

POLICE # 154-12

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number LF5B1KB	Document Override Number
Agency Accident Number		Police Number 154-12		
4 - Accident Date 01/20/2012	5 - Time of Accident (Military Time) 1204	6 - Total Units 01	7 - Total Injured 00	8 - Total Killed 00
2 - County 48	3 - Municipality 4801		11 - Accident Location 2	
14 - On Hwy No. 065	14 - On Street Name		14 - Bus/Frnt/Rmp	15 - Est. Dist 0.50
16 - Fr/At Hwy No.		16 - From/At Street Name W CHURCH RD		15 - Hwy. Dir S
16 - Business/Frontage/Ramp				
17 - Structure Type	17 - Structure Number	12 - Latitude		13 - Longitude -
80 - First Harmful Event 12		93 - Manner of Collision 01		
112 - Access Control 01	113 - Road Curvature 02	113 - Road Terrain 03	Surface Type	
115 - Traffic Way 01				
117 - Relation To Roadway 06				
114 - Light Condition 01		116 - Road Surface Condition 03		118 - Weather 04
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 12	23 - Dir Of Travel S	24 - Speed Limit 55
36 - Operating as Classified D	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number 0138678206	30 - State WI	31 - Expiration Year 2013	34 - On Duty Accident
25 - Operator/Pedestrian Last Name BLOMBERG		25 - First Name ALIANA	25 - Middle Initial M
32 - Date Of Birth 08/1986	33 - Sex F		
26 - Address Street & Number 1469 45TH AVE			26 - PO Box
27 - City AMERY	27 - State WI	27 - Zip Code 54001	28 - Telephone Number (715) 338-6797 EXT.
39 - Seat Position 01		40 - Safety Equipment 01	
38 - Injury Severity N	41 - Airbag 01	42 - Ejected 02	44 <input type="checkbox"/> Medical Transport
43 - Trapped/Extricated 02	92 - Pedestrian Location	92 - Pedestrian Action	
119 - What Driver Was Doing 17		120 - Traffic Control 01	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 02			
88 - Driver or Pedestrian Cond 01	89 - Substance Presence 05		
90 - Alcohol Test 10	90 - Alcohol Content		91 - Drug Test 14

OPERATOR/PEDESTRIAN 01

PK2011

91 - Drugs Reported
124 - Highway Factors 01

Vehicle

VEHICLE 01	21 - Unit Type 1	Vehicle Type 01				22 - Total Occupants 2
	56 - License Plate Number 814SWY	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 5GZDV23L75D160640	
	50 - Year 2005	51 - Make STRN	52 - Model RELAY 3	53 - Body Style VN	54 - Color GRN	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage 01,02,03,07,08					
	95 - Extent Of Damage 5	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage			97 - Vehicle Removed By OSCEOLA TOWING AND RECOVERY	
	123 - Vehicle Factors 77					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name BLOMBERG		46 - First Name ALIANA		46 - Middle Initial M	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 1469 45TH AVE				47 - PO Box	
	48 - City AMERY		48 - State WI	48 - Zip Code 54001		49 - Telephone Number (715) 338-6797 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 BLOMBERG		61 - Policy Holder First Name ALIANA		
	61 - Policy Holder Company				

School Bus

BUS 01	Bus Travelling to/from To From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Occupant

01	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name BLOMBERG		66 - First Name JORDAN	66 - Middle Initial M
	68 - Address Street & Number 1469 45TH AVE			68 - PO Box	

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OCCUPANT	68 - City AMERY		68 - State WI	68 - Zip Code 54001	
	67 - Date of Birth 01/1988		69 - Sex M		
	71 - Seat Position 03			72 - Safety Equipment 01	
	70 - Injury Severity N	73 - Airbag 01	75 - Ejected 02		77 <input type="checkbox"/> Medical Transport
	76 - Trapped/Extricated 02		78 - Agency Space		

Property

PROPERTY OWNER 01	Organization Type O	84 - Property Owner Last Name		84 - First Name		84 - Middle Initial	84 - Suffix
	84 - Company Name XCEL ENERGY					Government Property Type	
	85 - Address Street & Number 515 BLANDING WOODS RD			85 - PO Box			
	86 - City ST CROIX FALLS		86 - State WI	86 - Zip Code 54024		87 - Telephone Number	
	83 - Government Damage Tag Number						

Fixed Objects Struck

PROPERTY OWNER 01	82 - Striking Unit 1	82 - Object Struck 12	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>The diagram shows a curved road labeled 'STATE RD 65'. A north arrow points downwards. Several small icons representing vehicles are positioned along the curve of the road, indicating their relative positions during the accident.</p>
<p>DRIVER OF VEHICLE 1 INDICATED THAT SHE SLOWED DOWN FOR THE CORNER AND AS SHE PROCEEDED OUT SHE LOST CONTROL DUE TO THE ROAD CONDITIONS AND SMALL DIP IN THE ROADWAY. SHE CONTINUED SKIDDING UNTIL SHE STRUCK A UTILITY POLE CAUSING SEVERE DAMAGE TO HER VEHICLE AND MINIMAL DAMAGE TO THE UTILITY POLE.</p>	

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) 1204	134 - Time Arrived (Military Time) 1236		135 - Date Of Report 01/20/2012	
	Agency Accident Number		Police Number 154-12	19 - Special Study		
	18 - AGENCY SPACE					