

POLICE # 195-12

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF7VBGG		Document Override Number	
Agency Accident Number				Police Number 195-12					
4 - Accident Date 01/27/2012		5 - Time of Accident (Military Time) 0200		6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County 48		3 - Municipality 4817				11 - Accident Location 2			
14 - On Hwy No.		14 - On Street Name COUNTY RD O			14 - Bus/Frnt/Rmp		15 - Est. Dist 0.51	Ft/Mi M	15 - Hwy. Dir N
16 - Fr/At Hwy No.		16 - From/At Street Name 310TH AVE			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude -		
80 - First Harmful Event 16				93 - Manner of Collision 01					
112 - Access Control 01		113 - Road Curvature 01		113 - Road Terrain 04		Surface Type 2			
115 - Traffic Way 01									
117 - Relation To Roadway 06									
114 - Light Condition 02			116 - Road Surface Condition 01			118 - Weather 01			
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

OPERATOR/PEDESTRIAN 01

Unit Status		81 - Most Harmful Event: Collision With 16		23 - Dir Of Travel N		24 - Speed Limit 55		
36 - Operating as Classified D		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle				
29 - Driver's License Number 5457932206			30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name BRENIZER			25 - First Name MARK		25 - Middle Initial EARL	25 - Suffix		
32 - Date Of Birth 09 1979		33 - Sex M						
26 - Address Street & Number 7549 AIRPORT RD					26 - PO Box 81			
27 - City SIREN			27 - State WI	27 - Zip Code 54872		28 - Telephone Number (715) 220-9682 EXT.		
39 - Seat Position 01				40 - Safety Equipment 01				
38 - Injury Severity N		41 - Airbag 02		42 - Ejected 02		44 <input type="checkbox"/> Medical Transport		
43 - Trapped/Extricated 02		92 - Pedestrian Location		92 - Pedestrian Action				
119 - What Driver Was Doing 10			120 - Traffic Control 01			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 04								
88 - Driver or Pedestrian Cond 01		89 - Substance Presence 05						
90 - Alcohol Test 10			90 - Alcohol Content			91 - Drug Test 14		

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91 - Drugs Reported
124 - Highway Factors 77

Vehicle

VEHICLE 01	21 - Unit Type 2	Vehicle Type 03				22 - Total Occupants 1
	56 - License Plate Number 221458	57 - Plate Type LTK	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 2GCFK29K2M1205317	
	50 - Year 1991	51 - Make CHEV	52 - Model K2500	53 - Body Style TK	54 - Color WHI	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage 06,07,09					
	95 - Extent Of Damage 2	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage			97 - Vehicle Removed By R D FREDERIC TOWING AND RECOVERY LLC	
	123 - Vehicle Factors 77					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name BRENIZER	46 - First Name MARK	46 - Middle Initial EARL	46 - Suffix	Date Of Birth 09/1979
	46 - Company Name				
	47 - Address Street & Number 7549 AIRPORT RD			47 - PO Box 81	
	48 - City SIREN	48 - State WI	48 - Zip Code 54872	49 - Telephone Number (715) 220-9682 EXT.	

Insurance

INS 01	63 - Liability Insurance Company NONE		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name	
	61 - Policy Holder Company		

School Bus

BUS 01	Bus Travelling to/from To From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Property

Organization Type I	84 - Property Owner Last Name CHENAL	84 - First Name LISA	84 - Middle Initial M	84 - Suffix
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PROPERTY OWNER	84 - Company Name		Government Property Type		
	85 - Address Street & Number 3151 CTH O		85 - PO Box		
	86 - City FREDERIC	86 - State WI	86 - Zip Code 54837	87 - Telephone Number (715) 653-4351 EXT.	
	83 - Government Damage Tag Number				
Fixed Objects Struck					
	82 - Striking Unit 1	82 - Object Struck 16	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
	<p>DRIVER WAS TURNING AROUND USING DRIVEWAY AT 3160 CTH O. WHEN DRIVER BACKED OUT OF DRIVEWAY HE ENTERED DITCH ADJACENT TO ROADWAY. IN AN ATTEMPT TO EXIT DITCH, VEHICLE STRUCK MAILBOX SUPPORT FOR MAILBOX AT 3151 CTH O. MAILBOX WAS BROKEN OFF AT GROUND. TRUCK RECIEVED DAMAGE TO DRIVER'S DOOR AND FRONT FENDER, AS WELL AS BACK WINDOW.</p>

Officer Information

OFFICER INFORMATION	125 - Officer Last Name HAHN		125 - First Name JEFF		125 - Middle Initial		131 - Officer ID 931		
	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 01/27/2012		133 - Time Notified (Military Time) 0202		134 - Time Arrived (Military Time) 0220		135 - Date Of Report 01/27/2012		
	Agency Accident Number			Police Number 195-12		19 - Special Study			
	18 - AGENCY SPACE MAILBOX AT 3151 CTH O								

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			