONTROL</b>		62 - No. of Citations Issued <b>0</b>	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.		
	122 - Driver Factors <b>NOT-APPLICABLE</b>						
	88 - Driver or Pedestrian Cond		89 - Substance Presence				
	90 - Alcohol Test		90 - Alcohol Content		91 - Drug Test		
	91 - Drugs Reported						
	124 - Highway Factors <b>NOT-APPLICABLE</b>						

**Vehicle**

<b>VEHICLE 02</b>	21 - Unit Type <b>TRUCK</b>			Vehicle Type <b>PICKUP/UTILITY-TRUCK</b>			22 - Total Occupants <b>0</b>	
	56 - License Plate Number <b>77316</b>		57 - Plate Type <b>LTK</b>	58 - State <b>WI</b>	59 - Exp Year <b>2000</b>	55 - Vehicle Identification Number <b>1FTJW36G0TEB42588</b>		
	50 - Year <b>1996</b>	51 - Make <b>FORD</b>	52 - Model <b>F350</b>	53 - Body Style <b>PK</b>		54 - Color <b>RED</b>	100 - Skidmarks to Impact (Ft) <b>0</b>	
	94 - Vehicle Damage <b>FRONT PASSENGER SIDE</b>							
	95 - Extent Of Damage <b>VERY-MINOR</b>		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By <b>OPERATOR</b>			
123 - Vehicle Factors <b>NOT-APPLICABLE</b>								

**Vehicle Owner**

<b>VEH OWNER 02</b>	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 <b>BRUSSELS-UNION-GARDNER FIRE DEPT</b>						
	47 - Address Street & Number <b>9952 CTH N</b>				47 - PO Box		
	48 - City <b>BRUSSELS</b>		48 - State <b>WI</b>	48 - Zip Code <b>54204</b>		49 - Telephone Number <b>(920) 825-1465 EXT.</b>	

**Insurance**

<b>INS 02</b>	63 - Liability Insurance Company <b>NOT-REQUIRED</b>		60 <input type="checkbox"/> <b>Policy Holder Same As Owner</b>
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company		

**School Bus**

<b>BUS 02</b>	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Trailer**

<b>TRL 01</b>	106 - Power Unit Number 01	License Plate Number	Plate Type	State WI	Expiration Year
	Trailer Make FABRIQUE		Unit Type UTIL	Vehicle Identification Number 2C4TB5BD8BT028123	

**Diagram and Narrative**

<b>DIAGRAM AND NARRATIVE</b>	105 - PHOTOS BY
	<p style="text-align: center;">Red River Park</p> <p style="text-align: right;">Not Drawn to Scale</p>
<p>DRIVER #1 WAS MAKING TURN IN PARKING LOT PULLING A SMALL TRAILER AND HOOKED THE PASSENGER SIDE OF LEGALLY PARKED #2. DRIVER #2 TRAILER INFORMATION FABRIQUE AND VIN NUMBER 2C4TB5BD8BT028123. VERY MINOR DAMAGE DONE TO BOTH VEHICLES. END OF REPORT.</p>	

**Officer Information**

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<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>KASSNER</b>		125 - First Name <b>JOSEPH</b>		125 - Middle Initial <b>E</b>		131 - Officer ID <b>41</b>		
	129 - Law Enforcement Agency No. <b>3100</b>		130 - Law Enforcement Agency Name <b>KEWAUNEE COUNTY SHERIFF</b>						
	126 - Law Enforcement Agency Address Street & Number <b>620 JUNEAU STREET</b>								
	127 - City <b>KEWAUNEE</b>			127 - State <b>WI</b>		127 - Zip Code <b>54216</b>		128 - Telephone Number <b>(920) 388-3100 EXT.</b>	
	132 - Date Notified <b>01/18/2012</b>		133 - Time Notified (Military Time) <b>1050</b>		134 - Time Arrived (Military Time) <b>1050</b>		135 - Date Of Report <b>01/18/2012</b>		
	Agency Accident Number		Police Number <b>12-0356</b>		19 - Special Study				
	18 - Agency Space								

**Truck and Bus**

<b>TRUCK/BUS</b>	136 <input checked="" type="checkbox"/> <b>A truck or truck combination &gt; 10,000 lbs GVWR/GCWR</b>				136 <input type="checkbox"/> <b>Any vehicle displaying a hazardous materials placard</b>			
	136 <input type="checkbox"/> <b>A vehicle designed to carry 9 or more people, including the driver</b>							
	136 <input type="checkbox"/> <b>Fatal Injury</b>		136 <input type="checkbox"/> <b>Medical Transport</b>		136 <input type="checkbox"/> <b>One or more vehicles towed from the scene due to disabling damage</b>			
	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 <b>Interstate Carrier</b> <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				