

PK2011

POLICE # 161-12

ACCIDENT #

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5KFSL		Document Override Number	
Agency Accident Number				Police Number 161-12					
4 - Accident Date 01/21/2012		5 - Time of Accident (Military Time) 1347		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County POLK - 48		3 - Municipality CLAYTON - 53, VILLAGE				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No.	14 - On Street Name CHURCH ST			14 - Bus/Frnt/Rmp		15 - Est. Dist 25	Ft/Mi F	15 - Hwy. Dir NORTH	
16 - Fr/At Hwy No.	16 - From/At Street Name CLAYTON 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 REAR TO REAR					
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			
9 <input type="checkbox"/> Hit and Run	9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire	9 <input 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 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 WEST		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number 7357628501		30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name OTTO			25 - First Name RYAN		25 - Middle Initial P	25 - Suffix	
32 - Date Of Birth 08/1976		33 - Sex MALE					
26 - Address Street & Number 115 CLAYTON AVE W						26 - PO Box	
27 - City CLAYTON		27 - State WI	27 - Zip Code 54004		28 - Telephone Number (715) 641-0266 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 BACKING-MANEUVER			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		

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91 - Drugs Reported
124 - Highway Factors <b>NOT-APPLICABLE</b>

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>TRUCK</b>	Vehicle Type <b>PICKUP/UTILITY-TRUCK</b>				22 - Total Occupants <b>1</b>
	56 - License Plate Number <b>JD7041</b>	57 - Plate Type <b>LTK</b>	58 - State <b>WI</b>	59 - Exp Year <b>2012</b>	55 - Vehicle Identification Number <b>1D7RV1CTXBS664291</b>	
	50 - Year <b>2011</b>	51 - Make <b>DODG</b>	52 - Model <b>RAM</b>	53 - Body Style <b>PK</b>	54 - Color <b>BLU</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>REAR PASSENGER SIDE</b>					
	95 - Extent Of Damage <b>VERY-MINOR</b>	96 <input type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By <b>OWNER</b>			
	123 - Vehicle Factors <b>NOT-APPLICABLE</b>					

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input checked="" type="checkbox"/> <b>Vehicle Owner Same As Operator</b>					
	46 - Vehicle Owner Last Name <b>OTTO</b>		46 - First Name <b>RYAN</b>		46 - Middle Initial <b>P</b>	46 - Suffix
	Date Of Birth <b>08/1976</b>					
	46 - Company Name					
	47 - Address Street & Number <b>115 CLAYTON AVE W</b>			47 - PO Box		
48 - City <b>CLAYTON</b>		48 - State <b>WI</b>	48 - Zip Code <b>54004</b>		49 - Telephone Number <b>(715) 641-0266 EXT.</b>	

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>				60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>
	61 - Policy Holder Last Name <b>OTTO</b>		61 - Policy Holder First Name <b>RYAN</b>		
	61 - Policy Holder Company				

**School Bus**

<b>BUS 01</b>	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 <b>L - LEGALLY PARKED</b>		81 - Most Harmful Event: Collision With <b>MOTOR VEHICLE IN TRANSPORT</b>		23 - Dir Of Travel <b>SOUTH</b>	24 - Speed Limit <b>25</b>
36 - Operating as Classified <b>D CLASS</b>	37 - Endorsements		35 <input type="checkbox"/> <b>Operating Commercial Motor Vehicle</b>		
29 - Driver's License Number		30 - State	31 - Expiration Year	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name		25 - First Name		25 - Middle Initial	25 - Suffix
32 - Date Of Birth	33 - Sex				

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<b>OPERATOR/PEDESTRIAN 02</b>	26 - Address Street & Number				26 - PO Box	
	27 - City		27 - State	27 - Zip Code		28 - Telephone Number
	39 - Seat Position <b>BLANK</b>			40 - Safety Equipment <b>NOT-APPLICABLE-NONMOTORIST</b>		
	38 - Injury Severity		41 - Airbag <b>NOT APPLICABLE</b>	42 - Ejected <b>NOT-APPLICABLE</b>		44 <input type="checkbox"/> <b>Medical Transport</b>
	43 - Trapped/Extricated <b>NOT-APPLICABLE</b>		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing <b>LEGALLY-PARKED</b>			120 - Traffic Control <b>NO-CONTROL</b>		62 - No. of Citations Issued <b>0</b>
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.		64 - 5th Statute No.
	122 - Driver Factors <b>NOT-APPLICABLE</b>					
	88 - Driver or Pedestrian Cond		89 - Substance Presence			
	90 - Alcohol Test		90 - Alcohol Content		91 - Drug Test	
	91 - Drugs Reported					
	124 - Highway Factors <b>NOT-APPLICABLE</b>					

