

PK2012

POLICE # 16-65068

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number DGWRBR		Document Override Number	
Agency Accident Number				Police Number 16-65068					
4 - Accident Date 12/11/2016		5 - Time of Accident (Military Time) 1033		6 - Total Units 02		7 - Total Injured 02		8 - Total Killed 00	
2 - County WAUKESHA - 67		3 - Municipality WAUKESHA - 67, City				11 - Accident Location Intersection			
14 - On Hwy No.	14 - On Street Name W ST PAUL AVE			14 - Bus/Fmt/Rmp		15 - Est. Distance		15 - Hwy. Dir	
16 - Fr/At Hwy No.	16 - From/At Street Name S MORELAND BLVD				16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude 43.004613334968			13 - Longitude -88.25152730777		
80 - First Harmful Event Curb				93 - Manner of Collision No Collision with Motor Vehicle in Transport					
112 - Access Control No Control		113 - Road Curvature Straight		113 - Road Terrain Hill		Surface Type Blacktop, Bituminous, or Asphalt - 2			
115 - Traffic Way Divided-Highway-Median-Strip-Without-Traffic-Barrier									
117 - Relation To Roadway On-Roadway									
114 - Light Condition Daylight			116 - Road Surface Condition Snow/Slush			118 - Weather Cloudy			
9 <input type="checkbox"/> Hit and Run	9 <input 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 checked="" type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input checked="" 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 Utility Pole		23 - Dir Of Travel EAST		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number B5200188942608			30 - State WI	31 - Expiration Year 2024	34 - On Duty Accident		
25 - Operator/Pedestrian Last Name BENZ			25 - First Name ANTHONY		25 - Middle Initial T	25 - Suffix	
32 - Date Of Birth 11/26/1989		33 - Sex Male					
26 - Address Street & Number 4106 STILLWATER CIR						26 - PO Box	
27 - City WAUKESHA		27 - State WI	27 - Zip Code 53189		28 - Telephone Number (262) 951-1778 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 C - Possible 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 Traffic-Signal-Operating			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		

OPERATOR/PEDESTRIAN 01

124 - Highway Factors Snow,-lce,-or-Wet
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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>2</b>
	56 - License Plate Number <b>672UAP</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2017</b>	55 - Vehicle Identification Number <b>4S4BRCGC7C3296701</b>
	50 - Year <b>2012</b>	51 - Make <b>SUBA</b>	52 - Model <b>OUTBACK</b>	53 - Body Style <b>SW - STATIONWAGO</b>	54 - Color <b>BLU</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>Front Driver Side, Middle Driver Side</b>					
	95 - Extent Of Damage <b>Moderate</b>		96 <input checked="" type="checkbox"/> <b>Vehicle Towed Due To Damage</b>		97 - Vehicle Removed By <b>ELDERS 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>BENZ</b>		46 - First Name <b>ANTHONY</b>		46 - Middle Initial <b>T</b>
	46 - Company Name		Date Of Birth <b>11/26/1989</b>		
	47 - Address Street & Number <b>4106 STILLWATER CIR</b>			47 - PO Box	
	48 - City <b>WAUKESHA</b>		48 - State <b>WI</b>	48 - Zip Code <b>53189</b>	49 - Telephone Number <b>(262) 951-1778 Ext.</b>

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>BRENNAN INSURANCE</b>		60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>		
	61 - Policy Holder Last Name <b>BENZ</b>		61 - Policy Holder First Name <b>ANTHONY</b>		
	61 - Policy Holder Company				

**School Bus**

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

**Operator/Pedestrian**

<b>02</b>	Unit Status <b>N - Non-Contact</b>		81 - Most Harmful Event: Collision With <b>Other Non-collision</b>		23 - Dir Of Travel <b>SOUTH</b>	24 - Speed Limit <b>25</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 <b>H6304417134304</b>		30 - State <b>WI</b>	31 - Expiration Year <b>2023</b>	34 - On Duty Accident <b>Winter-Hwy-Maintenance</b>		
	25 - Operator/Pedestrian Last Name <b>HART</b>		25 - First Name <b>JAMES</b>		25 - Middle Initial <b>A</b>	25 - Suffix	
	32 - Date Of Birth <b>09/23/1971</b>		33 - Sex <b>Male</b>				
	26 - Address Street & Number <b>N7517 BOWERS RD</b>				26 - PO Box		
	27 - City <b>ELKHORN</b>		27 - State <b>WI</b>	27 - Zip Code <b>53121</b>	28 - Telephone Number <b>(262) 853-3920 Ext.</b>		

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<b>OPERATOR/PEDESTRIAN</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>	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>LEFT TURN</b>		120 - Traffic Control <b>Stop-Sign</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>Improper-Turn</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				
	124 - Highway Factors <b>Not-Applicable</b>				

**Vehicle**

<b>VEHICLE 02</b>	21 - Unit Type <b>Truck</b>		Vehicle Type <b>Snow-Plow</b>			22 - Total Occupants <b>1</b>
	56 - License Plate Number <b>61730</b>		57 - Plate Type <b>MUN</b>	58 - State <b>WI</b>	59 - Exp Year	55 - Vehicle Identification Number <b>2FZAATAK03AK69145</b>
	50 - Year <b>2003</b>	51 - Make <b>STLG</b>	52 - Model	53 - Body Style <b>DP - DUMP TRUCK</b>	54 - Color <b>YEL</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>None</b>					
	95 - Extent Of Damage <b>None</b>		96 <input type="checkbox"/> <b>Vehicle Towed Due To Damage</b>		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"/> <b>Vehicle Owner Same As Operator</b>					
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name <b>CITY OF WAUKESHA</b>					
	47 - Address Street & Number <b>201 DELAFIELD STREET</b>			47 - PO Box		
	48 - City <b>WAUKESHA</b>		48 - State <b>WI</b>	48 - Zip Code <b>53186</b>	49 - Telephone Number <b>(262) 524-3600 Ext.</b>	

