

PK2011

POLICE #
 ACCIDENT # 204-12

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number LF5VBDX	Document Override Number
Agency Accident Number 204-12		Police Number		
4 - Accident Date 01/27/2012	5 - Time of Accident (Military Time) 1457	6 - Total Units 01	7 - Total Injured 00	8 - Total Killed 00
2 - County 48	3 - Municipality 4824		11 - Accident Location 2	
14 - On Hwy No. 035	14 - On Street Name		14 - Bus/Frnt/Rmp	15 - Est. Dist 400
16 - Fr/At Hwy No.		16 - From/At Street Name COUNTY RD W		15 - Hwy. Dir S
16 - Business/Frontage/Ramp				
17 - Structure Type	17 - Structure Number	12 - Latitude		13 - Longitude -
80 - First Harmful Event 15		93 - Manner of Collision 01		
112 - Access Control 01	113 - Road Curvature 02	113 - Road Terrain 03	Surface Type 2	
115 - Traffic Way 01				
117 - Relation To Roadway 06				
114 - Light Condition 01		116 - Road Surface Condition 03		118 - Weather 04
<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 type="checkbox"/> Truck, Bus, or Hazardous Materials		<input type="checkbox"/> Load Spillage	<input type="checkbox"/> Construction Zone	<input type="checkbox"/> Names Exchanged
<input type="checkbox"/> Supplemental Reports		<input type="checkbox"/> Witness Statements		<input type="checkbox"/> Measurements Taken
101		102		79 - E M S Number

Operator/Pedestrian

OPERATOR/PEDESTRIAN
 01

Unit Status		81 - Most Harmful Event: Collision With 15	23 - Dir Of Travel S	24 - Speed Limit 55
36 - Operating as Classified D		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle
29 - Driver's License Number 4338776102		30 - State WI	31 - Expiration Year 2014	34 - On Duty Accident
25 - Operator/Pedestrian Last Name JORGENSEN		25 - First Name JUSTINE		25 - Middle Initial M
25 - Suffix				
32 - Date Of Birth 07-1987		33 - Sex F		
26 - Address Street & Number 1959 270TH AVE				26 - PO Box
27 - City LUCK		27 - State WI	27 - Zip Code 54853	28 - Telephone Number (715) 554-1754 EXT.
39 - Seat Position 01			40 - Safety Equipment 01	
38 - Injury Severity N		41 - Airbag 01	42 - Ejected 02	44 <input type="checkbox"/> Medical Transport
43 - Trapped/Extricated 02		92 - Pedestrian Location		92 - Pedestrian Action
119 - What Driver Was Doing 01		120 - Traffic Control 01		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 02				
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 01

Vehicle

VEHICLE 01	21 - Unit Type 1	Vehicle Type 01				22 - Total Occupants 1
	56 - License Plate Number 877EYC	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1G8ZE1287SZ278369	
	50 - Year 1995	51 - Make STRN	52 - Model SC1	53 - Body Style CP	54 - Color RED	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage 01,02,08					
	95 - Extent Of Damage 4	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage			97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors 77					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name JORGENSEN	46 - First Name JEFFREY	46 - Middle Initial S	46 - Suffix	Date Of Birth 01/1961
	46 - Company Name				
	47 - Address Street & Number 1959 270TH AVE			47 - PO Box	
	48 - City LUCK	48 - State WI	48 - Zip Code 54853	49 - Telephone Number (715) 554-1754 EXT.	

Insurance

INS 01	63 - Liability Insurance Company STATE FARM	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name JORGENSEN	61 - Policy Holder First Name JEFFREY
	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 TAYLOR	84 - First Name JOSEPH	84 - Middle Initial R	84 - Suffix
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PROPERTY OWNER	84 - Company Name		Government Property Type	
	85 - Address Street & Number 2806 110TH NE		85 - PO Box	
	86 - City MONTICELLO	86 - State MN	86 - Zip Code 55362	87 - Telephone Number (651) 253-1768 EXT.
	83 - Government Damage Tag Number			
	Fixed Objects Struck			
82 - Striking Unit 1	82 - Object Struck 15	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 914 LEHMAN
	<p>The diagram shows a curved road labeled 'sth 35'. A north arrow is positioned above the road. A tree is located on the left side of the road. A car is depicted off the road, having struck the tree. The road curves from the bottom left towards the top right.</p>
<p>JORGENSEN VEHICLE WAS TRAVELING SOUTHBOUND ON STH 35 WHEN IT LOST CONTROL ON THE SNOW/ICE COVERED ROAD. VEHICLE LEFT THE ROADWAY AND STRUCK A TREE WITH THE FRONT CENTER OF THE CAR.</p>	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name LEHMAN	125 - First Name TONY	125 - Middle Initial	131 - Officer ID 914
	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) 1457	134 - Time Arrived (Military Time) 1535	135 - Date Of Report 01/28/2012
	Agency Accident Number 204-12	Police Number	19 - Special Study	
	18 - AGENCY SPACE			