

PK2011

12-313773  
POLICE # 12-313773

ACCIDENT # 602E

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9BH43XM		Document Override Number	
Agency Accident Number 602E				Police Number 12-313773					
4 - Accident Date 11/02/2012		5 - Time of Accident (Military Time) 1130		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County DANE - 13		3 - Municipality MADISON - 73, CITY				11 - Accident Location INTERSECTION			
14 - On Hwy No.	14 - On Street Name S FAIR OAKS AVE			14 - Bus/Fmt/Rmp		15 - Est. Dist	Ft/Mi	15 - Hwy. Dir	
16 - Fr/At Hwy No.	16 - From/At Street Name EMMET ST			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 SIDESWIPE. SAME DIRECTION					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
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			
<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 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		

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel WEST		24 - Speed Limit 25	
36 - Operating as Classified B CLASS		37 - Endorsements		35 <input checked="" type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number W4524365538307		30 - State WI	31 - Expiration Year 2018	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name JOHNSON			25 - First Name ERIC		25 - Middle Initial R	25 - Suffix	
32 - Date Of Birth 10/23/1955		33 - Sex MALE					
26 - Address Street & Number 2889 MAIN ST						26 - PO Box	
27 - City SUN PRAIRIE		27 - State WI	27 - Zip Code 53590		28 - Telephone Number (608) 231-7635		
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 TOTALLY-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing MAKING-RIGHT-TURN			120 - Traffic Control STOP-SIGN			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

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91 - Drugs Reported
124 - Highway Factors <b>NOT-APPLICABLE</b>

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>TRUCK</b>		Vehicle Type <b>STRAIGHT-TRUCK-(INSERT TRUCK)</b>			22 - Total Occupants <b>02</b>
	56 - License Plate Number <b>72699</b>		57 - Plate Type <b>MUN</b>	58 - State <b>WI</b>	59 - Exp Year <b>2012</b>	55 - Vehicle Identification Number <b>1FVHCYBSX5HV50102</b>
	50 - Year <b>2005</b>	51 - Make <b>FRHT</b>	52 - Model	53 - Body Style <b>GG</b>	54 - Color <b>BRO</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 01</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 MADISON STREETS EAST</b>					
	47 - Address Street & Number <b>4602 SYCAMORE ST</b>			47 - PO Box		
	48 - City <b>MADISON</b>		48 - State <b>WI</b>	48 - Zip Code <b>537044704</b>	49 - Telephone Number <b>(608) 246-4532 EXT.</b>	

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>WISCONSIN-MUNICIPAL-MUTUAL-INS-CO</b>		60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company <b>CITY OF MADISON STREETS EAST</b>		

**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**

Unit Status		81 - Most Harmful Event: Collision With <b>MOTOR VEHICLE IN TRANSPORT</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"/> <b>Operating Commercial Motor Vehicle</b>	
29 - Driver's License Number <b>E1525317979106</b>		30 - State <b>WI</b>	31 - Expiration Year <b>2015</b>	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name <b>JEFFERSON</b>		25 - First Name <b>MADELINE</b>		25 - Middle Initial <b>K</b>	25 - Suffix
32 - Date Of Birth <b>08/11/1979</b>		33 - Sex <b>FEMALE</b>			

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<b>OPERATOR/PEDESTRIAN 02</b>	26 - Address Street & Number 1411 AMITY DRIVE				26 - PO Box	
	27 - City <b>MADISON</b>		27 - State <b>WI</b>	27 - Zip Code <b>53704</b>	28 - Telephone Number	
	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"/> Medical Transport	
	43 - Trapped/Extricated <b>NOT-TRAPPED</b>		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing <b>GOING-STRAIGHT</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-OVERTAKING</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>AUTOMOBILE</b>			Vehicle Type <b>PASSENGER-CAR</b>			22 - Total Occupants <b>02</b>
	56 - License Plate Number <b>288LNG</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2013</b>	55 - Vehicle Identification Number <b>2T1KR32E33C125898</b>	
	50 - Year <b>2003</b>	51 - Make <b>TOYT</b>	52 - Model <b>MATRIX</b>	53 - Body Style <b>HB</b>	54 - Color <b>GRY</b>	100 - Skidmarks to Impact (Ft)	
	94 - Vehicle Damage <b>REAR PASSENGER SIDE</b>						
	95 - Extent Of Damage <b>MODERATE</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 checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name <b>EVANS</b>		46 - First Name <b>LEAH</b>		46 - Middle Initial <b>K</b>
	46 - Company Name		Date Of Birth <b>08/11/1979</b>		
	47 - Address Street & Number <b>3129 EMMET ST</b>			47 - PO Box	
	48 - City <b>MADISON</b>		48 - State <b>WI</b>	48 - Zip Code <b>53704</b>	49 - Telephone Number

