

POLICE # 221-12

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number <b>LF56BF4</b>	Document Override Number
Agency Accident Number		Police Number <b>221-12</b>		
4 - Accident Date <b>01/29/2012</b>	5 - Time of Accident (Military Time) <b>1712</b>	6 - Total Units <b>01</b>	7 - Total Injured <b>00</b>	8 - Total Killed <b>00</b>
2 - County <b>48</b>	3 - Municipality <b>4822</b>		11 - Accident Location <b>2</b>	
14 - On Hwy No.	14 - On Street Name <b>208TH ST</b>	14 - Bus/Frnt/Rmp	15 - Est. Dist <b>300</b>	Ft/Mi <b>F</b>
				15 - Hwy. Dir <b>N</b>
16 - Fr/At Hwy No. <b>8</b>	16 - From/At Street Name		16 - Business/Frontage/Ramp	
17 - Structure Type	17 - Structure Number	12 - Latitude		13 - Longitude <b>-</b>
80 - First Harmful Event <b>29</b>		93 - Manner of Collision <b>01</b>		
112 - Access Control <b>01</b>	113 - Road Curvature <b>01</b>	113 - Road Terrain <b>03</b>	Surface Type <b>2</b>	
115 - Traffic Way <b>01</b>				
117 - Relation To Roadway <b>05</b>				
114 - Light Condition <b>01</b>		116 - Road Surface Condition <b>04</b>		118 - Weather <b>01</b>
9 <input type="checkbox"/> Hit and Run	9 <input checked="" 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 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 <b>29</b>	23 - Dir Of Travel <b>S</b>	24 - Speed Limit <b>45</b>
36 - Operating as Classified <b>D</b>	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number <b>269659218</b>		30 - State <b>MN</b>	31 - Expiration Year <b>2013</b>
25 - Operator/Pedestrian Last Name <b>SWANSON</b>		25 - First Name <b>TORSTEN</b>	25 - Middle Initial <b>SCOTT</b>
32 - Date Of Birth <b>06 1995</b>	33 - Sex <b>M</b>		
26 - Address Street & Number <b>731 WEST ST</b>			26 - PO Box
27 - City <b>TAYLORS FALLS</b>		27 - State <b>MN</b>	27 - Zip Code <b>55084</b>
28 - Telephone Number <b>(651) 465-3118 EXT.</b>			
39 - Seat Position <b>01</b>		40 - Safety Equipment <b>01</b>	
38 - Injury Severity <b>N</b>	41 - Airbag <b>02</b>	42 - Ejected <b>02</b>	44 <input type="checkbox"/> Medical Transport
43 - Trapped/Extricated <b>02</b>	92 - Pedestrian Location	92 - Pedestrian Action	
119 - What Driver Was Doing <b>01</b>		120 - Traffic Control <b>01</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>77</b>			
88 - Driver or Pedestrian Cond <b>01</b>	89 - Substance Presence <b>05</b>		
90 - Alcohol Test <b>10</b>		90 - Alcohol Content	91 - Drug Test <b>14</b>

OPERATOR/PEDESTRIAN 01

PK2011

91 - Drugs Reported
124 - Highway Factors 01

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type 2	Vehicle Type 03				22 - Total Occupants 1
	56 - License Plate Number 006CDC	57 - Plate Type LTK	58 - State MN	59 - Exp Year 2012	55 - Vehicle Identification Number 1B7HG38NX2S531178	
	50 - Year 2002	51 - Make DODG	52 - Model DAKOTA	53 - Body Style PK	54 - Color BLU	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage 04,05					
	95 - Extent Of Damage 3	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By		
	123 - Vehicle Factors 77					

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name SWANSON	46 - First Name SCOTT	46 - Middle Initial DOUGLAS	46 - Suffix	Date Of Birth 07/1973
	46 - Company Name				
	47 - Address Street & Number 731 WEST ST			47 - PO Box	
	48 - City TAYLORS FALLS	48 - State MN	48 - Zip Code 55084	49 - Telephone Number (651) 465-3118 EXT.	

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company FARMERS AUTOMOBILE INS ASSOC	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name SWANSON	61 - Policy Holder First Name SCOTT
	61 - Policy Holder Company	

**School Bus**

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

**Property**

Organization Type G	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
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<b>PROPERTY OWNER</b>	84 - Company Name <b>POLK CO RECYCLING CENTER</b>		Government Property Type <b>2</b>		
	85 - Address Street & Number <b>1302 208TH ST</b>		85 - PO Box		
	86 - City <b>ST CROIX FALLS</b>	86 - State <b>WI</b>	86 - Zip Code <b>54024</b>	87 - Telephone Number <b>(715) 485-1088 EXT.</b>	
	83 - Government Damage Tag Number				
	<b>Fixed Objects Struck</b>				
	82 - Striking Unit <b>1</b>	82 - Object Struck <b>29</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**

<b>DIAGRAM AND NARRATIVE</b>	105 - PHOTOS BY <b>BRENT WAAK</b>
	<p>The diagram illustrates the accident scene at the intersection of 208th St and a road leading to the Polk Co Recycling Center. A vehicle is shown sliding into a ditch at the intersection. A fence is also indicated.</p>
	UNIT 1, DRIVEN BY TORSTEN SWANSON, WAS SOUTH BOUND ON 208TH ST, NORTH OF HWY 8, WHEN HE LOST CONTROL, SLID INTO THE EAST DITCH. UNIT 1 STRUCK THE FENCE AT THE POLK CO RECYCLING CENTER.

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>WAAK</b>		125 - First Name <b>BRENT</b>		125 - Middle Initial		131 - Officer ID <b>925</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>01/29/2012</b>		133 - Time Notified (Military Time) <b>1712</b>		134 - Time Arrived (Military Time) <b>1727</b>		135 - Date Of Report <b>01/29/2012</b>		
	Agency Accident Number		Police Number <b>221-12</b>		19 - Special Study				
	18 - AGENCY SPACE								

**Truck and Bus**

<b>TRUCK/BUS</b>	136 A truck or truck combination > 10,000 lbs <input type="checkbox"/> GVWR/GCWR		136 Any vehicle displaying a hazardous materials <input type="checkbox"/> 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 One or more vehicles towed from the scene due to disabling damage <input type="checkbox"/>		
	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 Interstate Carrier <input type="checkbox"/>	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			