

PK2011

POLICE # 209-12

ACCIDENT #

GENERAL INFORMATION

| | | | | | | | | | |
|--|---|--|---|---|--|--|--|--------------------------|--|
| <input checked="" type="checkbox"/> Reportable Accident | | <input type="checkbox"/> On Emergency | | <input type="checkbox"/> Amended | | DOT Document Number LF5B1KD | | Document Override Number | |
| Agency Accident Number | | | | Police Number 209-12 | | | | | |
| 4 - Accident Date 01/28/2012 | | 5 - Time of Accident (Military Time) 0723 | | 6 - Total Units 02 | | 7 - Total Injured 01 | | 8 - Total Killed 00 | |
| 2 - County 48 | | 3 - Municipality 4810 | | | | 11 - Accident Location 2 | | | |
| 14 - On Hwy No. G | 14 - On Street Name 220TH ST | | | 14 - Bus/Frnt/Rmp | | 15 - Est. Dist 100 | Ft/Mi F | 15 - Hwy. Dir N | |
| 16 - Fr/At Hwy No. | | 16 - From/At Street Name 224TH AVE | | | 16 - Business/Frontage/Ramp | | | | |
| 17 - Structure Type H | | 17 - Structure Number 2247 | | 12 - Latitude | | | 13 - Longitude - | | |
| 80 - First Harmful Event 01 | | | | 93 - Manner of Collision 06 | | | | | |
| 112 - Access Control 01 | | 113 - Road Curvature 01 | | 113 - Road Terrain 03 | | Surface Type | | | |
| 115 - Traffic Way 01 | | | | | | | | | |
| 117 - Relation To Roadway 01 | | | | | | | | | |
| 114 - Light Condition 01 | | | 116 - Road Surface Condition 03 | | | 118 - Weather 01 | | | |
| 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 | | |

Operator/Pedestrian

OPERATOR/PEDESTRIAN 01

| | | | | | | | | |
|--|--|---|-----------------------------|---|--------------------------|--|--|----------------------|
| Unit Status | | 81 - Most Harmful Event: Collision With 01 | | 23 - Dir Of Travel N | | 24 - Speed Limit 55 | | |
| 36 - Operating as Classified D | | 37 - Endorsements | | 35 <input type="checkbox"/> Operating Commercial Motor Vehicle | | | | |
| 29 - Driver's License Number 5335650105 | | | 30 - State WI | 31 - Expiration Year 2019 | 34 - On Duty Accident | | | |
| 25 - Operator/Pedestrian Last Name ODONNELL | | | 25 - First Name LINDA | | 25 - Middle Initial M | 25 - Suffix | | |
| 32 - Date Of Birth 01/1956 | | 33 - Sex F | | | | | | |
| 26 - Address Street & Number 3056 140TH ST | | | | | | 26 - PO Box | | |
| 27 - City FREDERIC | | | 27 - State WI | 27 - Zip Code 54837 | | 28 - Telephone Number (715) 296-5046 EXT. | | |
| 39 - Seat Position 01 | | | | 40 - Safety Equipment 01 | | | | |
| 38 - Injury Severity N | | 41 - Airbag 02 | | 42 - Ejected 02 | | 44 <input type="checkbox"/> Medical Transport | | |
| 43 - Trapped/Extricated 02 | | 92 - Pedestrian Location | | 92 - Pedestrian Action | | | | |
| 119 - What Driver Was Doing 02 | | | 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 04,06 | | | | | | | | |
| 88 - Driver or Pedestrian Cond 01 | | 89 - Substance Presence 05 | | | | | | |
| 90 - Alcohol Test 10 | | | 90 - Alcohol Content | | | 91 - Drug Test 14 | | |

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| 91 - Drugs Reported |
| 124 - Highway Factors 01 |

Vehicle

| | | | | | | |
|-------------------|----------------------------------|--|----------------------|---|---|--------------------------------|
| VEHICLE 01 | 21 - Unit Type 1 | Vehicle Type 01 | | | | 22 - Total Occupants 1 |
| | 56 - License Plate Number LM0 | 57 - Plate Type CVG | 58 - State WI | 59 - Exp Year 2012 | 55 - Vehicle Identification Number 1FMYU93195KB63673 | |
| | 50 - Year 2005 | 51 - Make FORD | 52 - Model ESCAPE | 53 - Body Style UT | 54 - Color RED | 100 - Skidmarks to Impact (Ft) |
| | 94 - Vehicle Damage 01,02,08 | | | | | |
| | 95 - Extent Of Damage 4 | 96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage | | 97 - Vehicle Removed By LAKES SERVICES UNLIMITED | | |
| | 123 - Vehicle Factors 77 | | | | | |