**Insurance**

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<b>INS 02</b>	63 - Liability Insurance Company <b>LIBERTY-MUTUAL</b>		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	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			

**Occupant**

<b>OCCUPANT 01</b>	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No <b>01</b>	66 - Occupant Last Name <b>UNKNOWN</b>	66 - First Name	66 - Middle Initial	66 - Suffix
	68 - Address Street & Number		68 - PO Box		
	68 - City		68 - State	68 - Zip Code	
	67 - Date of Birth		69 - Sex		
	71 - Seat Position <b>FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)</b>		72 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>		
	70 - Injury Severity <b>N - NO APPARENT INJURY</b>	73 - Airbag <b>NON-DEPLOYED</b>	75 - Ejected <b>NOT-EJECTED</b>	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated <b>NOT-TRAPPED</b>	78 - Agency Space			

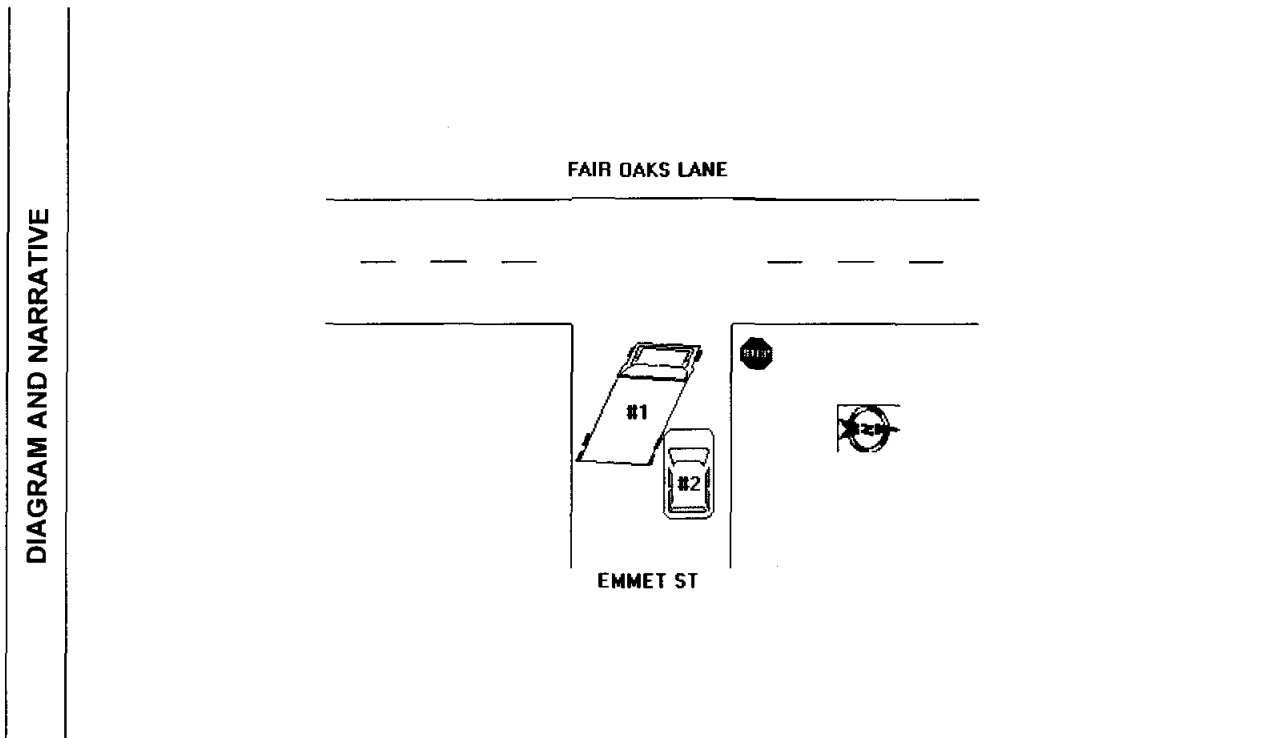
**Occupant**

<b>OCCUPANT 02</b>	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No <b>02</b>	66 - Occupant Last Name <b>MARTIN</b>	66 - First Name <b>JENNIFER</b>	66 - Middle Initial <b>R</b>	66 - Suffix
	68 - Address Street & Number <b>: 901 CHURCH ST</b>		68 - PO Box		
	68 - City <b>MADISON</b>		68 - State <b>WI</b>	68 - Zip Code <b>53704</b>	
	67 - Date of Birth <b>06/13/2010</b>		69 - Sex <b>FEMALE</b>		
	71 - Seat Position <b>SECOND-SEAT-RIGHT</b>		72 - Safety Equipment <b>CHILD-SAFETY-SEAT-USED</b>		
	70 - Injury Severity <b>N - NO APPARENT INJURY</b>	73 - Airbag <b>NON-DEPLOYED</b>	75 - Ejected <b>NOT-EJECTED</b>	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated <b>NOT-TRAPPED</b>	78 - Agency Space			

**Diagram and Narrative**

105 - PHOTOS BY
