

PK2011

POLICE # 2842-11

ACCIDENT #

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF830DQ		Document Override Number	
Agency Accident Number				Police Number 2842-11					
4 - Accident Date 12/30/2011		5 - Time of Accident (Military Time) 0705		6 - Total Units 01		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. 035	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Dist 0.30	Ft/Mi M	15 - Hwy. Dir SOUTH	
16 - Fr/At Hwy No.	16 - From/At Street Name 150TH AVE			16 - Business/Frontage/Ramp					
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude		
80 - First Harmful Event OTHER NON-COLLISION				93 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
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 DAWN			116 - Road Surface Condition DRY			118 - Weather CLOUDY			
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 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 OTHER NON-COLLISION		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 5367055205		30 - State WI	31 - Expiration Year 2017	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name BAILLARGEON			25 - First Name LISA		25 - Middle Initial R	25 - Suffix	
32 - Date Of Birth 02/1970		33 - Sex FEMALE					
26 - Address Street & Number 2286 STOKLEY ROAD						26 - PO Box	
27 - City MILLTOWN			27 - State WI	27 - Zip Code 54858		28 - Telephone Number (612) 799-0280 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	

PK2011

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 541GXV		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2013	55 - Vehicle Identification Number 4T1BE46K87U542634
	50 - Year 2007	51 - Make TOYT	52 - Model CAMRY	53 - Body Style 4D	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT DRIVER SIDE					
	95 - Extent Of Damage MODERATE		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 checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name BAILLARGEON		46 - First Name LISA		46 - Middle Initial R	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 2286 STOKLEY ROAD				47 - PO Box	
	48 - City MILLTOWN		48 - State WI	48 - Zip Code 54858		49 - Telephone Number (612) 799-0280 EXT.

Insurance

INS 01	63 - Liability Insurance Company RURAL-MUTUAL-INS-CO-(ATTN:-CLAIMS-DEPT)				60 <input type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name BAILLARGEON			61 - Policy Holder First Name LISA		
	61 - Policy Holder Company					

School Bus

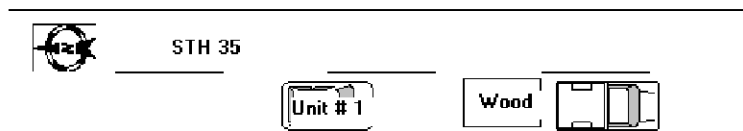
BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Diagram and Narrative

105 - PHOTOS BY

PK2011

DIAGRAM AND NARRATIVE



UNIT #1 WAS SOUTHBOUND ON STH 35 FOLLOWING ANOTHER VEHICLE WHEN A PIECE OF DEBRIS FLEW UP STRIKING UNIT #1 IN THE FRONT. THE DEBRIS WHICH THE OPERATOR STATED WAS A PIECE OF WOOD APPROX. 16" STRUCK THE FRONT BUMPER SURROUND AND LF FENDER AREA CAUSING DAMAGE TO BOTH. SMALL PARTICLES OF WOOD FROM THE DEBRIS WERE LOCATED AT THE SCENE.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name SMITH		125 - First Name STEVE		125 - Middle Initial		131 - Officer ID 903		
	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 12/30/2011		133 - Time Notified (Military Time) 0708		134 - Time Arrived (Military Time) 0716		135 - Date Of Report 12/30/2011		
	Agency Accident Number		Police Number 2842-11		19 - Special Study				
	18 - Agency Space								