

PK2011

POLICE # 42-12

ACCIDENT # 42-12

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5HZ9X		Document Override Number	
Agency Accident Number 42-12				Police Number 42-12					
4 - Accident Date 01/06/2012		5 - Time of Accident (Military Time) 1330		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County POLK - 48		3 - Municipality LINCOLN - 16, TOWN				11 - Accident Location INTERSECTION			
14 - On Hwy No.	14 - On Street Name COUNTY RD F			14 - Bus/Frnt/Rmp		15 - Est. Dist	Ft/Mi	15 - Hwy. Dir	
16 - Fr/At Hwy No.	16 - From/At Street Name COUNTY RD PP				16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude		13 - Longitude -			
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				93 - Manner of Collision SIDESWIPE. OPPOSITE DIRECTION					
112 - Access Control NO CONTROL		113 - Road Curvature CURVE		113 - Road Terrain LEVEL/FLAT		Surface Type BLACKTOP (BITUMINOUS) - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather CLEAR			
9 <input 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 checked="" 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 MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH		24 - Speed Limit 30	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number [REDACTED] 1707189000		30 - State WI	31 - Expiration Year 2017	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name PARK			25 - First Name DANIELLE		25 - Middle Initial J	25 - Suffix	
32 - Date Of Birth 10 [REDACTED] 1971		33 - Sex FEMALE					
26 - Address Street & Number 209 GEORGE AVE						26 - PO Box	
27 - City AMERY		27 - State WI	27 - Zip Code 54001		28 - Telephone Number (715) 268-9711 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 MAKING-LEFT-TURN			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 1	
64 - 1st Statute No. 346.18(2)	64 - 2nd Statute No.	64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.	
122 - Driver Factors FAIL-TO-YIELD-RIGHT-OF-WAY							
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 <b>NOT-APPLICABLE</b>

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>AUTOMOBILE</b>	Vehicle Type <b>PASSENGER-CAR</b>				22 - Total Occupants <b>1</b>
	56 - License Plate Number <b>216LGC</b>	57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2012</b>	55 - Vehicle Identification Number <b>1GHDT13S322158684</b>	
	50 - Year <b>2002</b>	51 - Make <b>OLDS</b>	52 - Model <b>BRAVADA</b>	53 - Body Style <b>UT</b>	54 - Color <b>SIL</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>FRONT, FRONT DRIVER SIDE</b>					
	95 - Extent Of Damage <b>MODERATE</b>	96 <input type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By <b>OPERATOR</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>PARK</b>		46 - First Name <b>DANIELLE</b>		46 - Middle Initial <b>J</b>	46 - Suffix
	Date Of Birth <b>10/11/1971</b>					
	46 - Company Name					
	47 - Address Street & Number <b>209 GEORGE AVE</b>			47 - PO Box		
	48 - City <b>AMERY</b>		48 - State <b>WI</b>	48 - Zip Code <b>54001</b>		49 - Telephone Number <b>(715) 268-9711 EXT.</b>

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>GERMANTOWN-MUTUAL-INS-CO</b>				60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>	
	61 - Policy Holder Last Name <b>PARK</b>			61 - Policy Holder First Name <b>DANIELLE</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			

**Operator/Pedestrian**

Unit Status		81 - Most Harmful Event: Collision With <b>MOTOR VEHICLE IN TRANSPORT</b>		23 - Dir Of Travel <b>EAST</b>	24 - Speed Limit <b>30</b>
36 - Operating as Classified <b>D CLASS</b>		37 - Endorsements		35 <input type="checkbox"/> <b>Operating Commercial Motor Vehicle</b>	
29 - Driver's License Number <b>5105109104</b>		30 - State <b>WI</b>	31 - Expiration Year <b>2019</b>	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name <b>KUNKEL</b>		25 - First Name <b>KENNETH</b>		25 - Middle Initial <b>J</b>	25 - Suffix
32 - Date Of Birth <b>03/19/1951</b>		33 - Sex <b>MALE</b>			

