

PK2011

POLICE # 171-12

ACCIDENT #

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5SV04		Document Override Number	
Agency Accident Number				Police Number 171-12					
4 - Accident Date 01/22/2012		5 - Time of Accident (Military Time) 1129		6 - Total Units 01		7 - Total Injured 01		8 - Total Killed 00	
2 - County POLK - 48		3 - Municipality GARFIELD - 12, TOWN				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No. C	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Dist 0.75	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 CURVE		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 ICE			118 - Weather SLEET-HAIL-(FREEZING RAIN OR DRIZZLE)			
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 977		

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With DITCH		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 4368495801		30 - State WI	31 - Expiration Year 2012	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name TIMM			25 - First Name JENNA		25 - Middle Initial R	25 - Suffix	
32 - Date Of Birth 12/1984		33 - Sex FEMALE					
26 - Address Street & Number 426 HWY 46						26 - PO Box	
27 - City AMERY		27 - State WI	27 - Zip Code 54001		28 - Telephone Number (715) 554-0643 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 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 1	
64 - 1st Statute No. 343.05(3)(A)	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	

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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 194SYK		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1G1ZT53856F297844
	50 - Year 2006	51 - Make CHEV	52 - Model	53 - Body Style 4D	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage UNDERCARRIAGE					
	95 - Extent Of Damage VERY-SEVERE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By BORDER TOWING	
	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 TIMM		46 - First Name JENNA		46 - Middle Initial R	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 426 HWY 46				47 - PO Box	
	48 - City AMERY		48 - State WI	48 - Zip Code 54001		49 - Telephone Number (715) 554-0643 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 TIMM			61 - Policy Holder First Name JENNA		
	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 GARFIELD TOWNSHIP		Government Property Type COUNTY/MUNICIPAL		
	85 - Address Street & Number 690 MINNEAPOLIS ST		85 - PO Box		
	86 - City AMERY	86 - State WI	86 - Zip Code 54001	87 - Telephone Number (715) 268-4857 EXT.	
	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 TAMMI LARSON
	<p>THE DRIVER WAS ON HER WAY TO WORK AND WAS COMING AROUND THE CORNER ON COUNTY C NEAR 130TH STREET WHEN SHE LOST CONTROL ON THE ICY ROAD AND SLID SIDEWAYS DOWN INTO THE DITCH AND CULVERT AREA HITTING SO HARD IT POPPED THE SPINDLES AND SPRINGS RIGHT OFF THE WHEELS, THE VEHICLE THEN CROSSED THE DRIVEWAY AND WENT INTO THE SMALL TREES AND BRUSH. THE DRIVER WAS COMPLAINING OF HEAD NECK AND CHEST INJURIES.</p>

Officer Information

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OFFICER INFORMATION	125 - Officer Last Name LARSON		125 - First Name TAMARA		125 - Middle Initial		131 - Officer ID 920		
	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 01/22/2012		133 - Time Notified (Military Time) 1129		134 - Time Arrived (Military Time) 1145		135 - Date Of Report 01/22/2012		
	Agency Accident Number		Police Number 171-12		19 - Special Study				
	18 - Agency Space								