

PK2011

POLICE # 2837-11

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number LF5P4VX	Document Override Number
Agency Accident Number		Police Number 2837-11		
4 - Accident Date 12/29/2011	5 - Time of Accident (Military Time) 0955	6 - Total Units 01	7 - Total Injured 00	8 - Total Killed 00
2 - County POLK - 48	3 - Municipality EUREKA - 10, TOWN		11 - Accident Location NON-INTERSECTION	
14 - On Hwy No.	14 - On Street Name 235TH ST	14 - Bus/Frnt/Rmp	15 - Est. Dist 0.25	Ft/Mi M
16 - Fr/At Hwy No.		16 - From/At Street Name 180TH AVE		15 - Hwy. Dir NORTH
16 - Business/Frontage/Ramp				
17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude	
80 - First Harmful Event OVERTURN		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 BLACKTOP (BITUMINOUS) - 2	
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)				
117 - Relation To Roadway SHOULDER-(OTHER THAN SHOULDER WITHIN MEDIAN OR GORE)				
114 - Light Condition DAYLIGHT		116 - Road Surface Condition SNOW/SLUSH		118 - Weather CLOUDY
9 <input type="checkbox"/> Hit and Run	9 <input 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 OVERTURN	23 - Dir Of Travel SOUTH	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 4339552300	30 - State WI	31 - Expiration Year 2014	34 - On Duty Accident
25 - Operator/Pedestrian Last Name GRAY	25 - First Name JANELL	25 - Middle Initial MARIE	25 - Suffix
32 - Date Of Birth 01/1995	33 - Sex FEMALE		
26 - Address Street & Number 2168 223 ST			26 - PO Box
27 - City ST CROIX FALLS	27 - State WI	27 - Zip Code 54024	28 - Telephone Number (715) 483-9415 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 NEGOTIATING-CURVE		120 - Traffic Control NO-CONTROL	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 SPEED-TOO-FAST-FOR-CONDITIONS			
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

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 223AZX		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 2G1WF52E259110844
	50 - Year 2005	51 - Make CHEV	52 - Model IMPALA	53 - Body Style 4D	54 - Color WHI	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 L C	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name GRAY		46 - First Name JON		46 - Middle Initial D	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 2168 223 ST				47 - PO Box	
	48 - City ST CROIX FALLS			48 - State WI	48 - Zip Code 54024	49 - Telephone Number (715) 483-9415 EXT.

Insurance

INS 01	63 - Liability Insurance Company AMERICAN-FAMILY				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name GRAY			61 - Policy Holder First Name JON		
	61 - Policy Holder Company					

School Bus

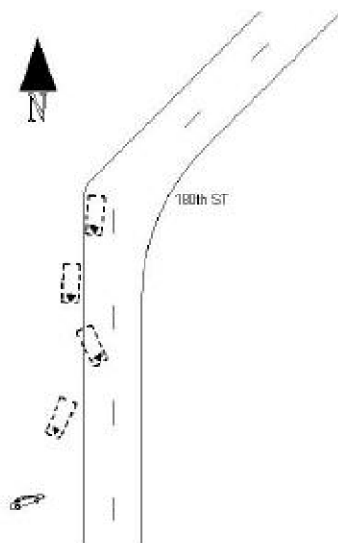
BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Diagram and Narrative

105 - PHOTOS BY

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DIAGRAM AND NARRATIVE



DRIVER WAS SOUTH BOUND ON 180TH ST. ROADS WERE SNOW AND ICE COVERED. DRIVER APPEARED TO BE TRAVELING TO FAST COMING OUT OF CORNER AND LOST CONTROL. VEH ENTERED WEST DITCH AND THEN RETURNED TO ROAD. DRIVER OVER CORRECTED AND WENT BACK INTO DITCH ROLLING THE VEHICLE OVER.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name RORVICK		125 - First Name ROB	125 - Middle Initial	131 - Officer ID 927	
	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 12/29/2011	133 - Time Notified (Military Time) 0959	134 - Time Arrived (Military Time) 1012		135 - Date Of Report 12/29/2011	
	Agency Accident Number		Police Number 2837-11	19 - Special Study		
	18 - Agency Space					