

PK2011

POLICE # 149-12

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5B1K9		Document Override Number		
Agency Accident Number				Police Number 149-12						
4 - Accident Date 01/20/2012		5 - Time of Accident (Military Time) 0752		6 - Total Units 02		7 - Total Injured 03		8 - Total Killed 00		
2 - County POLK - 48		3 - Municipality AMERY - 61, CITY				11 - Accident Location INTERSECTION				
14 - On Hwy No.		14 - On Street Name BROADWAY ST			14 - Bus/Frnt/Rmp		15 - Est. Dist		Ft/Mi	15 - Hwy. Dir
16 - Fr/At Hwy No.		16 - From/At Street Name MINNEAPOLIS AVE			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 FULL CONTROL		113 - Road Curvature STRAIGHT		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 CLOUDY				
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 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			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel EAST		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number 5576513607		30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name SIMONSON			25 - First Name MICHAEL		25 - Middle Initial S	25 - Suffix	
32 - Date Of Birth 04/1965		33 - Sex MALE					
26 - Address Street & Number 204 HARRIMAN AVE S						26 - PO Box	
27 - City AMERY			27 - State WI	27 - Zip Code 54001		28 - Telephone Number (715) 268-5546 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment RESTRAINT-USE-UNKNOWN			
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 STOP-SIGN			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 FAIL-TO-YIELD-RIGHT-OF-WAY, 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

PK2011

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 4
	56 - License Plate Number 986GY	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1GMDX13E0YD230759	
	50 - Year 2000	51 - Make PONT	52 - Model MONTANA	53 - Body Style VN	54 - Color SIL	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, FRONT DRIVER SIDE					
	95 - Extent Of Damage SEVERE	96 <input type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By OWNER			
	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 SIMONSON	46 - First Name MICHAEL	46 - Middle Initial S	46 - Suffix	Date Of Birth 04/1965
	46 - Company Name				
	47 - Address Street & Number 204 HARRIMAN AVE S			47 - PO Box	
	48 - City AMERY	48 - State WI	48 - Zip Code 54001	49 - Telephone Number (715) 268-5546 EXT.	

Insurance

INS 01	63 - Liability Insurance Company ACUITY, A MUTUAL INSURANCE CO	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name SIMONSON	61 - Policy Holder First Name MICHAEL
	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			

Operator/Pedestrian

Unit Status	81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT	23 - Dir Of Travel WEST	24 - Speed Limit 25
36 - Operating as Classified D CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number 7349512107	30 - State WI	31 - Expiration Year 2014	34 - On Duty Accident
25 - Operator/Pedestrian Last Name GRASSER-HEMER	25 - First Name RILEY	25 - Middle Initial N	25 - Suffix
32 - Date Of Birth 04/1995	33 - Sex MALE		

PK2011

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 727 75TH ST				26 - PO Box	
	27 - City AMERY		27 - State WI	27 - Zip Code 54001	28 - Telephone Number	
	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 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 STOP-SIGN		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 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	
	91 - Drugs Reported					
	124 - Highway Factors NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR		22 - Total Occupants 3
	56 - License Plate Number F6129T		57 - Plate Type CVG	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1J4FJ68S0WL112525
	50 - Year 1998	51 - Make JEEP	52 - Model	53 - Body Style UT	54 - Color GRN	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE					
	95 - Extent Of Damage MODERATE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By AMERY TOWING	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name YUHAS		46 - First Name BRADLEY		46 - Middle Initial J	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 727 75TH ST				47 - PO Box	
	48 - City AMERY		48 - State WI	48 - Zip Code 54001		49 - Telephone Number

Insurance

PK2011

INS 02	63 - Liability Insurance Company AMERICAN-FAMILY		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name YUHAS	61 - Policy Holder First Name BRADLEY	
	61 - Policy Holder Company		

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Occupant

OCCUPANT 01	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name SIMONSON	66 - First Name EMILY	66 - Middle Initial A	66 - Suffix
	68 - Address Street & Number 204 HARRIMAN AVE S		68 - PO Box		
	68 - City AMERY		68 - State WI	68 - Zip Code 54001	
	67 - Date of Birth 11 ■■■ 1996		69 - Sex FEMALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)		72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	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			

Occupant

OCCUPANT 02	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name SIMONSON	66 - First Name ASHLEY	66 - Middle Initial E	66 - Suffix
	68 - Address Street & Number 204 HARRIMAN AVE S		68 - PO Box		
	68 - City AMERY		68 - State WI	68 - Zip Code 54001	
	67 - Date of Birth 05 ■■■ 1998		69 - Sex FEMALE		
	71 - Seat Position SECOND-SEAT-LEFT-SIDE-(MC/BIKE PASSENGER, TRAIN BREAKMA		72 - Safety Equipment RESTRAINT-USE-UNKNOWN		
	70 - Injury Severity B - NON-INCAPACITATING INJURY	73 - Airbag NOT APPLICABLE	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Occupant

