

PK2011

POLICE # 17-12

ACCIDENT #

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5GGW5		Document Override Number	
Agency Accident Number				Police Number 17-12					
4 - Accident Date 01/02/2012		5 - Time of Accident (Military Time) 2305		6 - Total Units 01		7 - Total Injured 01		8 - Total Killed 00	
2 - County POLK - 48		3 - Municipality OSCEOLA - 21, TOWN				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No. M	14 - On Street Name COUNTY RD M			14 - Bus/Frnt/Rmp		15 - Est. Dist 0.25	Ft/Mi M	15 - Hwy. Dir NORTH	
16 - Fr/At Hwy No.	16 - From/At Street Name COUNTY RD K				16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude		13 - Longitude -			
80 - First Harmful Event DITCH				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-LEFT									
114 - Light Condition DARK-NOT-LIGHTED			116 - Road Surface Condition ICE			118 - Weather CLOUDY			
9 <input 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 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		81 - Most Harmful Event: Collision With DITCH		23 - Dir Of Travel NORTH		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 [REDACTED] 1787131003		30 - State WI	31 - Expiration Year 2014	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name WIRTZ			25 - First Name DARREN		25 - Middle Initial T	25 - Suffix	
32 - Date Of Birth 08/[REDACTED] 1971		33 - Sex MALE					
26 - Address Street & Number 491 80TH AVE						26 - PO Box	
27 - City CLAYTON		27 - State WI	27 - Zip Code 54004		28 - Telephone Number (715) 554-0315 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 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 FAILURE-TO-HAVE-CONTROL							
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 SNOW,ICE,-OR-WET

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 310KDY		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1FMFU18L2VLB40068
	50 - Year 1997	51 - Make FORD	52 - Model EXPEDITION	53 - Body Style UT	54 - Color BLU	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, FRONT DRIVER SIDE					
	95 - Extent Of Damage SEVERE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OWNER	
	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 WIRTZ		46 - First Name DARREN		46 - Middle Initial T	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 491 80TH AVE				47 - PO Box	
	48 - City CLAYTON		48 - State WI	48 - Zip Code 54004		49 - Telephone Number (715) 554-0315 EXT.

Insurance

INS 01	63 - Liability Insurance Company ESURANCE-INSURANCE-COMPANY				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name WIRTZ			61 - Policy Holder First Name DARREN		
	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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PROPERTY OWNER 01	84 - Company Name OSCEOLA TOWNSHIP		Government Property Type COUNTY/MUNICIPAL		
	85 - Address Street & Number 516 EAST AVE N		85 - PO Box		
	86 - City DRESSER	86 - State WI	86 - Zip Code 54009	87 - Telephone Number	
	83 - Government Damage Tag Number				
	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	

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p>UNIT 1 WAS TRAVELING NORTHBOUND ON COUNTY HWY M. VEHICLE STRUCK AN ICY PATCH OF ROAD, CAUSING THE DRIVER TO LOSE CONTROL. UNIT 1 CROSSED THE CENTERLINE, SPUN, AND CONTINUED INTO THE WEST DITCH. UNIT 1 CONTINUED DOWN A STEEP EMBANKMENT CAUSING DAMAGE TO THE VEHICLE.</p>

Officer Information

OFFICER INFORMATION	125 - Officer Last Name WARNER		125 - First Name STEPHANIE		125 - Middle Initial	131 - Officer ID 942	
	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 01/02/2012		133 - Time Notified (Military Time) 2352		134 - Time Arrived (Military Time) 0020		135 - Date Of Report 01/03/2012
	Agency Accident Number		Police Number 17-12		19 - Special Study		
	18 - Agency Space						