

PK2011

POLICE # 36-12

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number <b>LF7VBGF</b>	Document Override Number
Agency Accident Number		Police Number <b>36-12</b>		
4 - Accident Date <b>01/05/2012</b>	5 - Time of Accident (Military Time) <b>2253</b>	6 - Total Units <b>01</b>	7 - Total Injured <b>00</b>	8 - Total Killed <b>00</b>
2 - County <b>POLK - 48</b>	3 - Municipality <b>LAKETOWN - 15, TOWN</b>		11 - Accident Location <b>NON-INTERSECTION</b>	
14 - On Hwy No.	14 - On Street Name <b>240TH ST</b>	14 - Bus/Frnt/Rmp	15 - Est. Dist <b>100</b>	Ft/Mi <b>F</b>
16 - Fr/At Hwy No.		16 - From/At Street Name <b>COUNTY RD N</b>		16 - Business/Frontage/Ramp
17 - Structure Type <b>FIRE #</b>	17 - Structure Number <b>2499</b>	12 - Latitude		13 - Longitude <b>-</b>
80 - First Harmful Event <b>TREE</b>		93 - Manner of Collision <b>NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT</b>		
112 - Access Control <b>NO CONTROL</b>	113 - Road Curvature <b>STRAIGHT</b>	113 - Road Terrain <b>HILL</b>	Surface Type <b>BLACKTOP (BITUMINOUS) - 2</b>	
115 - Traffic Way <b>NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)</b>				
117 - Relation To Roadway <b>OUTSIDE-SHOULDER-RIGHT</b>				
114 - Light Condition <b>DARK-LIGHTED</b>		116 - Road Surface Condition <b>DRY</b>		118 - Weather <b>CLEAR</b>
9 <input checked="" type="checkbox"/> Hit and Run	9 <input type="checkbox"/> Government Property	9 <input type="checkbox"/> Fire	9 <input checked="" type="checkbox"/> Photos Taken	9 <input type="checkbox"/> Trailer or Towed
9 <input checked="" 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 checked="" 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 <b>H - HIT AND RUN</b>	81 - Most Harmful Event: Collision With <b>TREE</b>	23 - Dir Of Travel <b>SOUTH</b>	24 - Speed Limit <b>25</b>
36 - Operating as Classified <b>D CLASS</b>	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number <b>052621219</b>	30 - State <b>MN</b>	31 - Expiration Year <b>2013</b>	34 - On Duty Accident
25 - Operator/Pedestrian Last Name <b>BREVER</b>		25 - First Name <b>MICHAEL</b>	25 - Middle Initial <b>JOHN</b>
32 - Date Of Birth <b>12/1984</b>	33 - Sex <b>MALE</b>		
26 - Address Street & Number <b>2445 270TH AVE</b>			26 - PO Box
27 - City <b>CUSHING</b>	27 - State <b>WI</b>	27 - Zip Code <b>54006</b>	28 - Telephone Number <b>(763) 221-1210 EXT.</b>
39 - Seat Position <b>FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)</b>		40 - Safety Equipment <b>RESTRAINT-USE-UNKNOWN</b>	
38 - Injury Severity <b>N - NO APPARENT INJURY</b>	41 - Airbag <b>UNKNOWN</b>	42 - Ejected <b>UNKNOWN</b>	44 <input type="checkbox"/> Medical Transport
43 - Trapped/Extricated <b>UNKNOWN</b>	92 - Pedestrian Location	92 - Pedestrian Action	
119 - What Driver Was Doing <b>MAKING-LEFT-TURN</b>		120 - Traffic Control <b>STOP-SIGN</b>	62 - No. of Citations Issued <b>3</b>
64 - 1st Statute No. <b>346.57(2)</b>	64 - 2nd Statute No. <b>346.69</b>	64 - 3rd Statute No. <b>346.70(1)</b>	64 - 4th Statute No.
64 - 5th Statute No.			
122 - Driver Factors <b>FAILURE-TO-HAVE-CONTROL</b>			
88 - Driver or Pedestrian Cond <b>NOT OBSERVED</b>	89 - Substance Presence <b>UNKNOWN</b>		
90 - Alcohol Test <b>TEST NOT GIVEN</b>	90 - Alcohol Content		91 - Drug Test <b>TEST-NOT-GIVEN</b>

OPERATOR/PEDESTRIAN 01

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91 - Drugs Reported
124 - Highway Factors <b>NOT-APPLICABLE</b>