OCCUPANT 03	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name SIMONSON	66 - First Name LAURA	66 - Middle Initial C	66 - Suffix
	68 - Address Street & Number 204 HARRIMAN AVE S		68 - PO Box		
	68 - City AMERY		68 - State WI	68 - Zip Code 54001	
	67 - Date of Birth 12 ■■■ 2000		69 - Sex FEMALE		
	71 - Seat Position SECOND-SEAT-RIGHT		72 - Safety Equipment RESTRAINT-USE-UNKNOWN		
	70 - Injury Severity N - NO APPARENT INJURY	73 - Airbag NOT APPLICABLE	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

PK2011

76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space
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Occupant

OCCUPANT 04	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name YUHAS	66 - First Name KRUSE	66 - Middle Initial C	66 - Suffix
	68 - Address Street & Number 727 75TH ST		68 - PO Box		
	68 - City AMERY		68 - State WI	68 - Zip Code 54001	
	67 - Date of Birth 07/2005		69 - Sex MALE		
	71 - Seat Position SECOND-SEAT-LEFT-SIDE-(MC/BIKE PASSENGER, TRAIN BREAKMA			72 - Safety Equipment CHILD-SAFETY-SEAT-USED	
	70 - Injury Severity N - NO APPARENT INJURY	73 - Airbag NOT APPLICABLE	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Occupant

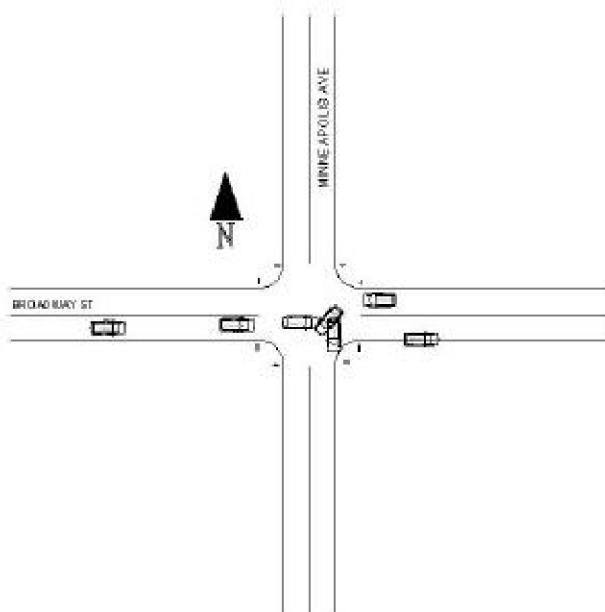
OCCUPANT 05	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name YUHAS	66 - First Name SIRI	66 - Middle Initial J	66 - Suffix
	68 - Address Street & Number 727 75TH ST		68 - PO Box		
	68 - City AMERY		68 - State WI	68 - Zip Code 54001	
	67 - Date of Birth 09/2006		69 - Sex FEMALE		
	71 - Seat Position SECOND-SEAT-RIGHT			72 - Safety Equipment CHILD-SAFETY-SEAT-USED	
	70 - Injury Severity B - NON-INCAPACITATING INJURY	73 - Airbag NOT APPLICABLE	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Diagram and Narrative

105 - PHOTOS BY DEPUTY TROY OLSON

PK2011

DIAGRAM AND NARRATIVE



DRIVER OF VEHICLE 2 INDICATED HE WAS W/B ON BROADWAY ST AND STOPPED AT THE INTERSECTION WAITING FOR HIS TURN TO PROCEED THROUGH THE INTERSECTION AS THREE OTHER VEHICLES WERE ALREADY STOPPED. DRIVER OF VEH 2 STATED THAT THE VEHICLE TO HIS LEFT TURNED E/B, THE VEHICLE TO HIS RIGHT TURNED E/B, THE DRIVER ACROSS FROM HIM TURNED S/B. HE THEN PROCEEDED THROUGH THE INTERSECTION MAKING A LEFT HAND TURN S/B AND WAS STRUCK BY VEHICLE 1 THAT HAD BEEN BEHIND A VEHICLE STOPPED AT THE INTERSECTION. DRIVER OF VEHICLE 1 STATED HE CAME TO THE STOP SIGN, ENTERED THE INTERSECTION FIRST THEN LOOKED TO HIS DAUGHTER TO ANSWER A QUESTION. HE INDICATED HE LOOKED FORWARD AGAIN AND HAD JEEP IN FRONT OF HIM AND COULDN'T STOP.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name OLSON		125 - First Name TROY	125 - Middle Initial	131 - Officer ID 928	
	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 01/20/2012	133 - Time Notified (Military Time) 0752	134 - Time Arrived (Military Time) 0815		135 - Date Of Report 01/20/2012	
	Agency Accident Number		Police Number 149-12	19 - Special Study		
	18 - Agency Space					