**Insurance**

<b>02</b>	63 - Liability Insurance Company <b>GOVERNMENT</b>		60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>		
	61 - Policy Holder Last Name		61 - Policy Holder First Name		

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INS			
	CITY OF WAUKESHA		

**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			

**Occupant**

OCCUPANT 01	<input type="checkbox"/> Address Same As Operator			
	65 - Unit No 01	66 - Occupant Last Name MOSEY	66 - First Name TIFFANIE	66 - Middle Initial N
	68 - Address Street & Number 4106 STILLWATER CIR		68 - PO Box	
	68 - City WAUKESHA		68 - State WI	68 - Zip Code 53189
	67 - Date of Birth 10/11/1988		69 - Sex F	
	71 - Seat Position Front-Seat-Right-Side-(Train Engineer)		72 - Safety Equipment Shoulder-Belt-And-Lap-Belt-Used	
	70 - Injury Severity C - Possible Injury		73 - Airbag Non-Deployed	75 - Ejected Not-Ejected
	76 - Trapped/Extricated Not-Trapped		77 <input type="checkbox"/> Medical Transport	

**Trailer**

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

**Property**

PROPERTY OWNER 01	Organization Type Organization/Compa	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix	
	84 - Company Name WISCONSIN ELECTRIC CLAIMS			Government Property Type		
	85 - Address Street & Number ROOM P418		85 - PO Box 1132			
	86 - City MILWAUKEE		86 - State WI	86 - Zip Code 53201	87 - Telephone Number (414) 221-3449 Ext.	
	83 - Government Damage Tag Number					

**Fixed Objects Struck**

82 - Striking Unit 01	82 - Object Struck Utility-Pole	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**

<b>PROPERTY OWNER 02</b>	Organization Type Organization/Compa	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
	84 - Company Name GE POWER AND WATER			Government Property Type	
	85 - Address Street & Number 1101 W ST PAUL AVE		85 - PO Box		
	86 - City WAUKESHA	86 - State WI	86 - Zip Code 53188	87 - Telephone Number (262) 549-2777 Ext.	
	83 - Government Damage Tag Number				
<b>Fixed Objects Struck</b>					
82 - Striking Unit 01	82 - Object Struck Fence	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>UNIT 1 TRAVELING EAST ON W ST PAUL AVE APPROACHING S MORELAND BLVD. UNIT 1 HAD A GREEN TRAFFIC LIGHT. UNIT 2 TRAVELING SOUTH ON S MORELAND AND MADE A LEFT TURN FROM THE RIGHT TURN ONLY LANE ONTO W ST PAUL. THAT CAUSED UNIT 1 TO SWERVE RIGHT TO AVOID A COLLISION AND GO OFF THE ROAD. UNIT 1 SIDESWIPE A UTILITY POLE AND THEN STRUCK A GE FENCE. UNIT 1 WENT THROUGH THE FENCE AND CAME TO REST IN THE PARKING LOT OF GE</p>

**Witness**

<b>01</b>	107 - Witness Last Name ZIMMERMANN	107 - First Name DANIEL	107 - Middle Initial K
	108 - Address Street & Number 1009 LEMURA CIRCLE	108 - PO Box	109 - Date of Birth 3/11/1970 12:00:00 A

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<b>WITNESS</b>	110 - City <b>WAUKESHA</b>			State <b>WI</b>	110 - Zip Code <b>53188</b>	111 - Telephone Number <b>(414) 218-5594 Ext.</b>

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>KERMENDY</b>		125 - First Name <b>GREG</b>		125 - Middle Initial		31 - Officer ID <b>P287</b>		
	129 - Law Enforcement Agency No.		130 - Law Enforcement Agency Name <b>WAUKESHA POLICE DEPARTMENT</b>						
	126 - Law Enforcement Agency Address Street & Number <b>1901 DELAFIELD STREET</b>								
	127 - City <b>WAUKESHA</b>			127 - State <b>WI</b>		127 - Zip Code <b>53188</b>		128 - Telephone Number <b>(262) 524-3802 Ext.</b>	
	132 - Date Notified <b>12/11/2016</b>		133 - Time Notified (Military Time) <b>1033</b>		134 - Time Arrived (Military Time) <b>1039</b>		135 - Date Of Report <b>12/11/2016</b>		
				16-65068		19 - Special Study			
	18 - Agency Space								

**Truck and Bus**

<b>TRUCK/BUS 02</b>	136 A truck or truck combination > 10,000 lbs <input checked="" type="checkbox"/> <b>GVWR/GCWR</b>				136 Any vehicle displaying a hazardous materials <input type="checkbox"/> 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 One or more vehicles towed from the scene due to disabling damage <input checked="" type="checkbox"/>				
	Unit Number <b>02</b>								
	137 - Hazardous Materials Class Numbers								
	137 - Hazardous Materials "UN" Nos.			HazMat 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 Driver
	139 - Carrier Name <b>CITY OF WAUKESHA</b>								
	142 - Carrier Address <b>201 DELAFIELD STREET</b>				City <b>WAUKESHA</b>		State <b>WI</b>	Zip Code <b>53186</b>	
143 - GVWR (Lbs)		144 - Total No. of Axles <b>3</b>		145 - Vehicle Configuration <b>Single-Unit-Truck-3-Or-More-Axles</b>			147 - Cargo Body Type <b>Dump</b>		
146 - First Event <b>Other</b>				146 - Second Event					
146 - Third Event				146 - Fourth Event					