

PK2011

POLICE # 231-12

ACCIDENT #

GENERAL INFORMATION

|  |  |  |   |  |
|--|--|--|---|--|
| <input checked="" type="checkbox"/> Reportable Accident          | <input type="checkbox"/> On Emergency              | <input type="checkbox"/> Amended                   | DOT Document Number<br>LF5LX73                | Document Override Number                       |
| Agency Accident Number   |  | Police Number<br>231-12                            |   |  |
| 4 - Accident Date<br>01/30/2012                                  | 5 - Time of Accident (Military Time)<br>2224       | 6 - Total Units<br>01                              | 7 - Total Injured<br>00                       | 8 - Total Killed<br>00                         |
| 2 - County<br>48   | 3 - Municipality<br>4822                           |  | 11 - Accident Location<br>2                   |  |
| 14 - On Hwy No.  | 14 - On Street Name<br>FAIRGROUNDS RD              | 14 - Bus/Frnt/Rmp                                  | 15 - Est. Dist<br>0.30                        | Ft/Mi<br>M                                     |
|  |  |  |   | 15 - Hwy. Dir<br>W                             |
| 16 - Fr/At Hwy No.   | 16 - From/At Street Name<br>140TH AVE              |  | 16 - Business/Frontage/Ramp                   |  |
| 17 - Structure Type  | 17 - Structure Number                              | 12 - Latitude                                      |   | 13 - Longitude<br>-                            |
| 80 - First Harmful Event<br>15                                   |  | 93 - Manner of Collision<br>01                     |   |  |
| 112 - Access Control<br>01                                       | 113 - Road Curvature<br>02                         | 113 - Road Terrain<br>03                           | Surface Type<br>2                             |  |
| 115 - Traffic Way<br>01  |  |  |   |  |
| 117 - Relation To Roadway<br>03                                  |  |  |   |  |
| 114 - Light Condition<br>03                                      |  | 116 - Road Surface Condition<br>01                 |   | 118 - Weather<br>01                            |
| 9<br><input type="checkbox"/> Hit and Run                        | 9<br><input type="checkbox"/> Government Property  | 9<br><input type="checkbox"/> Fire                 | 9<br><input type="checkbox"/> Photos Taken    | 9<br><input type="checkbox"/> Trailer or Towed |
| 9<br><input type="checkbox"/> Truck, Bus, or Hazardous Materials | 9<br><input type="checkbox"/> Load Spillage        | 9<br><input type="checkbox"/> Construction Zone    | 9<br><input type="checkbox"/> Names Exchanged |  |
| 101<br><input type="checkbox"/> Supplemental Reports             | 102<br><input type="checkbox"/> Witness Statements | 103<br><input type="checkbox"/> Measurements Taken |   | 79 - E M S Number                              |

Operator/Pedestrian

OPERATOR/PEDESTRIAN 01

|  |   |   |  |
|--|---|---|--|
| Unit Status  | 81 - Most Harmful Event: Collision With<br>15 | 23 - Dir Of Travel<br>W   | 24 - Speed Limit<br>35                           |
| 36 - Operating as Classified<br>D                  | 37 - Endorsements                             | 35<br><input type="checkbox"/> Operating Commercial Motor Vehicle |  |
| 29 - Driver's License Number<br>119110909          | 30 - State<br>MN                              | 31 - Expiration Year<br>2014                                      | 34 - On Duty Accident                            |
| 25 - Operator/Pedestrian Last Name<br>BEEDE        |   | 25 - First Name<br>DERRIK   | 25 - Middle Initial<br>JAMES                     |
| 25 - Suffix  | 32 - Date Of Birth<br>01/1993                 | 33 - Sex<br>M   |  |
| 26 - Address Street & Number<br>543 RIVER ST APT 3 |   |   | 26 - PO Box                                      |
| 27 - City<br>TAYLOR FALLS                          | 27 - State<br>MN                              | 27 - Zip Code<br>55084  | 28 - Telephone Number<br>(651) 347-7957 EXT.     |
| 39 - Seat Position<br>01                           |   | 40 - Safety Equipment<br>01                                       |  |
| 38 - Injury Severity<br>N                          | 41 - Airbag<br>02                             | 42 - Ejected<br>02  | 44<br><input type="checkbox"/> Medical Transport |
| 43 - Trapped/Extricated<br>02                      | 92 - Pedestrian Location                      | 92 - Pedestrian Action  |  |
| 119 - What Driver Was Doing<br>01                  |   | 120 - Traffic Control<br>01                                       | 62 - No. of Citations Issued<br>0                |
| 64 - 1st Statute No.                               | 64 - 2nd Statute No.                          | 64 - 3rd Statute No.  | 64 - 4th Statute No.                             |
| 64 - 5th Statute No.                               |   |   |  |
| 122 - Driver Factors<br>77                         |   |   |  |
| 88 - Driver or Pedestrian Cond<br>01               | 89 - Substance Presence<br>05                 |   |  |
| 90 - Alcohol Test<br>10                            | 90 - Alcohol Content                          |   | 91 - Drug Test<br>14                             |