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>TRUCK</b>	Vehicle Type <b>PICKUP/UTILITY-TRUCK</b>				22 - Total Occupants <b>1</b>
	56 - License Plate Number <b>277BLR</b>	57 - Plate Type <b>LTK</b>	58 - State <b>MN</b>	59 - Exp Year <b>2012</b>	55 - Vehicle Identification Number <b>1FTPX14526FA05339</b>	
	50 - Year <b>2006</b>	51 - Make <b>FORD</b>	52 - Model <b>F150</b>	53 - Body Style <b>TK</b>	54 - Color <b>RED</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>UNKNOWN</b>					
	95 - Extent Of Damage <b>UNKNOWN</b>	96 <input checked="" type="checkbox"/> <b>Vehicle Towed Due To Damage</b>		97 - Vehicle Removed By <b>R D FREDERIC TOWING AND RECOVERY LLC</b>		
	123 - Vehicle Factors <b>NOT-APPLICABLE</b>					

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input checked="" type="checkbox"/> <b>Vehicle Owner Same As Operator</b>					
	46 - Vehicle Owner Last Name <b>BREVER</b>		46 - First Name <b>MICHAEL</b>		46 - Middle Initial <b>JOHN</b>	46 - Suffix
	Date Of Birth 12/1984					
	46 - Company Name					
	47 - Address Street & Number <b>2445 270TH AVE</b>			47 - PO Box		
48 - City <b>CUSHING</b>		48 - State <b>WI</b>	48 - Zip Code <b>54006</b>		49 - Telephone Number <b>(763) 221-1210 EXT.</b>	

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>UNKNOWN</b>				60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>	
	61 - Policy Holder Last Name <b>BREVER</b>			61 - Policy Holder First Name <b>MICHAEL</b>		
	61 - Policy Holder Company					

**School Bus**

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

**Occupant**

<b>01</b>	<input type="checkbox"/> <b>Address Same As Operator</b>				
	65 - Unit No <b>01</b>	66 - Occupant Last Name <b>LIESER</b>		66 - First Name <b>AMILYNN</b>	66 - Middle Initial <b>ELIZABETH</b>
	68 - Address Street & Number <b>43481 CEDARCREST TRAIL</b>			68 - PO Box	

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<b>OCCUPANT</b>	68 - City <b>HARRIS</b>	68 - State <b>MN</b>	68 - Zip Code <b>55032</b>	
	67 - Date of Birth	69 - Sex <b>FEMALE</b>		
	71 - Seat Position <b>FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)</b>		72 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>	
	70 - Injury Severity <b>N - NO APPARENT INJURY</b>	73 - Airbag <b>DEPLOYED</b>	75 - Ejected <b>NOT-EJECTED</b>	77 <input type="checkbox"/> <b>Medical Transport</b>
	76 - Trapped/Extricated <b>NOT-TRAPPED</b>	78 - Agency Space <b>CELL PHONE 651-724-1665</b>		

