

PK2011

POLICE # 2757-11

ACCIDENT #

| | | | | | | | | | |
|--|--|--|---|--|---|--|--|--------------------------|--|
| <input checked="" type="checkbox"/> Reportable Accident | | <input type="checkbox"/> On Emergency | | <input type="checkbox"/> Amended | | DOT Document Number LF5CJ01 | | Document Override Number | |
| Agency Accident Number | | | | Police Number 2757-11 | | | | | |
| 4 - Accident Date 12/14/2011 | | 5 - Time of Accident (Military Time) 1012 | | 6 - Total Units 01 | | 7 - Total Injured 02 | | 8 - Total Killed 00 | |
| 2 - County POLK - 48 | | 3 - Municipality ALDEN - 01, TOWN | | | | 11 - Accident Location NON-INTERSECTION | | | |
| 14 - On Hwy No. 065 | 14 - On Street Name | | | 14 - Bus/Frnt/Rmp | | 15 - Est. Dist 0.50 | Ft/Mi M | 15 - Hwy. Dir NORTH | |
| 16 - Fr/At Hwy No. | 16 - From/At Street Name RANDOM DR | | | 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 CURVE | | 113 - Road Terrain HILL | | Surface Type | | | |
| 115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC) | | | | | | | | | |
| 117 - Relation To Roadway ON-ROADWAY | | | | | | | | | |
| 114 - Light Condition DAYLIGHT | | | 116 - Road Surface Condition ICE | | | 118 - Weather CLOUDY | | | |
| 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

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|--|----------------------|--|-------------------------------------|---|--|--|--|
| Unit Status | | 81 - Most Harmful Event: Collision With DITCH | | 23 - Dir Of Travel NORTH | | 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 ██████████4798212703 | | 30 - State WI | 31 - Expiration Year 2017 | 34 - On Duty Accident | | | |
| 25 - Operator/Pedestrian Last Name THATCHER | | | 25 - First Name JOHN | | 25 - Middle Initial W | 25 - Suffix | |
| 32 - Date Of Birth 04/██████████1982 | | 33 - Sex MALE | | | | | |
| 26 - Address Street & Number 217 185TH STREET | | | | | | 26 - PO Box | |
| 27 - City STAR PRAIRIE | | 27 - State WI | 27 - Zip Code 54026 | | 28 - Telephone Number (715) 248-3371 EXT. | | |
| 39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR) | | | | 40 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT | | | |
| 38 - Injury Severity B - NON-INCAPACITATING 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 NEGOTIATING-CURVE | | | 120 - Traffic Control NO-CONTROL | | | 62 - No. of Citations Issued 1 | |
| 64 - 1st Statute No. 347.48(2M)(B) | 64 - 2nd Statute No. | 64 - 3rd Statute No. | | 64 - 4th Statute No. | | 64 - 5th Statute No. | |
| 122 - Driver Factors INATTENTIVE-DRIVING | | | | | | | |
| 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 | |

OPERATOR/PEDESTRIAN 01

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

Vehicle

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|-------------------|---|--------------------------|---|------------------------------|------------------------------|--|
| VEHICLE 01 | 21 - Unit Type AUTOMOBILE | | Vehicle Type PASSENGER-CAR | | | 22 - Total Occupants 2 |
| | 56 - License Plate Number 259RFF | | 57 - Plate Type AUT | 58 - State WI | 59 - Exp Year 2012 | 55 - Vehicle Identification Number 1FAFP33P23W284545 |
| | 50 - Year 2003 | 51 - Make FORD | 52 - Model FOCUS LX | 53 - Body Style 4D | 54 - Color RED | 100 - Skidmarks to Impact (Ft) |
| | 94 - Vehicle Damage TOTAL (DAMAGE TO ALL AREAS) | | | | | |
| | 95 - Extent Of Damage SEVERE | | 96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage | | 97 - Vehicle Removed By | |
| | 123 - Vehicle Factors NOT-APPLICABLE | | | | | |