**Vehicle**

<b>VEHICLE 02</b>	21 - Unit Type <b>AUTOMOBILE</b>			Vehicle Type <b>PASSENGER-CAR</b>			22 - Total Occupants <b>0</b>
	56 - License Plate Number <b>541KUC</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2012</b>	55 - Vehicle Identification Number <b>JE3EB30C6RZ016945</b>	
	50 - Year <b>1994</b>	51 - Make <b>EGIL</b>	52 - Model <b>SUMMIT</b>	53 - Body Style <b>SW</b>		54 - Color <b>RED</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>MIDDLE DRIVER SIDE</b>						
	95 - Extent Of Damage <b>MINOR</b>		96 <input type="checkbox"/> <b>Vehicle Towed Due To Damage</b>		97 - Vehicle Removed By <b>OWNER</b>		
123 - Vehicle Factors <b>NOT-APPLICABLE</b>							

**Vehicle Owner**

<b>VEH OWNER 02</b>	45 <input type="checkbox"/> <b>Vehicle Owner Same As Operator</b>						
	46 - Vehicle Owner Last Name <b>WARD</b>		46 - First Name <b>JEANNE</b>		46 - Middle Initial <b>M</b>	46 - Suffix	Date Of Birth <b>02/11/1965</b>
	46 - Company Name						
	47 - Address Street & Number <b>121 CLAYTON AVE W</b>				47 - PO Box		
	48 - City <b>CLAYTON</b>		48 - State <b>WI</b>	48 - Zip Code <b>54004</b>		49 - Telephone Number <b>(715) 419-2060 EXT.</b>	

**Insurance**

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<b>INS 02</b>	63 - Liability Insurance Company <b>NOT-REQUIRED</b>		60 <input type="checkbox"/> <b>Policy Holder Same As Owner</b>
	61 - Policy Holder Last Name	61 - Policy Holder First Name	
	61 - Policy Holder Company		

**School Bus**

<b>BUS 02</b>	Bus Travelling to/from <input type="radio"/> <b>To</b> <input type="radio"/> <b>From</b>	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Diagram and Narrative**

<b>DIAGRAM AND NARRATIVE</b>	105 - PHOTOS BY
UNIT ONE WAS BACKING OUT OF A PARKING SPOT AND STRUCK UNIT TWO WHICH WAS LEGALLY PARKED ACROSS THE ROADWAY.	

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>KRAUTKRAMER</b>	125 - First Name <b>CORY</b>	125 - Middle Initial	131 - Officer ID <b>924</b>	
	129 - Law Enforcement Agency No.	130 - Law Enforcement Agency Name <b>POLK COUNTY SHERIFF</b>			
	126 - Law Enforcement Agency Address Street & Number <b>1005 W MAIN ST SUITE 900</b>				
	127 - City <b>BALSAM LAKE</b>	127 - State <b>WI</b>	127 - Zip Code <b>54810</b>	128 - Telephone Number <b>(715) 485-8300 EXT.</b>	
	132 - Date Notified <b>01/21/2012</b>	133 - Time Notified (Military Time) <b>1347</b>	134 - Time Arrived (Military Time) <b>1415</b>	135 - Date Of Report <b>01/21/2012</b>	
	Agency Accident Number	Police Number <b>161-12</b>	19 - Special Study		
	18 - Agency Space				

**Truck and Bus**

136 <input type="checkbox"/> <b>A truck or truck combination &gt; 10,000 lbs GVWR/GCWR</b>	136 <input type="checkbox"/> <b>Any vehicle displaying a hazardous materials placard</b>
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**TRUCK/BUS**

136 <input type="checkbox"/> <b>A vehicle designed to carry 9 or more people, including the driver</b>						
136 <input type="checkbox"/> <b>Fatal Injury</b>		136 <input type="checkbox"/> <b>Medical Transport</b>		136 <b>One or more vehicles towed from the scene due to disabling damage</b> <input type="checkbox"/>		
Unit Number						
137 - Hazardous Materials Class Numbers						
137 - Hazardous Materials "UN" Nos.			<b>Hazardous Material Placard Displayed</b> <input type="checkbox"/>		<b>Hazardous Cargo Was Released</b> <input type="checkbox"/>	
137 - Name Of Hazardous Materials in this Load				137 - Name Of Hazardous Materials Released		
138 <b>Interstate Carrier</b> <input type="checkbox"/>		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		