

POLICE # 205-12

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5LX72		Document Override Number	
Agency Accident Number				Police Number 205-12					
4 - Accident Date 01/27/2012		5 - Time of Accident (Military Time) 1715		6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County 48		3 - Municipality 4821				11 - Accident Location 2			
14 - On Hwy No. M	14 - On Street Name COUNTY RD M			14 - Bus/Frnt/Rmp		15 - Est. Dist 400	Ft/Mi F	15 - Hwy. Dir W	
16 - Fr/At Hwy No.		16 - From/At Street Name COUNTY RD Y			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude -		
80 - First Harmful Event 10				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 03									
114 - Light Condition 05			116 - Road Surface Condition 04			118 - Weather 06			
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 10		23 - Dir Of Travel E		24 - Speed Limit 55			
36 - Operating as Classified D		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle					
29 - Driver's License Number 5239438800			30 - State WI	31 - Expiration Year 2013		34 - On Duty Accident			
25 - Operator/Pedestrian Last Name SKOG				25 - First Name LEIF		25 - Middle Initial C	25 - Suffix		
32 - Date Of Birth 10/1994		33 - Sex M							
26 - Address Street & Number 629 CTY RD NN						26 - PO Box			
27 - City WILSON			27 - State WI	27 - Zip Code 54027		28 - Telephone Number (715) 698-4177 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 17			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 02									
88 - Driver or Pedestrian Cond 01		89 - Substance Presence 05							
90 - Alcohol Test 10			90 - Alcohol Content			91 - Drug Test 14			

OPERATOR/PEDESTRIAN 01

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 391TMR	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2013	55 - Vehicle Identification Number 1G3AG55N0P6364993	
	50 - Year 1993	51 - Make OLDS	52 - Model CUTLASS	53 - Body Style 4D	54 - Color TAN	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage 03					
	95 - Extent Of Damage 1	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By		
	123 - Vehicle Factors 77					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name SKOG	46 - First Name LEIF	46 - Middle Initial C	46 - Suffix	Date Of Birth 10/1994
	46 - Company Name				
	47 - Address Street & Number 629 CTY RD NN			47 - PO Box	
	48 - City WILSON	48 - State WI	48 - Zip Code 54027	49 - Telephone Number (715) 698-4177 EXT.	

Insurance

INS 01	63 - Liability Insurance Company AUTO CLUB INS ASSOC		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name SKOG	61 - Policy Holder First Name LEIF	
	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 G	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
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PROPERTY OWNER	84 - Company Name POLK COUNTY		Government Property Type 2	
	85 - Address Street & Number 518 MAIN ST		85 - PO Box 248	
	86 - City BALSAM LAKE	86 - State WI	86 - Zip Code 54810	87 - Telephone Number (715) 485-8700 EXT.
	83 - Government Damage Tag Number			
Fixed Objects Struck				
	82 - Striking Unit 1	82 - Object Struck 10	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
	UNIT 1 WAS TRAVELING EASTBOUND ON CTY RD M. UNIT 1 LOSS CONTROL ON AN ICY ROADWAY AND SLID INTO THE SOUTH DITCH. THE FRONT PASSENGER DOOR ON UNIT 1 STRUCK A TRAFFIC SIGN POST.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name BURROWS		125 - First Name DON		125 - Middle Initial		131 - Officer ID 919		
	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) 1722		134 - Time Arrived (Military Time) 1722		135 - Date Of Report 01/27/2012		
	Agency Accident Number		Police Number 205-12			19 - Special Study			
	18 - AGENCY SPACE								