Vehicle Owner

| | | | | | | |
|---------------------|---|--|--------------------------|------------------------|--------------------------|--|
| VEH OWNER 01 | 45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator | | | | | |
| | 46 - Vehicle Owner Last Name ODONNELL | | 46 - First Name LINDA | | 46 - Middle Initial M | 46 - Suffix |
| | 46 - Company Name | | | | | |
| | 47 - Address Street & Number 3056 140TH ST | | | | 47 - PO Box | |
| | 48 - City FREDERIC | | 48 - State WI | 48 - Zip Code 54837 | | 49 - Telephone Number (715) 296-5046 EXT. |

Insurance

| | | | | | | |
|---------------|---|--|--|--|--|--|
| INS 01 | 63 - Liability Insurance Company ALLSTATE INS CO | | | | 60 <input checked="" type="checkbox"/> Policy Holder Same As Owner | |
| | 61 - Policy Holder Last Name ODONNELL | | | 61 - Policy Holder First Name LINDA | | |
| | 61 - Policy Holder Company | | | | | |

School Bus

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

Operator/Pedestrian

| | | | | | |
|---|--|---|------------------------------|--|------------------------|
| Unit Status | | 81 - Most Harmful Event: Collision With 01 | | 23 - Dir Of Travel N | 24 - Speed Limit 55 |
| 36 - Operating as Classified D | | 37 - Endorsements | | 35 <input type="checkbox"/> Operating Commercial Motor Vehicle | |
| 29 - Driver's License Number 7817327101 | | 30 - State WI | 31 - Expiration Year 2012 | 34 - On Duty Accident | |
| 25 - Operator/Pedestrian Last Name DONAHUE | | 25 - First Name SCOTT | | 25 - Middle Initial A | 25 - Suffix |
| 32 - Date Of Birth 07/1973 | | 33 - Sex M | | | |

Accident Report

MV4000e 01/2005

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| | | | | | | |
|---------------------------|--|----------------------|-------------------------------|-----------------------------|-----------------------------------|--|
| OPERATOR/PEDESTRIAN 02 | 26 - Address Street & Number 1471 210TH AVE | | | | 26 - PO Box | |
| | 27 - City MILLTOWN | | 27 - State WI | 27 - Zip Code 54858 | | 28 - Telephone Number (715) 553-0130 EXT. |
| | 39 - Seat Position 01 | | | 40 - Safety Equipment 01 | | |
| | 38 - Injury Severity N | | 41 - Airbag 02 | 42 - Ejected 02 | | 44 <input type="checkbox"/> Medical Transport |
| | 43 - Trapped/Extricated 02 | | 92 - Pedestrian Location | | 92 - Pedestrian Action | |
| | 119 - What Driver Was Doing 12 | | 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 77 | | | | | |
| | 88 - Driver or Pedestrian Cond 01 | | 89 - Substance Presence 05 | | | |
| | 90 - Alcohol Test 10 | | 90 - Alcohol Content | | 91 - Drug Test 14 | |
| | 91 - Drugs Reported | | | | | |
| | 124 - Highway Factors 01 | | | | | |

Vehicle

| | | | | | | |
|---------------|-------------------------------------|-------------------|--|-----------------------|-------------------------------------|---|
| VEHICLE 02 | 21 - Unit Type 1 | | Vehicle Type 01 | | | 22 - Total Occupants 03 |
| | 56 - License Plate Number 572NBB | | 57 - Plate Type AUT | 58 - State WI | 59 - Exp Year 2013 | 55 - Vehicle Identification Number 2B3HD56M52H123968 |
| | 50 - Year 2002 | 51 - Make DODG | 52 - Model INTREPID | 53 - Body Style 4D | 54 - Color SIL | 100 - Skidmarks to Impact (Ft) |
| | 94 - Vehicle Damage 02,03,04 | | | | | |
| | 95 - Extent Of Damage 3 | | 96 <input type="checkbox"/> Vehicle Towed Due To Damage | | 97 - Vehicle Removed By OPERATOR | |
| | 123 - Vehicle Factors 77 | | | | | |

Vehicle Owner

| | | | | | | |
|-----------------|--|--|--------------------------|--------------------------|-------------|--|
| VEH OWNER 02 | 45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator | | | | | |
| | 46 - Vehicle Owner Last Name DONAHUE | | 46 - First Name SCOTT | 46 - Middle Initial A | 46 - Suffix | Date Of Birth 07 1973 |
| | 46 - Company Name | | | | | |
| | 47 - Address Street & Number 1471 210TH AVE | | | 47 - PO Box | | |
| | 48 - City MILLTOWN | | 48 - State WI | 48 - Zip Code 54858 | | 49 - Telephone Number (715) 553-0130 EXT. |

