

PK2011

POLICE # 1-12

ACCIDENT #

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5KFSF		Document Override Number		
Agency Accident Number				Police Number 1-12						
4 - Accident Date 01/01/2012		5 - Time of Accident (Military Time) 0028		6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00		
2 - County POLK - 48		3 - Municipality LINCOLN - 16, TOWN				11 - Accident Location INTERSECTION				
14 - On Hwy No. JJ	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Dist 50	Ft/Mi F	15 - Hwy. Dir SOUTH		
16 - Fr/At Hwy No.	16 - From/At Street Name COUNTY RD J			16 - Business/Frontage/Ramp						
17 - Structure Type	17 - Structure Number		12 - Latitude			13 - Longitude -				
80 - First Harmful Event OVERTURN				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-RIGHT										
114 - Light Condition DARK-NOT-LIGHTED		116 - Road Surface Condition SNOW/SLUSH			118 - Weather SNOW					
9 <input type="checkbox"/> Hit and Run	9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire	9 <input checked="" 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 checked="" 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 OVERTURN		23 - Dir Of Travel SOUTH		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 8166804106		30 - State WI	31 - Expiration Year 2015	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name SHUTTLEWORTH			25 - First Name TERRY		25 - Middle Initial R	25 - Suffix	
32 - Date Of Birth 02/1968		33 - Sex MALE					
26 - Address Street & Number 701 1ST AVE						26 - PO Box	
27 - City PRAIRIE FARM		27 - State WI	27 - Zip Code 54762		28 - Telephone Number (715) 455-1036 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 SLOWING-OR-STOPPING			120 - Traffic Control STOP-SIGN			62 - No. of Citations Issued 2	
64 - 1st Statute No. 346.63(1)(A)	64 - 2nd Statute No. 346.63(1)(B)	64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.	
122 - Driver Factors FAILURE-TO-HAVE-CONTROL							
88 - Driver or Pedestrian Cond REDUCED ALERTNESS		89 - Substance Presence ALCOHOL-PRESENT					
90 - Alcohol Test TEST GIVEN		90 - Alcohol Content .14			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 1
	56 - License Plate Number HD8751		57 - Plate Type LTK	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1FTRX18L5YNA26485
	50 - Year 2000	51 - Make FORD	52 - Model F150	53 - Body Style PK	54 - Color BLU	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage TOTAL (DAMAGE TO ALL AREAS)					
	95 - Extent Of Damage SEVERE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By CENTRAL AUTO BODY AND REPAIR	
	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 SHUTTLEWORTH		46 - First Name TERRY		46 - Middle Initial R	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 701 1ST AVE				47 - PO Box	
	48 - City PRAIRIE FARM		48 - State WI	48 - Zip Code 54762		49 - Telephone Number (715) 455-1036 EXT.

Insurance

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

School Bus

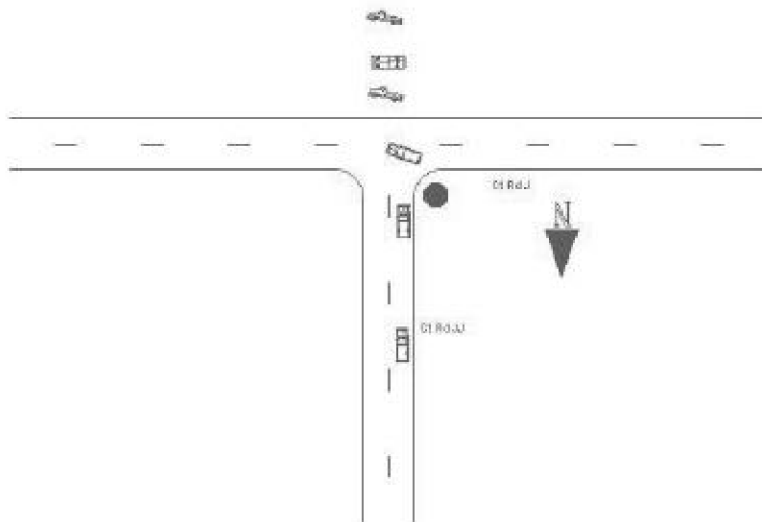
BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Diagram and Narrative

105 - PHOTOS BY STROBACH

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DIAGRAM AND NARRATIVE



UNIT ONE WAS SOUTHBOUND ON COUNTY RD JJ WHEN IT WENT THROUGH THE INTERSECTION AT CT RD J AND WENT INTO THE SOUTH DITCH OF CT RD J AND ROLLED OVER. THE DRIVER STATED THAT HE TRIED TO STOP BUT JUST SLID THROUGH THE INTERSECTION DUE TO SLIPPERY ROADS.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name KRAUTKRAMER		125 - First Name CORY	125 - Middle Initial	131 - Officer ID 924	
	129 - Law Enforcement Agency No.		130 - Law Enforcement Agency Name POLK COUNTY SHERIFF			
	126 - Law Enforcement Agency Address - Street & Number 1005 W MAIN ST SUITE 900					
	127 - City BALSAM LAKE		127 - State WI	127 - Zip Code 54810	128 - Telephone Number (715) 485-8300 EXT.	
	132 - Date Notified 01/01/2012	133 - Time Notified (Military Time) 0028	134 - Time Arrived (Military Time) 0039	135 - Date Of Report 01/01/2012		
	Agency Accident Number		Police Number 1-12	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					

Wisconsin Motor Vehicle
Accident Report MV4000e 01/2005

LF5KFSF

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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		