

PK2011

POLICE # 126-12

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number LF5KFSJ	Document Override Number
Agency Accident Number		Police Number 126-12		
4 - Accident Date 01/16/2012	5 - Time of Accident (Military Time) 1530	6 - Total Units 02	7 - Total Injured 00	8 - Total Killed 00
2 - County POLK - 48	3 - Municipality CLAYTON - 08, TOWN		11 - Accident Location NON-INTERSECTION	
14 - On Hwy No. 063	14 - On Street Name	14 - Bus/Frnt/Rmp	15 - Est. Dist 0.20	Ft/Mi M 15 - Hwy. Dir SOUTH
16 - Fr/At Hwy No.	16 - From/At Street Name 65TH AVE	16 - Business/Frontage/Ramp		
17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude -	
80 - First Harmful Event OTHER NON-COLLISION		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 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 checked="" 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 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 OTHER NON-COLLISION	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 5417018504	30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident
25 - Operator/Pedestrian Last Name ANDERSON		25 - First Name MARK	25 - Middle Initial A 25 - Suffix
32 - Date Of Birth 05/1970	33 - Sex MALE		
26 - Address Street & Number 615 W NEWTON ST			26 - PO Box
27 - City RICE LAKE	27 - State WI	27 - Zip Code 54868	28 - Telephone Number (715) 651-4544 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 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 NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type TRUCK	Vehicle Type PICKUP/UTILITY-TRUCK				22 - Total Occupants 2
	56 - License Plate Number JE4891	57 - Plate Type LTK	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1FTCR10A5PPB13008	
	50 - Year 1993	51 - Make FORD	52 - Model RANGER	53 - Body Style PK	54 - Color BLU	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage NONE					
	95 - Extent Of Damage NONE	96 <input type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By OPERATOR			
	123 - Vehicle Factors TIRES					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name ANDERSON	46 - First Name MARK	46 - Middle Initial A	46 - Suffix	Date Of Birth 05/1970
	46 - Company Name				
	47 - Address Street & Number 615 W NEWTON ST			47 - PO Box	
	48 - City RICE LAKE	48 - State WI	48 - Zip Code 54868	49 - Telephone Number (715) 651-4544 EXT.	

Insurance

INS 01	63 - Liability Insurance Company PROGRESSIVE-CASUALTY-INS-CO	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name ANDERSON	61 - Policy Holder First Name MARK
	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 OTHER OBJECT-- NOT FIXED	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 7392529400	30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident
25 - Operator/Pedestrian Last Name MORTENSON	25 - First Name ROY	25 - Middle Initial W	25 - Suffix
32 - Date Of Birth 08/1925	33 - Sex MALE		

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 230 6TH AVE				26 - PO Box 97	
	27 - City CLEAR LAKE		27 - State WI	27 - Zip Code 54005	28 - Telephone Number (715) 263-2558 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 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 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 NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR		22 - Total Occupants 1
	56 - License Plate Number 484DLU		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1G8AJ52F65Z115845
	50 - Year 2005	51 - Make STRN	52 - Model ION	53 - Body Style 4D	54 - Color GLD	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT DRIVER SIDE					
	95 - Extent Of Damage MINOR		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 MORTENSON		46 - First Name ROY		46 - Middle Initial W	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 230 6TH AVE				47 - PO Box 97	
	48 - City CLEAR LAKE		48 - State WI	48 - Zip Code 54005		49 - Telephone Number (715) 263-2558 EXT.

Insurance

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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 MORTENSON		61 - Policy Holder First Name ROY
	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 ANDERSON	66 - First Name ROBIN	66 - Middle Initial J	66 - Suffix	
	68 - Address Street & Number 615 W NEWTON ST		68 - PO Box			
	68 - City RICE LAKE		68 - State WI	68 - Zip Code 54868		
	67 - Date of Birth 01/1964		69 - Sex FEMALE			
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)			72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	70 - Injury Severity N - NO APPARENT INJURY		73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED		78 - Agency Space			

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY STROHBUSCH
<p>UNIT ONE WAS SOUTH BOUND WHEN IT LOST ITS FRONT DRIVERS SIDE TIRE. THE TIRE CAME OFF AND STRUCK UNIT TWO WHICH WAS NORTH BOUND. DRIVER OF UNIT TWO SAID THAT HE SAW SOMETHING COME OFF OF UNIT ONE BUT DID NOT REALIZE WHAT IT WAS UNTIL IT STRUCK HIM.</p>	

Officer Information

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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 01/16/2012		133 - Time Notified (Military Time) 1530		134 - Time Arrived (Military Time) 1543		135 - Date Of Report 01/16/2012		
	Agency Accident Number		Police Number 126-12		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 <input type="checkbox"/> Interstate Carrier		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				