

PK2011

POLICE # 170-12

ACCIDENT #

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5CJ03		Document Override Number		
Agency Accident Number				Police Number 170-12						
4 - Accident Date 01/23/2012		5 - Time of Accident (Military Time) 1216		6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00		
2 - County POLK - 48		3 - Municipality WEST SWEDEN - 24, TOWN				11 - Accident Location NON-INTERSECTION				
14 - On Hwy No. 048	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Dist 25	Ft/Mi F	15 - Hwy. Dir EAST		
16 - Fr/At Hwy No.	16 - From/At Street Name 180TH 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				
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)										
117 - Relation To Roadway OUTSIDE-SHOULDER-LEFT										
114 - Light Condition DAYLIGHT			116 - Road Surface Condition SNOW/SLUSH			118 - Weather SNOW				
9 <input type="checkbox"/> Hit and Run	9 <input checked="" type="checkbox"/> Government Property			9 <input type="checkbox"/> Fire	9 <input 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 OVERTURN		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 7337663903		30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name CORRY			25 - First Name RADENE		25 - Middle Initial M C	25 - Suffix	
32 - Date Of Birth 04/1976		33 - Sex FEMALE					
26 - Address Street & Number 21960 W RIVER ROAD						26 - PO Box	
27 - City GRANTSBURG			27 - State WI	27 - Zip Code 54840		28 - Telephone Number (715) 463-3716 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	
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	

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

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>AUTOMOBILE</b>		Vehicle Type <b>PASSENGER-CAR</b>			22 - Total Occupants <b>2</b>
	56 - License Plate Number <b>909SHC</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2012</b>	55 - Vehicle Identification Number <b>JHMES956X45613994</b>
	50 - Year <b>2004</b>	51 - Make <b>HOND</b>	52 - Model <b>CIVIC</b>	53 - Body Style <b>4D</b>	54 - Color <b>GRY</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>TOTAL (DAMAGE TO ALL AREAS)</b>					
	95 - Extent Of Damage <b>SEVERE</b>		96 <input checked="" type="checkbox"/> <b>Vehicle Towed Due To Damage</b>		97 - Vehicle Removed By <b>ANDERSON TOWING</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>CORRY</b>		46 - First Name <b>RADENE</b>		46 - Middle Initial <b>M C</b>	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number <b>21960 W RIVER ROAD</b>				47 - PO Box	
	48 - City <b>GRANTSBURG</b>		48 - State <b>WI</b>	48 - Zip Code <b>54840</b>		49 - Telephone Number <b>(715) 463-3716 EXT.</b>

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>PROGRESSIVE-ADVANCED-INSURANCE-CO</b>				60 <input type="checkbox"/> <b>Policy Holder Same As Owner</b>	
	61 - Policy Holder Last Name <b>CORRY</b>			61 - Policy Holder First Name <b>RADENE</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			

**Occupant**

<b>01</b>	<input checked="" type="checkbox"/> <b>Address Same As Operator</b>				
	65 - Unit No <b>01</b>	66 - Occupant Last Name <b>POCHMAN</b>		66 - First Name <b>RHIANA</b>	66 - Middle Initial <b>M</b>
	68 - Address Street & Number <b>21960 W RIVER ROAD</b>			68 - PO Box	

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<b>OCCUPANT</b>	68 - City <b>GRANTSBURG</b>		68 - State <b>WI</b>	68 - Zip Code <b>54840</b>		
	67 - Date of Birth 03 / 1999		69 - Sex <b>FEMALE</b>			
	71 - Seat Position <b>FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)</b>			72 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>		
	70 - Injury Severity <b>N - NO APPARENT INJURY</b>	73 - Airbag <b>NON-DEPLOYED</b>	75 - Ejected <b>NOT-EJECTED</b>		77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated <b>NOT-TRAPPED</b>		78 - Agency Space			

**Property**

<b>PROPERTY OWNER 01</b>	Organization Type <b>GOVERNMENT</b>	84 - Property Owner Last Name		84 - First Name		84 - Middle Initial	84 - Suffix	
	84 - Company Name <b>WEST SWEDEN TOWNSHIP</b>					Government Property Type <b>COUNTY/MUNICIPAL</b>		
	85 - Address Street & Number <b>3147 3RD AVE NORTH</b>			85 - PO Box				
	86 - City <b>FREDERIC</b>		86 - State <b>WI</b>	86 - Zip Code <b>54837</b>		87 - Telephone Number		
	83 - Government Damage Tag Number							
	<b>Fixed Objects Struck</b>							
82 - Striking Unit <b>1</b>		82 - Object Struck <b>DITCH</b>		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**

<b>DIAGRAM AND NARRATIVE</b>	105 - PHOTOS BY
UNIT #1 WAS WEST ON STH 48 WHEN IT LOST CONTROL AND WENT INTO THE DITCH ON THE SOUTH SIDE OF THE ROAD AND ROLLED OVER.	

**Officer Information**

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<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>BEAUPRE</b>		125 - First Name <b>KARL</b>	125 - Middle Initial	131 - Officer ID <b>930</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>01/23/2012</b>	133 - Time Notified (Military Time) <b>1216</b>	134 - Time Arrived (Military Time) <b>1255</b>		135 - Date Of Report <b>01/23/2012</b>	
	Agency Accident Number	Police Number <b>170-12</b>	19 - Special Study			
	18 - Agency Space					