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<b>OPERATOR/PEDESTRIAN 02</b>	26 - Address Street & Number <b>888 SUNRISE BEACH DR</b>				26 - PO Box	
	27 - City <b>AMERY</b>		27 - State <b>WI</b>	27 - Zip Code <b>54001</b>	28 - Telephone Number <b>(715) 377-2690 EXT.</b>	
	39 - Seat Position <b>FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)</b>			40 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>		
	38 - Injury Severity <b>N - NO APPARENT INJURY</b>		41 - Airbag <b>NON-DEPLOYED</b>	42 - Ejected <b>NOT-EJECTED</b>		44 <input type="checkbox"/> <b>Medical Transport</b>
	43 - Trapped/Extricated <b>NOT-TRAPPED</b>		92 - Pedestrian Location	92 - Pedestrian Action		
	119 - What Driver Was Doing <b>NEGOTIATING-CURVE</b>		120 - Traffic Control <b>NO-CONTROL</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>NOT-APPLICABLE</b>					
	88 - Driver or Pedestrian Cond <b>APPEARED NORMAL</b>		89 - Substance Presence <b>NEITHER-ALCOHOL-NOR-DRUGS-PRESENT</b>			
	90 - Alcohol Test <b>TEST NOT GIVEN</b>		90 - Alcohol Content		91 - Drug Test <b>TEST-NOT-GIVEN</b>	
	91 - Drugs Reported					
	124 - Highway Factors <b>NOT-APPLICABLE</b>					

**Vehicle**

<b>VEHICLE 02</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>XD11219</b>		57 - Plate Type <b>HTK</b>	58 - State <b>WI</b>	59 - Exp Year <b>2012</b>	55 - Vehicle Identification Number <b>1FTSX21PX6EB13929</b>
	50 - Year <b>2006</b>	51 - Make <b>FORD</b>	52 - Model <b>F250</b>	53 - Body Style <b>TK</b>	54 - Color <b>BLK</b>	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage <b>FRONT DRIVER SIDE</b>					
	95 - Extent Of Damage <b>VERY-MINOR</b>		96 <input type="checkbox"/> <b>Vehicle Towed Due To Damage</b>		97 - Vehicle Removed By <b>OWNER</b>	
123 - Vehicle Factors <b>NOT-APPLICABLE</b>						

**Vehicle Owner**

<b>VEH OWNER 02</b>	45 <input checked="" type="checkbox"/> <b>Vehicle Owner Same As Operator</b>					
	46 - Vehicle Owner Last Name <b>KUNKEL</b>		46 - First Name <b>KENNETH</b>		46 - Middle Initial <b>J</b>	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number <b>888 SUNRISE BEACH DR</b>				47 - PO Box	
	48 - City <b>AMERY</b>		48 - State <b>WI</b>	48 - Zip Code <b>54001</b>		49 - Telephone Number <b>(715) 377-2690 EXT.</b>

**Insurance**

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<b>INS 02</b>	63 - Liability Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		60 <input checked="" type="checkbox"/> <b>Policy Holder Same As Owner</b>
	61 - Policy Holder Last Name <b>KUNKEL</b>		61 - Policy Holder First Name <b>KENNETH</b>
	61 - Policy Holder Company		

**School Bus**

<b>BUS 02</b>	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**

<b>DIAGRAM AND NARRATIVE</b>	105 - PHOTOS BY <b>BIRR</b>
	<p style="text-align: right;">Drawing not to scale</p>
<p>UNIT 1 WAS ATTEMPTING TO TURN SOUTH FROM COUNTY RD F ONTO COUNTY RD PP. THE DRIVER OF UNIT 1 STATED SHE LOOKED BOTH WAYS AND BEGAN TURNING SOUTH WHEN SHE OBSERVED UNIT 2 WAS "JUST ALL OF A SUDDEN THERE." UNIT 1 STRUCK UNIT 2 AT LOW SPEED. UNIT 2 WAS NEGOTIATING THE CORNER ON COUNTY RD F AND THE DRIVER STATED THAT HE OBSERVED UNIT 1 BEGIN TO TURN SOUTH JUST AS HE APPROACHED THE VEHICLE. NEITHER DRIVER REPORTED ANY INJURIES AND THE VEHICLES WERE REMOVED BY THE DRIVERS.</p>	

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>BIRR</b>		125 - First Name <b>ADAM</b>		125 - Middle Initial		131 - Officer ID <b>944</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>01/06/2012</b>		133 - Time Notified (Military Time) <b>1334</b>		134 - Time Arrived (Military Time) <b>1352</b>		135 - Date Of Report <b>01/07/2012</b>		
	Agency Accident Number <b>42-12</b>		Police Number <b>42-12</b>		19 - Special Study				
	18 - Agency Space								

**Truck and Bus**

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<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			