

PK2011

POLICE # 124-12

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5PW6B		Document Override Number		
Agency Accident Number				Police Number 124-12						
4 - Accident Date 01/12/2012		5 - Time of Accident (Military Time) 1030		6 - Total Units 01		7 - Total Injured 01		8 - Total Killed		
2 - County POLK - 48		3 - Municipality ALDEN - 01, TOWN				11 - Accident Location NON-INTERSECTION				
14 - On Hwy No.		14 - On Street Name 20TH AVE			14 - Bus/Frnt/Rmp		15 - Est. Dist 0.10		Ft/Mi M	15 - Hwy. Dir EAST
16 - Fr/At Hwy No.		16 - From/At Street Name 130TH ST				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-RIGHT										
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather CLOUDY				
9 <input type="checkbox"/> Hit and Run		9 <input checked="" 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 TREE		23 - Dir Of Travel WEST		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 1109413408		30 - State WI	31 - Expiration Year 2013	34 - On Duty Accident				
25 - Operator/Pedestrian Last Name UTGARD			25 - First Name CODY		25 - Middle Initial J		25 - Suffix	
32 - Date Of Birth 04/1994		33 - Sex MALE						
26 - Address Street & Number 1375 FRAIR TUCK						26 - PO Box		
27 - City RIVER FALLS			27 - State WI	27 - Zip Code 54022		28 - Telephone Number (715) 338-3928 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 1		
64 - 1st Statute No. 346.57(2)		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 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 NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 693SPE		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1G3NB52M7W6331399
	50 - Year 1998	51 - Make OLDS	52 - Model CUT	53 - Body Style 4D	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, MIDDLE PASSENGER SIDE, REAR DRIVER SIDE, MIDDLE DRIVER 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 UTGARD		46 - First Name CODY		46 - Middle Initial J	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 1375 FRAIR TUCK				47 - PO Box	
	48 - City RIVER FALLS		48 - State WI	48 - Zip Code 54022		49 - Telephone Number (715) 338-3928 EXT.

Insurance

INS 01	63 - Liability Insurance Company PROGRESSIVE-CLASSIC-INS-CO				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name UTGARD			61 - Policy Holder First Name CODY		
	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 ALDEN TOWNSHIP		Government Property Type COUNTY/MUNICIPAL		
	85 - Address Street & Number 183 155TH ST		85 - PO Box		
	86 - City STAR PRAIRIE	86 - State WI	86 - Zip Code 54026	87 - Telephone Number (715) 248-3714 EXT.	
	83 - Government Damage Tag Number				
	Fixed Objects Struck				
82 - Striking Unit 1	82 - Object Struck DITCH	82 - Striking Unit 1	82 - Object Struck TREE		
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 915 HALL
	<p>UNIT#1 WAS TRAVELLING WEST BOUND ON 20TH AVE. AT THAT TIME, THE VEHICLE'S RIGHT SIDE TIRES LEFT THE ROAD WAY AND BEGAN TO GO DOWN INTO THE DITCH. THE DRIVER STEERED TO THE LEFT AND UNIT#1 CAME OUT OF THE DITCH AND ENTERED BACK ONTO THE ROAD WAY. UNIT#1 TRAVELLED TO THE LEFT AND ENTERED THE EAST BOUND LANE OF TRAVEL. THE DRIVER THEN APPLIED RIGHT STEER, OVER CORRECTING. UNIT#1 THEN BEGAN TO YAW TO THE RIGHT, CROSSING OVER THE WEST BOUND LANE AND ENTERED THE NORTH DITCH. UNIT#1 THEN STRUCK AN EMBANKMENT SHEERING OFF THE LEFT SIDE TIRE. THE VEHICLE CONTINUED FOR SEVERAL FEET, EVENTUALLY HITTING A TREE ON THE DRIVERS SIDE FRONT. UNIT#1 ROTATED OFF THE TREE, AND CAME TO REST FACING SOUTH.</p>

Officer Information

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OFFICER INFORMATION	125 - Officer Last Name HALL	125 - First Name DALE	125 - Middle Initial	131 - Officer ID 915
	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 01/12/2012	133 - Time Notified (Military Time) 1123	134 - Time Arrived (Military Time) 1210	135 - Date Of Report 01/16/2012
	Agency Accident Number	Police Number 124-12	19 - Special Study	
	18 - Agency Space			