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|                             |
|-----------------------------|
| 91 - Drugs Reported         |
| 124 - Highway Factors<br>77 |

**Vehicle**

|                   |                                     |   |   |                       |   |                                |
|-------------------|-------------------------------------|---|---|-----------------------|---|--------------------------------|
| <b>VEHICLE 01</b> | 21 - Unit Type<br>1                 | Vehicle Type<br>01  |   |                       |   | 22 - Total Occupants<br>2      |
|                   | 56 - License Plate Number<br>223DHR | 57 - Plate Type<br>AUT  | 58 - State<br>MN                                    | 59 - Exp Year<br>2012 | 55 - Vehicle Identification Number<br>1G2NW15D1SC805890 |                                |
|                   | 50 - Year<br>1995                   | 51 - Make<br>PONT   | 52 - Model<br>GRAND AM                              | 53 - Body Style<br>4D | 54 - Color<br>WHI                                       | 100 - Skidmarks to Impact (Ft) |
|                   | 94 - Vehicle Damage<br>01,02,08     |   |   |                       |   |                                |
|                   | 95 - Extent Of Damage<br>3          | 96<br><input checked="" type="checkbox"/> Vehicle Towed Due To Damage | 97 - Vehicle Removed By<br>LAKES SERVICES UNLIMITED |                       |   |                                |
|                   | 123 - Vehicle Factors<br>12         |   |   |                       |   |                                |

**Vehicle Owner**

|                           |   |                  |                            |             |  |             |
|---------------------------|---|------------------|----------------------------|-------------|--|-------------|
| <b>VEH OWNER 01</b>       | 45<br><input type="checkbox"/> Vehicle Owner Same As Operator |                  |                            |             |  |             |
|                           | 46 - Vehicle Owner Last Name<br>JOHNSON                       |                  | 46 - First Name<br>DOUGLAS |             | 46 - Middle Initial<br>NEIL                  | 46 - Suffix |
|                           | Date Of Birth<br>10/1948                                      |                  |                            |             |  |             |
|                           | 46 - Company Name   |                  |                            |             |  |             |
|                           | 47 - Address Street & Number<br>543 RIVER ST APT 3            |                  |                            | 47 - PO Box |  |             |
| 48 - City<br>TAYLOR FALLS |   | 48 - State<br>MN | 48 - Zip Code<br>55084     |             | 49 - Telephone Number<br>(651) 347-7957 EXT. |             |

**Insurance**

|               |   |  |  |  |  |
|---------------|---|--|--|--|--|
| <b>INS 01</b> | 63 - Liability Insurance Company<br>PROGRESSIVE ADVANCED INSURANCE CO |  |  |  | 60<br><input type="checkbox"/> Policy Holder Same As Owner |
|               | 61 - Policy Holder Last Name<br>LOYAS                                 |  | 61 - Policy Holder First Name<br>CHRISTINA |  |  |
|               | 61 - Policy Holder Company  |  |  |  |  |

**School Bus**

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

**Occupant**

|           |   |                                 |  |                            |                               |
|-----------|---|---------------------------------|--|----------------------------|-------------------------------|
| <b>01</b> | <input type="checkbox"/> Address Same As Operator |                                 |  |                            |                               |
|           | 65 - Unit No<br>01                                | 66 - Occupant Last Name<br>VOGT |  | 66 - First Name<br>ANTHONY | 66 - Middle Initial<br>TAYLOR |
|           | 68 - Address Street & Number<br>479 BRIAR LN      |                                 |  | 68 - PO Box<br>78          |                               |