Vehicle Owner

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|----------------------------------|--|-------------------------|------------------------------------|-------------|---|-------------|
| VEH OWNER 01 | 45 <input type="checkbox"/> Vehicle Owner Same As Operator | | | | | |
| | 46 - Vehicle Owner Last Name THATCHER | | 46 - First Name LAWRENCE | | 46 - Middle Initial D | 46 - Suffix |
| | Date Of Birth 05/1956 | | | | | |
| | 46 - Company Name | | | | | |
| | 47 - Address Street & Number 217 185TH STREET | | | 47 - PO Box | | |
| 48 - City STAR PRAIRIE | | 48 - State WI | 48 - Zip Code 54026 | | 49 - Telephone Number (715) 248-3371 EXT. | |

Insurance

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|---------------|---|--|---|--|--|--|
| 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

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|---------------|---|-------------|-----------|------------------|
| BUS 01 | Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From | School Name | Body Make | Seating Capacity |
| | School District Contracted With | | | |

Occupant

| | | | | | |
|-----------|---|--|--|---------------------------------|---------------------------------|
| 01 | <input checked="" type="checkbox"/> Address Same As Operator | | | | |
| | 65 - Unit No 01 | 66 - Occupant Last Name THATCHER | | 66 - First Name TASHA | 66 - Middle Initial M |
| | 68 - Address Street & Number 217 185TH STREET | | | 68 - PO Box | |
| | 66 - Suffix | | | | |

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|-----------------|---|------------------------------------|---|--|
| OCCUPANT | 68 - City STAR PRAIRIE | 68 - State WI | 68 - Zip Code 54026 | |
| | 67 - Date of Birth 09 / 1988 | 69 - Sex FEMALE | | |
| | 71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER) | | 72 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT | |
| | 70 - Injury Severity B - NON-INCAPACITATING INJURY | 73 - Airbag NON-DEPLOYED | 75 - Ejected NOT-EJECTED | 77 <input type="checkbox"/> Medical Transport |
| | 76 - Trapped/Extricated NOT-TRAPPED | 78 - Agency Space | | |

Property

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|--------------------------|---|-------------------------------|-------------------------------|---|-------------|--|
| PROPERTY OWNER 01 | Organization Type GOVERNMENT | 84 - Property Owner Last Name | 84 - First Name | 84 - Middle Initial | 84 - Suffix | |
| | 84 - Company Name ALDEN TOWNSHIP | | | Government Property Type COUNTY/MUNICIPAL | | |
| | 85 - Address Street & Number 183 155TH ST | | 85 - PO Box | | | |
| | 86 - City STAR PRAIRIE | 86 - State WI | 86 - Zip Code 54026 | 87 - Telephone Number (715) 248-3714 EXT. | | |
| | 83 - Government Damage Tag Number | | | | | |

Fixed Objects Struck

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|--------------------------|--------------------------------|------------------------------------|--------------------|--------------------|
| PROPERTY OWNER 01 | 82 - Striking Unit 1 | 82 - Object Struck DITCH | 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

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| DIAGRAM AND NARRATIVE | 105 - PHOTOS BY |
| | |
| UNIT #1 WAS NORTHBOUND ON STH 65 WHEN IT WENT INTO THE DITCH ON EAST SIDE OF THE ROAD AND THEN ROLLED OVER AND LANDED ON ITS ROOF. | |

Officer Information

PK2011

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| OFFICER INFORMATION | 125 - Officer Last Name BEAUPRE | 125 - First Name KARL | 125 - Middle Initial | 131 - Officer ID 930 |
| | 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 12/14/2011 | 133 - Time Notified (Military Time) 1012 | 134 - Time Arrived (Military Time) 1020 | 135 - Date Of Report 12/14/2011 |
| | Agency Accident Number | Police Number 2757-11 | 19 - Special Study | |
| | 18 - Agency Space | | | |