

PK2011

POLICE # 2793-11

ACCIDENT #

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number LF5RCJT	Document Override Number
Agency Accident Number		Police Number 2793-11		
4 - Accident Date 12/21/2011	5 - Time of Accident (Military Time) 1630	6 - Total Units 01	7 - Total Injured 00	8 - Total Killed 00
2 - County POLK - 48	3 - Municipality STERLING - 23, TOWN		11 - Accident Location NON-INTERSECTION	
14 - On Hwy No.	14 - On Street Name 290TH ST	14 - Bus/Frnt/Rmp	15 - Est. Dist 500	Ft/Mi F
			15 - Hwy. Dir NORTH	
16 - Fr/At Hwy No.	16 - From/At Street Name EVERGREEN AVE		16 - Business/Frontage/Ramp	
17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude -	
80 - First Harmful Event OTHER ANIMAL		93 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT		
112 - Access Control NO CONTROL	113 - Road Curvature STRAIGHT	113 - Road Terrain LEVEL/FLAT	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 SNOW/SLUSH		118 - Weather CLEAR
<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	
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 OTHER ANIMAL	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 7553538305		30 - State WI	31 - Expiration Year 2014	34 - On Duty Accident
25 - Operator/Pedestrian Last Name DAVIDSAVOR		25 - First Name RICHARD		25 - Middle Initial P
25 - Suffix				
32 - Date Of Birth 10/1935	33 - Sex MALE			
26 - Address Street & Number 2732 290TH STREET			26 - PO Box	
27 - City ST CROIX FALLS		27 - State WI	27 - Zip Code 54024	28 - Telephone Number (715) 488-2924 EXT.
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
38 - Injury Severity N - NO APPARENT 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 GOING-STRAIGHT		120 - Traffic Control NO-CONTROL		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 NOT-APPLICABLE				
88 - Driver or Pedestrian Cond NOT OBSERVED		89 - Substance Presence UNKNOWN		
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN

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91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 739PJJ		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1G6KD57Y67U160721
	50 - Year 2007	51 - Make CADI	52 - Model DTS	53 - Body Style 4D	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, MIDDLE PASSENGER SIDE					
	95 - Extent Of Damage SEVERE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name DAVIDSAVOR		46 - First Name RICHARD		46 - Middle Initial P	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 2732 290TH STREET				47 - PO Box	
	48 - City ST CROIX FALLS		48 - State WI	48 - Zip Code 54024		49 - Telephone Number (715) 488-2924 EXT.

Insurance

INS 01	63 - Liability Insurance Company LIBERTY-MUTUAL				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name DAVIDSAVOR			61 - Policy Holder First Name RICHARD		
	61 - Policy Holder Company					

School Bus

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

Property

Organization Type INDIVIDUAL	84 - Property Owner Last Name HEILMAN	84 - First Name MIKE	84 - Middle Initial R	84 - Suffix
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PROPERTY OWNER 01	84 - Company Name		Government Property Type	
	85 - Address Street & Number 2893 274TH AVE		85 - PO Box	
	86 - City ST CROIX FALLS	86 - State WI	86 - Zip Code 54024	87 - Telephone Number (715) 488-2922 EXT.
	83 - Government Damage Tag Number			
	Fixed Objects Struck			
82 - Striking Unit 1	82 - Object Struck OTHER-OBJECT-NOT-FIXED	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>Scene not observed</p>
<p>OPERATOR OF UNIT ONE WAS PASSING SUBJECT WALKING A HORSE. HORSE BECAME SPOOKED BY VEHICLE AND JUMP INTO PASSING CAR CAUSING DAMAGE. OWNER OF VEHICLE CALLED SEVERAL HOURS LATER AND WANTED A REPORT FOR THE ACCIDENT.</p>	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name PUETZ	125 - First Name ANTHONY	125 - Middle Initial	131 - Officer ID 906
	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 12/21/2011	133 - Time Notified (Military Time) 1900	134 - Time Arrived (Military Time) 1900	135 - Date Of Report 12/22/2011
	Agency Accident Number	Police Number 2793-11	19 - Special Study	
	18 - Agency Space			