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|                 |  |                          |                                |                                    |  |  |
|-----------------|--|--------------------------|--------------------------------|------------------------------------|--|--|
| <b>OCCUPANT</b> | 68 - City<br><b>TAYLOR FALLS</b>                       |                          | 68 - State<br><b>MN</b>        | 68 - Zip Code<br><b>55084</b>      |  |  |
|                 | 67 - Date of Birth<br><b>05</b> [REDACTED] <b>1990</b> |                          | 69 - Sex<br><b>M</b>           |                                    |  |  |
|                 | 71 - Seat Position<br><b>03</b>                        |                          |                                | 72 - Safety Equipment<br><b>01</b> |  |  |
|                 | 70 - Injury Severity<br><b>N</b>                       | 73 - Airbag<br><b>02</b> | 75 - Ejected<br><b>02</b>      |                                    | 77 <input type="checkbox"/> <b>Medical Transport</b> |  |
|                 | 76 - Trapped/Extricated<br><b>02</b>                   |                          | 78 - Agency Space<br><b>12</b> |                                    |  |  |

**Property**

|                          |  |   |                                 |                               |   |  |
|--------------------------|--|---|---------------------------------|-------------------------------|---|--|
| <b>PROPERTY OWNER 01</b> | Organization Type<br><b>I</b>                              | 84 - Property Owner Last Name<br><b>WEINHARDT</b> | 84 - First Name<br><b>JAMES</b> | 84 - Middle Initial           | 84 - Suffix   |  |
|                          | 84 - Company Name  |   |                                 | Government Property Type      |   |  |
|                          | 85 - Address Street & Number<br><b>2249 FAIRGROUNDS RD</b> |   | 85 - PO Box                     |                               |   |  |
|                          | 86 - City<br><b>ST CROIX FALLS</b>                         |   | 86 - State<br><b>WI</b>         | 86 - Zip Code<br><b>54024</b> | 87 - Telephone Number<br><b>(715) 483-1772 EXT.</b> |  |
|                          | 83 - Government Damage Tag Number                          |   |                                 |                               |   |  |

**Fixed Objects Struck**

|                          |                                |                                 |                    |                    |
|--------------------------|--------------------------------|---------------------------------|--------------------|--------------------|
| <b>PROPERTY OWNER 01</b> | 82 - Striking Unit<br><b>1</b> | 82 - Object Struck<br><b>15</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   |
|  | <p>The diagram shows a road labeled 'FAIRGROUNDS RD' curving to the right. Three rectangular boxes with arrows represent vehicles traveling westbound along the road. The lead vehicle is shown off the road, having struck several trees represented by circular symbols with internal patterns. A north arrow is located above the trees.</p> |
| UNIT 1 WAS TRAVELING WESTBOUND ON FAIRGROUNDS ROAD. THE ACCELERATOR GOT STUCK ON UNIT 1. UNIT 1 LOST CONTROL AND WENT OFF THE ROADWAY, INTO THE NORTH DITCH, AND STRUCK SEVERAL TREES. |   |

**Officer Information**

|                            |   |  |   |   |  |  |
|----------------------------|---|--|---|---|--|--|
| <b>OFFICER INFORMATION</b> | 125 - Officer Last Name<br><b>BURROWS</b>   |  | 125 - First Name<br><b>DON</b>                                  | 125 - Middle Initial                      | 131 - Officer ID<br><b>919</b>                       |  |
|                            | 129 - Law Enforcement Agency No.  |  | 130 - Law Enforcement Agency Name<br><b>POLK COUNTY SHERIFF</b> |   |  |  |
|                            | 126 - Law Enforcement Agency Address Street & Number<br><b>1005 W MAIN ST SUITE 900</b> |  |   |   |  |  |
|                            | 127 - City<br><b>BALSAM LAKE</b>  |  | 127 - State<br><b>WI</b>  | 127 - Zip Code<br><b>54810</b>            | 128 - Telephone Number<br><b>(715) 485-8300 EXT.</b> |  |
|                            | 132 - Date Notified<br><b>01/30/2012</b>  | 133 - Time Notified (Military Time)<br><b>2224</b> | 134 - Time Arrived (Military Time)<br><b>2245</b>               | 135 - Date Of Report<br><b>01/30/2012</b> |  |  |
|                            | Agency Accident Number  |  | Police Number<br><b>231-12</b>                                  | 19 - Special Study                        |  |  |
|                            | 18 - AGENCY SPACE   |  |   |   |  |  |