Insurance

PK2011

| | | | |
|---------------|---|--|--|
| INS 02 | 63 - Liability Insurance Company STATE FARM | | 60 <input checked="" type="checkbox"/> Policy Holder Same As Owner |
| | 61 - Policy Holder Last Name DONAHUE | | 61 - Policy Holder First Name SCOTT |
| | 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 02 | 66 - Occupant Last Name DONAHUE | 66 - First Name HEATHER | 66 - Middle Initial L | 66 - Suffix |
| | 68 - Address Street & Number 1471 210TH AVE | | 68 - PO Box | | |
| | 68 - City MILLTOWN | | 68 - State WI | 68 - Zip Code 54858 | |
| | 67 - Date of Birth 06 ■■■ 1973 | | 69 - Sex F | | |
| | 71 - Seat Position 03 | | 72 - Safety Equipment 01 | | |
| | 70 - Injury Severity C | 73 - Airbag 02 | 75 - Ejected 02 | 77 <input type="checkbox"/> Medical Transport | |
| | 76 - Trapped/Extricated 02 | 78 - Agency Space | | | |

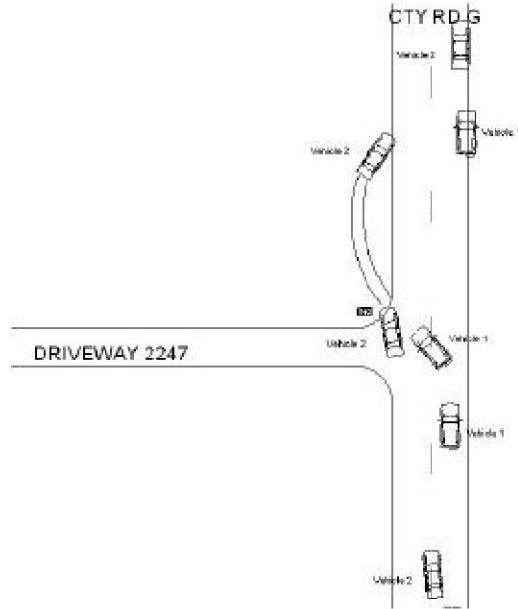
Occupant

| | | | | | |
|--------------------|---|---|------------------------------------|---|-------------|
| OCCUPANT 02 | <input checked="" type="checkbox"/> Address Same As Operator | | | | |
| | 65 - Unit No 02 | 66 - Occupant Last Name DONAHUE | 66 - First Name AUSTIN | 66 - Middle Initial S | 66 - Suffix |
| | 68 - Address Street & Number 1471 210TH AVE | | 68 - PO Box | | |
| | 68 - City MILLTOWN | | 68 - State WI | 68 - Zip Code 54858 | |
| | 67 - Date of Birth 12 ■■■ 1998 | | 69 - Sex M | | |
| | 71 - Seat Position 05 | | 72 - Safety Equipment 02 | | |
| | 70 - Injury Severity N | 73 - Airbag 03 | 75 - Ejected 02 | 77 <input type="checkbox"/> Medical Transport | |
| | 76 - Trapped/Extricated 02 | 78 - Agency Space | | | |

Diagram and Narrative

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|-----------------|
| 105 - PHOTOS BY |
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DIAGRAM AND NARRATIVE



DRIVER OF VEH 1 WAS N/B ON CTY G/220TH ST NEAR 224TH AVE LOOKING FOR 223RD AVE AND STOPPED OR NEARLY STOPPED IN THE N/B LANE. DRIVER OF VEH 2 WAS N/B ON CTY G/220TH ST WHEN HE OBSERVED VEH 1, SLOWED TO AND ESTIMATED 20 MPH AND BEGAN A PASSING MANEUVER. DRIVER OF VEH 2 STATED THAT THE DRIVER OF VEH 1 STARTED TURNING LEFT INTO THE DRIVEWAY AT 2247 CTY G/220TH ST WITHOUT SIGNALING. DRIVER OF VEH 2 ATTEMPTED TO AVOID THE COLLISION BUT WAS STRUCK IN THE PASSENGER SIDE OF HIS VEHICLE. DRIVER OF VEH 1 STATED THAT SHE DID BEGIN TURNING INTO THE DRIVEWAY WITHOUT CHECKING BEHIND HER OR SIGNALING HER TURN.

Officer Information

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|----------------------------|---|--|---|--------------------------|---|--------------------------------|---|--|--|
| 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 01/28/2012 | | 133 - Time Notified (Military Time) 0724 | | 134 - Time Arrived (Military Time) 0734 | | 135 - Date Of Report 01/28/2012 | | |
| | Agency Accident Number | | Police Number 209-12 | | | 19 - Special Study | | | |
| | 18 - AGENCY SPACE | | | | | | | | |