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WILLIAMSON (UNIT 1) WAS STOPPED ON WESTBOUND EMMET ST. AT THE STOP SIGN WAITING TO MAKE A RIGHT TURN ONTO FAIR OAKS AVE. WILLIAMSON WAS OPERATING A LARGE CITY GARBAGE TRUCK. EMMET ST. IS A NARROW ROAD. WILLIAMSON TOLD ME HE SWUNG OUT WIDE TO THE LEFT SIDE OF EMMET ST. IN ORDER TO MAKE THE RIGHT TURN SAFELY. EVANS (UNIT 2) WAS TRAVELING WESTBOUND ON EMMET ST. EVANS TOLD ME SHE DROVE UP BEHIND UNIT 1 AND STOPPED FOR SEVERAL SECONDS AND DIDN'T SEE UNIT 1 MOVE. EVANS THOUGHT UNIT 1 WAS WORKING ON THE LEFT SIDE OF THE TERRACE. EVANS SAID SHE BLEW HER HORN SEVERAL TIMES AND STARTED TO INCH UP. PASSING UNIT 1 ON THE RIGHT SIDE. SO SHE COULD TURN RIGHT ONTO FAIR OAKS AVE. AS EVANS (UNIT 2) PULLED UP ALONG THE RIGHT SIDE OF WILLIAMSON (UNIT 1), HE STARTED TO MAKE THE RIGHT TURN AND SIDESWIPE THE FRONT END OF UNIT 2. WILLIAMSON STATED HE NEVER SAW EVANS, NOR DID HE HEAR HER BLOWING THE HORN. SGT. LAURI SCHWARTZ RESPONDED AND CONCURRED NO TICKETS WOULD BE ISSUED TO EITHER DRIVER.

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>TOBIAS</b>	125 - First Name <b>DRURI</b>	125 - Middle Initial	131 - Officer ID <b>2640</b>
	129 - Law Enforcement Agency No. <b>314</b>	130 - Law Enforcement Agency Name <b>MADISON POLICE DEPARTMENT</b>		
	126 - Law Enforcement Agency Address Street & Number <b>211 S CARROLL ST</b>			
	127 - City <b>MADISON</b>	127 - State <b>WI</b>	127 - Zip Code <b>53703</b>	128 - Telephone Number <b>(608) 266-4072 EXT.</b>
	132 - Date Notified <b>11/02/2012</b>	133 - Time Notified (Military Time) <b>1137</b>	134 - Time Arrived (Military Time) <b>1158</b>	135 - Date Of Report <b>11/10/2012</b>
	Agency Accident Number <b>602E</b>	Police Number <b>12-313773</b>	19 - Special Study	
	18 - Agency Space			

**Truck and Bus**

136 <input checked="" 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	

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**TRUCK/BUS**

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		