

PK2011

POLICE # 2724-11

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF58K3W		Document Override Number	
Agency Accident Number				Police Number 2724-11					
4 - Accident Date 12/09/2011		5 - Time of Accident (Military Time) 1417		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County POLK - 48		3 - Municipality CLEAR LAKE - 09, TOWN				11 - Accident Location INTERSECTION			
14 - On Hwy No. 063	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Dist	Ft/Mi	15 - Hwy. Dir	
16 - Fr/At Hwy No.	16 - From/At Street Name GOLF DR			16 - Business/Frontage/Ramp					
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude		
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				93 - Manner of Collision REAR-END					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type BLACKTOP (BITUMINOUS) - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather CLEAR			
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 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

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 5254232407		30 - State WI	31 - Expiration Year 2012	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name MAC LAUGHLIN			25 - First Name LA MOINE		25 - Middle Initial E	25 - Suffix	
32 - Date Of Birth 09/ /1942		33 - Sex MALE					
26 - Address Street & Number 250 85TH AVE						26 - PO Box	
27 - City CLAYTON			27 - State WI	27 - Zip Code 54004		28 - Telephone Number (715) 948-2829 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 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	

OPERATOR/PEDESTRIAN 01

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91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 2
	56 - License Plate Number 18523T	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 3FAFP31393R173543	
	50 - Year 2003	51 - Make FORD	52 - Model FOCUS	53 - Body Style 3D	54 - Color BLK	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage REAR, REAR DRIVER SIDE					
	95 - Extent Of Damage MINOR	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By CLEAR LAKE AUTO SERVICE			
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name MAC LAUGHLIN	46 - First Name LA MOINE	46 - Middle Initial E	46 - Suffix	Date Of Birth 09/11/1942
	46 - Company Name				
	47 - Address Street & Number 250 85TH AVE			47 - PO Box	
	48 - City CLAYTON	48 - State WI	48 - Zip Code 54004	49 - Telephone Number (715) 948-2829 EXT.	

Insurance

INS 01	63 - Liability Insurance Company REGENT-INS-CO	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name MAC LAUGHLIN	61 - Policy Holder First Name LA MOINE
	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 4359308204	30 - State WI	31 - Expiration Year 2012	34 - On Duty Accident
25 - Operator/Pedestrian Last Name LEAVENS	25 - First Name JOSHUA	25 - Middle Initial P	25 - Suffix
32 - Date Of Birth 03/1993	33 - Sex MALE		

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 677 MONETTE AVE #2				26 - PO Box	
	27 - City NEW RICHMOND		27 - State WI	27 - Zip Code 54017	28 - Telephone Number (715) 220-3252 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 OVERTAKING-ON-LEFT		120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued 1	
	64 - 1st Statute No. 346.10(2)	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors IMPROPER-OVERTAKING					
	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 NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR		22 - Total Occupants 2
	56 - License Plate Number 898RHL		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2011	55 - Vehicle Identification Number 2G1WX12K7Y9228646
	50 - Year 2000	51 - Make CHEV	52 - Model MONTECARLO	53 - Body Style 2D	54 - Color BLK	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage FRONT, FRONT DRIVER SIDE					
	95 - Extent Of Damage MINOR		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By CLEAR LAKE AUTO SERVICE	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name RAHR		46 - First Name JULIE		46 - Middle Initial A	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 420 CEDER ST APT 4				47 - PO Box	
	48 - City BALDWIN		48 - State WI	48 - Zip Code 54002		49 - Telephone Number

Insurance

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INS 02	63 - Liability Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name LEAVENS	61 - Policy Holder First Name JOSHUA	
	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 type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name WEBER	66 - First Name RALPH	66 - Middle Initial C	66 - Suffix
	68 - Address Street & Number 385 1ST AVE W		68 - PO Box 183		
	68 - City CLEAR LAKE		68 - State WI	68 - Zip Code 54005	
	67 - Date of Birth 08/1946		69 - Sex MALE		
	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 ID'D VERBALLY.			

Occupant

OCCUPANT 02	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name PETERSON	66 - First Name DOMYNIQUE	66 - Middle Initial W	66 - Suffix
	68 - Address Street & Number 1258 217TH AVE		68 - PO Box		
	68 - City NEW RICHMOND		68 - State WI	68 - Zip Code 54017	
	67 - Date of Birth 03/1993		69 - Sex MALE		
	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			

Property

Organization Type GOVERNMENT	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
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PROPERTY OWNER 01	84 - Company Name CLEAR LAKE TOWNSHIP		Government Property Type COUNTY/MUNICIPAL	
	85 - Address Street & Number 375 46TH ST		85 - PO Box	
	86 - City CLEAR LAKE	86 - State WI	86 - Zip Code 54005	87 - Telephone Number (715) 268-2999 EXT.
	83 - Government Damage Tag Number			
	Fixed Objects Struck			
82 - Striking Unit 1	82 - Object Struck OTHER-POST	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 TROOPER 718
	<p>RESPONDED TO ABOVE LOCATION FOR A 2 UNIT CRASH W/O INJURIES. SPOKE W/ OPERATORS OF BOTH UNITS. UNIT 1 WAS SB ON US HWY 63 AND WAS TURNING EB ONTO GOLF DRIVE. OPERATOR STATES HE USED HIS TURN SIGNAL. AT THE INTERSECTION UNIT 1 WAS STRUCK BY UNIT 2 WHO WAS ATTEMPTING TO OVERTAKE 3 VEH'S AT THE INTERSECTION. OPERATOR OF UNIT 2 STATES HE DID NOT SEE A TURN SIGNAL. THERE WERE 2 NON CONTACT VEH'S IN BETWEEN UNITS 1 AND 2, WHICH MAY HAVE BLOCKED OPERATOR OF UNIT 2'S VIEW OF A TURN SIGNAL BEING USED. UNIT 2 STRUCK UNIT 1'S REAR AND UNIT 1 ROTATED ON THE SHOULDER AND CAME TO A REST FACING N AND STRUCK A STREET SIGN POLE. UNIT 2 CAME TO REST IN THE SOUTH DITCH OF GOLF DRIVE FACING EAST. PHOTOS BY TROOPER 718 J.J. MARCELIN.</p>

Officer Information

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OFFICER INFORMATION	125 - Officer Last Name STONE		125 - First Name DELL	125 - Middle Initial	131 - Officer ID 933
	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) 1417	134 - Time Arrived (Military Time) 1451	135 - Date Of Report 12/14/2011	
	Agency Accident Number	Police Number 2724-11	19 - Special Study		
	18 - Agency Space CASE #2724-11.				