

PK2011

POLICE # 227-12

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number <b>LF5B1KF</b>	Document Override Number
Agency Accident Number		Police Number <b>227-12</b>		
4 - Accident Date <b>01/30/2012</b>	5 - Time of Accident (Military Time) <b>1225</b>	6 - Total Units <b>01</b>	7 - Total Injured <b>00</b>	8 - Total Killed <b>00</b>
2 - County <b>48</b>	3 - Municipality <b>4824</b>		11 - Accident Location <b>1</b>	
14 - On Hwy No.	14 - On Street Name <b>150TH ST</b>	14 - Bus/Frnt/Rmp	15 - Est. Dist	Ft/Mi
16 - Fr/At Hwy No.	16 - From/At Street Name <b>W 150TH LN</b>		16 - Business/Frontage/Ramp	
17 - Structure Type	17 - Structure Number	12 - Latitude		13 - Longitude -
80 - First Harmful Event <b>32</b>		93 - Manner of Collision <b>01</b>		
112 - Access Control <b>01</b>	113 - Road Curvature <b>02</b>	113 - Road Terrain <b>04</b>	Surface Type <b>2</b>	
115 - Traffic Way <b>01</b>				
117 - Relation To Roadway <b>06</b>				
114 - Light Condition <b>01</b>		116 - Road Surface Condition <b>04</b>		118 - Weather <b>01</b>
<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Government Property	<input type="checkbox"/> Fire	<input 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		79 - E M S Number

Operator/Pedestrian

OPERATOR/PEDESTRIAN 01

Unit Status		81 - Most Harmful Event: Collision With <b>32</b>	23 - Dir Of Travel <b>N</b>	24 - Speed Limit <b>55</b>
36 - Operating as Classified <b>D</b>	37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number <b>7935268306</b>		30 - State <b>WI</b>	31 - Expiration Year <b>2019</b>	34 - On Duty Accident
25 - Operator/Pedestrian Last Name <b>CHRISTIANSON</b>		25 - First Name <b>SHIRLEY</b>		25 - Middle Initial <b>M</b>
32 - Date Of Birth <b>05 1952</b>	33 - Sex <b>F</b>			
26 - Address Street & Number <b>220 MAPLE ST N</b>			26 - PO Box	
27 - City <b>TURTLE LAKE</b>		27 - State <b>WI</b>	27 - Zip Code <b>54889</b>	28 - Telephone Number
39 - Seat Position <b>01</b>			40 - Safety Equipment <b>01</b>	
38 - Injury Severity <b>N</b>		41 - Airbag <b>01</b>	42 - Ejected <b>02</b>	44 <input type="checkbox"/> Medical Transport
43 - Trapped/Extricated <b>02</b>		92 - Pedestrian Location		92 - Pedestrian Action
119 - What Driver Was Doing <b>01</b>		120 - Traffic Control <b>01</b>		62 - No. of Citations Issued <b>0</b>
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.
122 - Driver Factors <b>04</b>				
88 - Driver or Pedestrian Cond <b>01</b>		89 - Substance Presence <b>05</b>		
90 - Alcohol Test <b>10</b>		90 - Alcohol Content		91 - Drug Test <b>14</b>

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91 - Drugs Reported
124 - Highway Factors 01

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type 1	Vehicle Type 01				22 - Total Occupants 1
	56 - License Plate Number 167GEF	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1HGFA15578L027032	
	50 - Year 2008	51 - Make HOND	52 - Model	53 - Body Style 4D	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage 11					
	95 - Extent Of Damage 5	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage			97 - Vehicle Removed By	
	123 - Vehicle Factors 77					

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name CHRISTIANSON		46 - First Name SHIRLEY		46 - Middle Initial M	46 - Suffix
	Date Of Birth 05/1952					
	46 - Company Name					
	47 - Address Street & Number 220 MAPLE ST N				47 - PO Box	
48 - City TURTLE LAKE			48 - State WI	48 - Zip Code 54889	49 - Telephone Number	

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company IDS PROPERTY CASUALTY INS CO				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name CHRISTIANSON		61 - Policy Holder First Name SHIRLEY		
	61 - Policy Holder Company				

**School Bus**

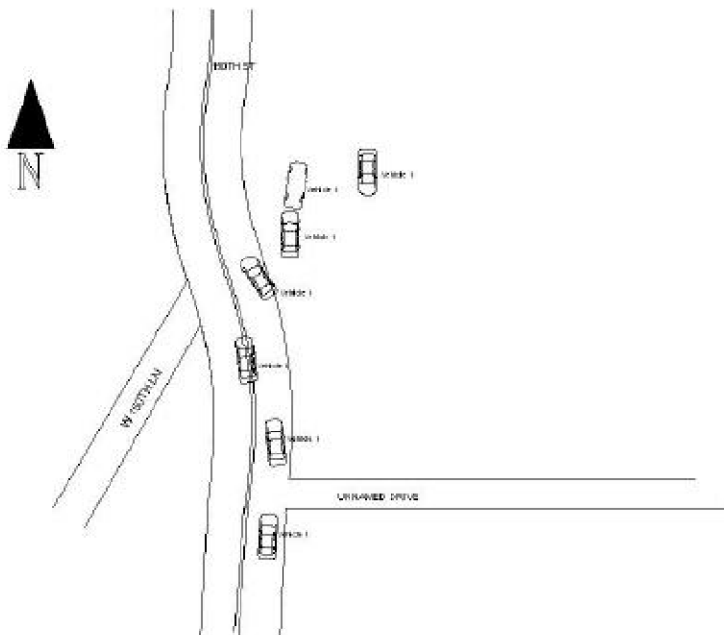
<b>BUS 01</b>	Bus Travelling to/from To From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Diagram and Narrative**

105 - PHOTOS BY
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DIAGRAM AND NARRATIVE



CHRISTIANSON WAS N/B ON 150TH ST NEAR W 150TH LN WHEN SHE BEGAN NEGOTIATING A SLIGHT CORNER ON A HILL. CHRISTIANSON TRAVELED ACROSS A PATCH OF PACKED SNOW/ICE CAUSING HER TO LOSE CONTROL OF HER VEHICLE. CHRISTIANSON ATTEMPTED TO CORRECT HER VEHICLE HOWEVER ENTERED THE EAST DITCH, TRAVELED DOWN AN EMBANKMENT CAUSING HER VEHICLE TO ROLL OVER COMING TO REST IN ITS WHEELS FACING THE OPPOSITE DIRECTION.

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>OLSON</b>		125 - First Name <b>TROY</b>		125 - Middle Initial		131 - Officer ID <b>928</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>01/30/2012</b>		133 - Time Notified (Military Time) <b>1235</b>		134 - Time Arrived (Military Time) <b>1255</b>		135 - Date Of Report <b>01/30/2012</b>		
	Agency Accident Number		Police Number <b>227-12</b>			19 - Special Study			
	18 - AGENCY SPACE								