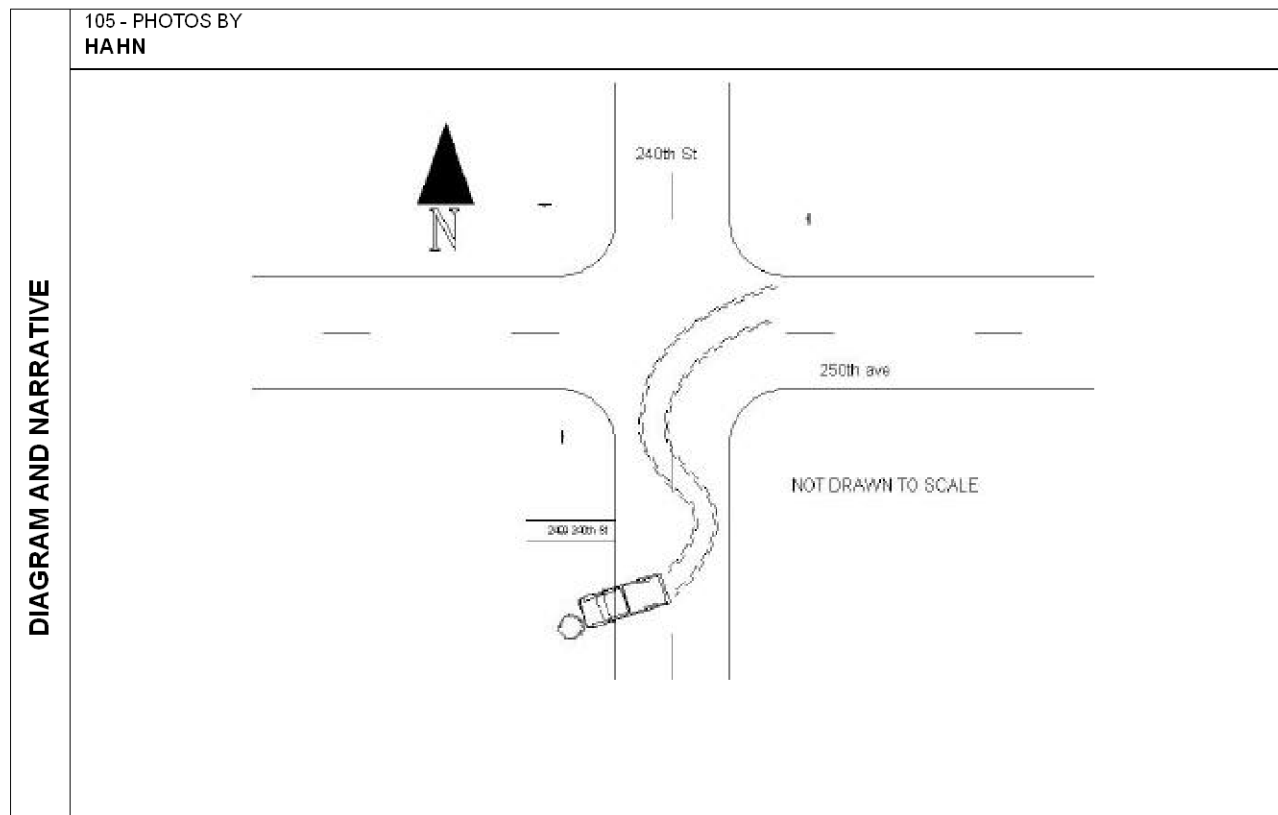
**Property**

<b>PROPERTY OWNER 01</b>	Organization Type <b>INDIVIDUAL</b>	84 - Property Owner Last Name <b>ANDREE</b>	84 - First Name <b>LOIS</b>	84 - Middle Initial	84 - Suffix	
	84 - Company Name			Government Property Type		
	85 - Address Street & Number <b>2499 240TH ST</b>		85 - PO Box <b>453</b>			
	86 - City <b>CUSHING</b>	86 - State <b>WI</b>	86 - Zip Code <b>54006</b>	87 - Telephone Number		
	83 - Government Damage Tag Number					

**Fixed Objects Struck**

<b>PROPERTY OWNER 01</b>	82 - Striking Unit <b>1</b>	82 - Object Struck <b>TREE</b>	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**



OWNER OF VEHICLE CALLED STATING HIS TRUCK WAS STOLEN. LOCATED TRUCK NEAR INTERSECTION. SKID MARKS SHOWED IT HAD BEEN W/B ON CTH N, TURNED S/B ON 240TH ST AND ACCELLORATED HARD. SKID MARKS FISH-TAILED ACROSS BOTH LANES OF 240TH ST AND LED TO TRUCK WHICH HAD STRUCK A TREE IN A YARD. VEHICLE WAS UNOCCUPIED. UNABLE TO LOCATE OR RECONTACT OWNER OF VEHICLE THAT DATE. OWNER CONTACTED LAW ENFORCEMENT AGAIN ON 01-06-11 AT 23:10 AND ADMITTED TO DRIVING AND HAVING ACCIDENT. HE STATED HE HAD CONSUMED ALCOHOL AND WAS WORRIED HE MAY RECIEVE OMVWI. OWNER STATED HE WAS ACTING LIKE A "HOT SHOT" AND THAT HE "GAVE IT THE ONIONS" BEFORE LOOSING CONTROL AND STRIKING THE TREE.

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**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>HAHN</b>		125 - First Name <b>JEFF</b>		125 - Middle Initial		131 - Officer ID <b>931</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>01/05/2012</b>		133 - Time Notified (Military Time) <b>2303</b>		134 - Time Arrived (Military Time) <b>2316</b>		135 - Date Of Report <b>01/07/2012</b>		
	Agency Accident Number		Police Number <b>36-12</b>		19 - Special Study				
	18 - Agency Space								

**Truck and Bus**

<b>TRUCK/BUS</b>	136 <input type="checkbox"/> A truck or truck combination > 10,000 lbs GVWR/GCWR				136 <input type="checkbox"/> Any vehicle displaying a hazardous materials placard			
	136 <input type="checkbox"/> A vehicle designed to carry 9 or more people, including the driver							
	136 <input type="checkbox"/> Fatal Injury		136 <input type="checkbox"/> Medical Transport		136 <input type="checkbox"/> One or more vehicles towed from the scene due to disabling damage			
	Unit Number							
	137 - Hazardous Materials Class Numbers							
	137 - Hazardous Materials "UN" Nos.		Hazardous Material Placard Displayed <input type="checkbox"/>			Hazardous Cargo Was Released <input type="checkbox"/>		
	137 - Name Of Hazardous Materials in this Load				137 - Name Of Hazardous Materials Released			
	138 <input type="checkbox"/> Interstate Carrier		140 - US DOT No.		140 - ICC MC No.	LC No.	IC No.	141 - Source
	139 - Carrier Name							
	142 - Carrier Address				City		State	Zip Code
	143 - GVWR (Lbs)		144 - Total No. of Axles		145 - Vehicle Configuration			147 - Cargo Body Type
	146 - First Event				146 - Second Event			
	146 - Third Event				146 - Fourth Event			