

PK2011

POLICE # 2816-11

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF58K3Z		Document Override Number	
Agency Accident Number				Police Number 2816-11					
4 - Accident Date 12/25/2011		5 - Time of Accident (Military Time) 1449		6 - Total Units 02		7 - Total Injured 03		8 - Total Killed 00	
2 - County POLK - 48		3 - Municipality APPLE RIVER - 02, TOWN				11 - Accident Location INTERSECTION			
14 - On Hwy No.	14 - On Street Name COUNTY RD I			14 - Bus/Frnt/Rmp		15 - Est. Dist	Ft/Mi	15 - Hwy. Dir	
16 - Fr/At Hwy No.	16 - From/At Street Name NIEBEL LN			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 SIDESWIPE. OPPOSITE DIRECTION					
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 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 55	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number 152248905		30 - State MN	31 - Expiration Year 2021	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name BORENE			25 - First Name SCOTT		25 - Middle Initial MELANCHTHO	25 - Suffix	
32 - Date Of Birth 03/1949		33 - Sex MALE					
26 - Address Street & Number 5117 HALIFAX AVE S						26 - PO Box	
27 - City EDINA		27 - State MN	27 - Zip Code 55424		28 - Telephone Number (612) 321-0082 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 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 SLOWING-OR-STOPPING			120 - Traffic Control STOP-SIGN			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 Y2KVV	57 - Plate Type AUT	58 - State MN	59 - Exp Year 2012	55 - Vehicle Identification Number WVWMD23B0YE186782	
	50 - Year 2000	51 - Make VOLK	52 - Model PGS	53 - Body Style 4D	54 - Color BLU	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, MIDDLE PASSENGER SIDE, MIDDLE DRIVER SIDE, FRONT DRIVER SIDE					
	95 - Extent Of Damage MODERATE	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By LAKES			
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name VANKAMPEN		46 - First Name PENNY		46 - Middle Initial ANN	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 5117 HALIFAX AVE S				47 - PO Box	
	48 - City EDINA		48 - State MN	48 - Zip Code 55424		49 - Telephone Number (612) 321-0082 EXT.

Insurance

INS 01	63 - Liability Insurance Company ALLSTATE				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name VANKAMPEN			61 - Policy Holder First Name PENNY		
	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 5148995604		30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name SIPPLE		25 - First Name KATHRYN		25 - Middle Initial N	25 - Suffix
32 - Date Of Birth 12/1989		33 - Sex FEMALE			

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 17460 48TH AVE				26 - PO Box	
	27 - City CHIPPEWA FALLS		27 - State WI	27 - Zip Code 54729	28 - Telephone Number (715) 828-4172 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 C - POSSIBLE INJURY		41 - Airbag 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 1	
	64 - 1st Statute No. 346.57(2)	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors FAILURE-TO-HAVE-CONTROL					
	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 184NGL		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number JHLRD78873C011372
	50 - Year 2003	51 - Make HOND	52 - Model CRV EX	53 - Body Style UT	54 - Color BLK	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 LAKES	
123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name SIPPLE		46 - First Name BARBARA		46 - Middle Initial J	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 17460 48TH AVE				47 - PO Box	
	48 - City CHIPPEWA FALLS		48 - State WI	48 - Zip Code 54729		49 - Telephone Number (715) 828-4172 EXT.

Insurance

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INS 02	63 - Liability Insurance Company LIBERTY-MUTUAL		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name SIPPLE		61 - Policy Holder First Name BARBARA	
	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 SIPPLE	66 - First Name ERIN	66 - Middle Initial L	66 - Suffix
	68 - Address Street & Number 5117 HALIFAX AVE S		68 - PO Box		
	68 - City EDINA		68 - State MN	68 - Zip Code 55424	
	67 - Date of Birth 03 / 1993		69 - Sex FEMALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)			72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	70 - Injury Severity C - POSSIBLE INJURY		73 - Airbag DEPLOYED	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport
76 - Trapped/Extricated NOT-TRAPPED		78 - Agency Space OPERATOR AND OCCUPANT OF UNIT 1 DENIED MEDICAL TRANSPORT			

Occupant

OCCUPANT 02	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name VANKAMPEN	66 - First Name PENNY	66 - Middle Initial	66 - Suffix
	68 - Address Street & Number 17460 48TH AVE		68 - PO Box		
	68 - City CHIPPEWA FALLS		68 - State WI	68 - Zip Code 54729	
	67 - Date of Birth 09 / 1955		69 - Sex FEMALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)			72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	70 - Injury Severity B - NON-INCAPACITATING INJURY		73 - Airbag DEPLOYED	75 - Ejected NOT-EJECTED	77 <input checked="" 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 APPLE RIVER TOWNSHIP		Government Property Type COUNTY/MUNICIPAL	
	85 - Address Street & Number 612 US HWY 8		85 - PO Box	
	86 - City AMERY	86 - State WI	86 - Zip Code 54001	87 - Telephone Number (715) 268-6506 EXT.
	83 - Government Damage Tag Number			
	Fixed Objects Struck			
82 - Striking Unit 2	82 - Object Struck TRAFFIC-SIGN-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 SGT. O'HARE 907
	<p>RESPONDED TO A 2 VEH CRASH W/ INJURIES. AFTER SPEAKING W/ INVOLVED PERSONS IT WAS LEARNED THAT UNIT 1 WAS TRAVELING EB ON NEIBEL LN APPROACHING CO HWY 1. UNIT 1 EITHER STOPPED OR SLOWING TO A STOP AT THE STOP SIGN. OPERATOR OF UNIT 2 ADMITTED TO TRAVELING AT 60MPH(55 ZONE) TRAVELLING SB ON CO HWY 1 APPROACHING NEIBEL LN. AN UNENVOLVED UNIT WAS NB ON CO HWY 1 SLOWING TO TURN W ON NEIBEL LN. UNIT 2 STATES SHE BELIEVED THE UNIT WAS NOT GOING TO YIELD, BUT ALSO STATED THE SUN WAS IN HER EYES. UNIT 2 LEFT CO HWY 1 AT THE INTERSECTION AND STRUCK UNIT 1. UNIT 1 THEN STRUCK A STOP SIGN AND BROKE THE POST. OPERATOR OF UNIT 2 WAS CITED FOR FAILURE TO CONTROL VEH. OPERATOR AND PASSENGER IN UNIT 2 DENIED MEDICAL TRANSPORT AFTER ON SCENE CARE. PASSENGER OF UNIT 1 WAS TRANSPORTED TO HOSPITAL IN SCF FOR INJURIES.</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 12/25/2011		133 - Time Notified (Military Time) 1449		134 - Time Arrived (Military Time) 1458		135 - Date Of Report 12/31/2011		
	Agency Accident Number		Police Number 2816-11		19 - Special Study				
	18 - Agency Space ALL PERSONS ID'D BY PHOTO ID'S.								