

PK2011

POLICE # 87-11

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5KFSG		Document Override Number	
Agency Accident Number				Police Number 87-11					
4 - Accident Date 01/11/2012		5 - Time of Accident (Military Time) 1633		6 - Total Units 02		7 - Total Injured 03		8 - Total Killed 00	
2 - County POLK - 48		3 - Municipality LINCOLN - 16, TOWN				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No. F	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Dist 0.10	Ft/Mi M	15 - Hwy. Dir WEST	
16 - Fr/At Hwy No.	16 - From/At Street Name 85TH AVE			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 ANGLE					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain HILL		Surface Type BLACKTOP (BITUMINOUS) - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DUSK			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 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 MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel EAST		24 - Speed Limit 45	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number 5215791803		30 - State WI	31 - Expiration Year 2015	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name STEWART			25 - First Name LAURIE		25 - Middle Initial A	25 - Suffix	
32 - Date Of Birth 11/1957		33 - Sex FEMALE					
26 - Address Street & Number 729 70TH AVE					26 - PO Box		
27 - City AMERY		27 - State WI	27 - Zip Code 54001		28 - Telephone Number (715) 222-3573 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 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 SPEED-TOO-FAST-FOR-CONDITIONS							
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

PK2011

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

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 2
	56 - License Plate Number 335CCF	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1GKFK16T31J226481	
	50 - Year 2001	51 - Make GMC	52 - Model SUBURBAN	53 - Body Style UT	54 - Color TAN	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage MIDDLE PASSENGER SIDE, REAR PASSENGER SIDE, REAR					
	95 - Extent Of Damage MODERATE	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 STEWART		46 - First Name LAURIE		46 - Middle Initial A	46 - Suffix
	Date Of Birth 11/1957					
	46 - Company Name					
	47 - Address Street & Number 729 70TH AVE			47 - PO Box		
	48 - City AMERY		48 - State WI	48 - Zip Code 54001		49 - Telephone Number (715) 222-3573 EXT.

Insurance

INS 01	63 - Liability Insurance Company AMERICAN-FAMILY				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name STEWART			61 - Policy Holder First Name LAURIE		
	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			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel WEST	24 - Speed Limit 45
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number 727632708		30 - State WI	31 - Expiration Year 2012	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name JUSTICE		25 - First Name ROBERT		25 - Middle Initial L	25 - Suffix
32 - Date Of Birth 09/1976		33 - Sex MALE			

PK2011

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 936 COURT CIR				26 - PO Box	
	27 - City ALTOONA		27 - State WI	27 - Zip Code 54720	28 - Telephone Number (715) 497-3773 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 B - NON-INCAPACITATING INJURY		41 - Airbag DEPLOYED	42 - Ejected NOT-EJECTED		44 <input checked="" 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 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	
	91 - Drugs Reported					
	124 - Highway Factors SNOW,-ICE,-OR-WET					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 2
	56 - License Plate Number 345SDY		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 3GNBABB7AS508321
	50 - Year 2010	51 - Make CHEV	52 - Model HHR	53 - Body Style UT	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, FRONT DRIVER SIDE					
	95 - Extent Of Damage VERY-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 02	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name JUSTICE		46 - First Name ROBERT		46 - Middle Initial L	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 936 COURT CIR				47 - PO Box	
	48 - City ALTOONA		48 - State WI	48 - Zip Code 54720	49 - Telephone Number (715) 497-3773 EXT.	

Insurance

PK2011

INS 02	63 - Liability Insurance Company PROGRESSIVE-CASUALTY-INS-CO		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name JUSTICE	61 - Policy Holder First Name ROBERT	
	61 - Policy Holder Company		

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 checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name STEWART	66 - First Name NICHALOS	66 - Middle Initial J	66 - Suffix
	68 - Address Street & Number 729 70TH AVE		68 - PO Box		
	68 - City AMERY		68 - State WI	68 - Zip Code 54001	
	67 - Date of Birth 10/1991		69 - Sex MALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)		72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	70 - Injury Severity B - NON-INCAPACITATING INJURY	73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input checked="" type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Occupant

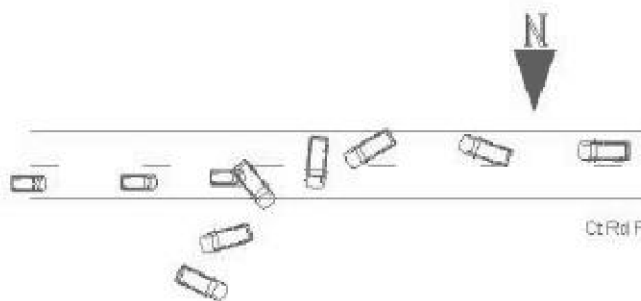
OCCUPANT 02	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name JUSTICE	66 - First Name WILLIAM	66 - Middle Initial T	66 - Suffix JR
	68 - Address Street & Number 936 COURT CIR		68 - PO Box		
	68 - City ALTOONA		68 - State WI	68 - Zip Code 54720	
	67 - Date of Birth 10/1957		69 - Sex MALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)		72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	70 - Injury Severity A - INCAPACITATING INJURY	73 - Airbag DEPLOYED	75 - Ejected NOT-EJECTED	77 <input checked="" type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Diagram and Narrative

105 - PHOTOS BY PRESSLEY

PK2011

DIAGRAM AND NARRATIVE



UNIT ONE WAS EAST BOUND ON CT RD F WHEN THE DRIVER LOST CONTROL OF THE VEHICLE ON ICY ROADS. THE VEHICLE STARTED TO FISH TAIL AND DID SLIDE SIDEWAYS INTO THE ONCOMING LANE OF TRAFFIC WHERE IT WAS STRUCK BY UNIT 2 WHICH WAS WEST BOUND. DRIVER OF UNIT TWO STATED THAT BY THE TIME HE SAW THE VEHICLE COMING THERE WAS NO TIME TO AVOID THE COLLISION. DRIVER OF UNIT ONE STATED THAT ONCE SHE STARTED TO SLIDE SHE COULD NOT REGAIN CONTROL. UNIT ONE DID END UP GOING INTO THE NORTH DITCH OF THE ROAD WHERE IT CAME TO REST AGAINST A TREE.

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 01/11/2012		133 - Time Notified (Military Time) 1633		134 - Time Arrived (Military Time) 1637		135 - Date Of Report 01/12/2012		
	Agency Accident Number		Police Number 87-11		19 - Special Study				
	18 - Agency Space CASE# 87-11								