

PK2011

POLICE # 2763-11

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number LF5KFSB	Document Override Number
Agency Accident Number		Police Number 2763-11		
4 - Accident Date 12/15/2011	5 - Time of Accident (Military Time) 1455	6 - Total Units 02	7 - Total Injured 00	8 - Total Killed 00
2 - County POLK - 48	3 - Municipality ST CROIX FALLS - 22, TOWN		11 - Accident Location NON-INTERSECTION	
14 - On Hwy No.	14 - On Street Name 160TH AVE	14 - Bus/Frnt/Rmp	15 - Est. Dist 0.75	Ft/Mi M
			15 - Hwy. Dir WEST	
16 - Fr/At Hwy No.	16 - From/At Street Name SUNSHINE ST		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 HILL	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 ICE		118 - Weather CLEAR
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 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 WEST	24 - Speed Limit 35
36 - Operating as Classified D CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number 7505921303	30 - State WI	31 - Expiration Year 2018	34 - On Duty Accident
25 - Operator/Pedestrian Last Name KATZMARK		25 - First Name RICHARD	25 - Middle Initial J
32 - Date Of Birth 06/1959	33 - Sex MALE		
26 - Address Street & Number 2252 160TH AVE			26 - PO Box
27 - City ST CROIX FALLS	27 - State WI	27 - Zip Code 54024	28 - Telephone Number (715) 557-0182 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

PK2011

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 GY2863	57 - Plate Type LTK	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1FTRX18W5XNA82046	
	50 - Year 1999	51 - Make FORD	52 - Model F150	53 - Body Style PK	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage NONE					
	95 - Extent Of Damage NONE	96 <input type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By OWNER			
	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 KATZMARK	46 - First Name RICHARD	46 - Middle Initial J	46 - Suffix	Date Of Birth 06/1959
	46 - Company Name				
	47 - Address Street & Number 2252 160TH AVE			47 - PO Box	
	48 - City ST CROIX FALLS	48 - State WI	48 - Zip Code 54024	49 - Telephone Number (715) 557-0182 EXT.	

Insurance

INS 01	63 - Liability Insurance Company PROGRESSIVE-CASUALTY-INS-CO	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name KATZMARK	61 - Policy Holder First Name RICHARD
	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 WEST	24 - Speed Limit 35
36 - Operating as Classified D CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number 1728452909	30 - State WI	31 - Expiration Year 2018	34 - On Duty Accident
25 - Operator/Pedestrian Last Name NELSON	25 - First Name DESIREE	25 - Middle Initial L	25 - Suffix
32 - Date Of Birth 01/1984	33 - Sex FEMALE		

PK2011

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 133 ELIZABETH ST				26 - PO Box	
	27 - City TURTLE LAKE		27 - State WI	27 - Zip Code 54889	28 - Telephone Number (715) 651-1910 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 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 2
	56 - License Plate Number 893NFZ		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1FAFP34NX5W249347
	50 - Year 2005	51 - Make FORD	52 - Model FOCUS	53 - Body Style 4D	54 - Color BLU	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, FRONT DRIVER SIDE					
	95 - Extent Of Damage MODERATE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By L C	
	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 NELSON		46 - First Name DESIREE		46 - Middle Initial L	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 133 ELIZABETH ST				47 - PO Box	
	48 - City TURTLE LAKE		48 - State WI	48 - Zip Code 54889	49 - Telephone Number (715) 651-1910 EXT.	

Insurance

PK2011

INS 02	63 - Liability Insurance Company GENERAL-CASUALTY		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name NELSON	61 - Policy Holder First Name DESIREE	
	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 KATZMARK	66 - First Name PATRICIA	66 - Middle Initial C	66 - Suffix
	68 - Address Street & Number 2252 160TH AVE		68 - PO Box		
	68 - City ST CROIX FALLS		68 - State WI	68 - Zip Code 54024	
	67 - Date of Birth 09/1958		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			

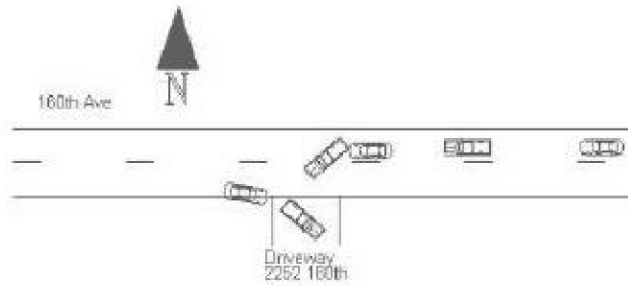
Occupant

OCCUPANT 02	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name HANSON	66 - First Name JENNIFER	66 - Middle Initial A	66 - Suffix
	68 - Address Street & Number 1201 CENTRAL AVE		68 - PO Box		
	68 - City CENTURIA		68 - State WI	68 - Zip Code 54824	
	67 - Date of Birth 03/1986		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

105 - PHOTOS BY KRAUTKRAMER

DIAGRAM AND NARRATIVE



BOTH UNITS ONE AND TWO WERE WEST BOUND ON 160TH AVE. UNIT ONE SLOWED AND STARTED TO MAKE A LEFT TURN IT A DRIVEWAY AND WAS STRUCK FROM BEHIND BY UNIT TWO. DRIVER OF UNIT TWO STATED SHE SAW THEM SLOWING DOWN AND TURNING BUT DO TO ICE ROAD CONDITIONS COULD NOT STOP.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name KRAUTKRAMER		125 - First Name CORY	125 - Middle Initial	131 - Officer ID 924	
	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 12/15/2011	133 - Time Notified (Military Time) 1455	134 - Time Arrived (Military Time) 1508	135 - Date Of Report 12/15/2011		
	Agency Accident Number		Police Number 2763-11	19 - Special Study		
	18 - Agency Space CASE# 2763-11					

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 Interstate Carrier <input type="checkbox"/>	140 - US DOT No.	140 - ICC MC No.	LC No.	IC No.
139 - Carrier Name					

Wisconsin Motor Vehicle
Accident Report MV4000e 01/2005

LF5KFSB

PK2011

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		