

PK2011

POLICE # 2720-11

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number LF5CJ00	Document Override Number
Agency Accident Number		Police Number 2720-11		
4 - Accident Date 12/09/2011	5 - Time of Accident (Military Time) 0748	6 - Total Units 02	7 - Total Injured 00	8 - Total Killed 00
2 - County POLK - 48	3 - Municipality LINCOLN - 16, TOWN		11 - Accident Location NON-INTERSECTION	
14 - On Hwy No.	14 - On Street Name 65TH ST	14 - Bus/Frnt/Rmp	15 - Est. Dist 0.10	Ft/Mi M
15 - Hwy. Dir SOUTH		16 - Business/Frontage/Ramp		
16 - Fr/At Hwy No.	16 - From/At Street Name COUNTY RD J			
17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude -	
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT		93 - Manner of Collision ANGLE		
112 - Access Control NO CONTROL	113 - Road Curvature STRAIGHT	113 - Road Terrain HILL	Surface Type	
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)				
117 - Relation To Roadway ON-ROADWAY				
114 - Light Condition DAYLIGHT		116 - Road Surface Condition SNOW/SLUSH		118 - Weather CLEAR
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 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 MOTOR VEHICLE IN TRANSPORT	23 - Dir Of Travel EAST	24 - Speed Limit N/A
36 - Operating as Classified D CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number 7239493002	30 - State WI	31 - Expiration Year 2013	34 - On Duty Accident
25 - Operator/Pedestrian Last Name MEAGHER		25 - First Name RILEE	25 - Middle Initial CATHERINE
25 - Suffix			
32 - Date Of Birth 11/1994	33 - Sex FEMALE		
26 - Address Street & Number 687 65TH ST			26 - PO Box
27 - City AMERY	27 - State WI	27 - Zip Code 54001	28 - Telephone Number (715) 268-5270 EXT.
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 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 MAKING-LEFT-TURN		120 - Traffic Control NO-CONTROL	62 - No. of Citations Issued 1
64 - 1st Statute No. 346.18(2)	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			
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

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91 - Drugs Reported
124 - Highway Factors SNOW,-ICE,-OR-WET

Vehicle

VEHICLE 01	21 - Unit Type TRUCK	Vehicle Type PICKUP/UTILITY-TRUCK				22 - Total Occupants 2
	56 - License Plate Number EB9750	57 - Plate Type LTK	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1B7GG22X0WS685176	
	50 - Year 1998	51 - Make DODG	52 - Model DAKOTA	53 - Body Style PK	54 - Color RED	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, FRONT DRIVER SIDE					
	95 - Extent Of Damage MINOR	96 <input type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By OPERATOR			
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name MEAGHER		46 - First Name ERIN		46 - Middle Initial JAMES	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 687 65TH ST				47 - PO Box	
	48 - City AMERY		48 - State WI	48 - Zip Code 54001		49 - Telephone Number (715) 268-5270 EXT.

Insurance

INS 01	63 - Liability Insurance Company GENERAL-CASUALTY				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name MEAGHER			61 - Policy Holder First Name ERIN		
	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 SOUTH	24 - Speed Limit 55
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number 5509395302		30 - State WI	31 - Expiration Year 2012	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name SILLMAN		25 - First Name MICHAELA		25 - Middle Initial J	25 - Suffix
32 - Date Of Birth 12/1993		33 - Sex FEMALE			

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 1345 60TH STREET				26 - PO Box	
	27 - City TURTLE LAKE		27 - State WI	27 - Zip Code 54889	28 - Telephone Number (715) 268-4526 EXT.	
	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 NOT APPLICABLE	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 NO-CONTROL		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 SNOW,-ICE,-OR-WET					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 789SDY		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1G1LT54G5LE171836
	50 - Year 1990	51 - Make CHEV	52 - Model CORSICA LT	53 - Body Style 4D	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE					
	95 - Extent Of Damage SEVERE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By CENTRAL AUTO BODY AND REPAIR	
123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 02	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name SILLMAN		46 - First Name MICHAELA		46 - Middle Initial J	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 1345 60TH STREET				47 - PO Box	
	48 - City TURTLE LAKE		48 - State WI	48 - Zip Code 54889		49 - Telephone Number (715) 268-4526 EXT.

Insurance

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INS 02	63 - Liability Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name SILLMAN	61 - Policy Holder First Name MICHAELA	
	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 MEAGHEN	66 - First Name ELLI	66 - Middle Initial T	66 - Suffix
	68 - Address Street & Number 687 65TH ST		68 - PO Box		
	68 - City AMERY		68 - State WI	68 - Zip Code 54001	
	67 - Date of Birth		69 - Sex FEMALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)			72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	70 - Injury Severity N - NO APPARENT INJURY	73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
<p>UNIT 1 WAS PULLING OUT OF THERE DRIVEWAY THEN IT STUCK UNIT 2. UNIT WAS SOUTH ON 65TH STREET AND TRIED TO AVOID THE CRASH BUT WAS UNABLE TO DO SO.</p>	

Officer Information

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OFFICER INFORMATION	125 - Officer Last Name BEAUPRE	125 - First Name KARL	125 - Middle Initial	131 - Officer ID 930
	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 12/09/2011	133 - Time Notified (Military Time) 0748	134 - Time Arrived (Military Time) 0810	135 - Date Of Report 12/09/2011
	Agency Accident Number	Police Number 2720-11	19 - Special Study	
	18 - Agency Space			

Truck and Bus

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