

PK2011

POLICE # 2852-11

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5PW68		Document Override Number	
Agency Accident Number				Police Number 2852-11					
4 - Accident Date 12/31/2011		5 - Time of Accident (Military Time) 1145		6 - Total Units 02		7 - Total Injured 02		8 - Total Killed 00	
2 - County POLK - 48		3 - Municipality MILLTOWN - 20, TOWN				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No. 035	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Dist 0.50	Ft/Mi M	15 - Hwy. Dir SOUTH	
16 - Fr/At Hwy No.	16 - From/At Street Name 220TH AVE			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 WET			118 - Weather CLOUDY			
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 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 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 107293909		30 - State MN	31 - Expiration Year 2013	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name FLOCK			25 - First Name JOSEPH		25 - Middle Initial LAWRENCE	25 - Suffix	
32 - Date Of Birth 11/1972		33 - Sex MALE					
26 - Address Street & Number 1402 RAMSEY ST W						26 - PO Box	
27 - City STILLWATER		27 - State MN	27 - Zip Code 55082		28 - Telephone Number (651) 351-1940 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 1	
64 - 1st Statute No. 346.14(1)	64 - 2nd Statute No.	64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.	
122 - Driver Factors FOLLOWING-TOO-CLOSE							
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 5
	56 - License Plate Number UWM995	57 - Plate Type AUT	58 - State MN	59 - Exp Year 2012	55 - Vehicle Identification Number 1GNFK16Z24J121670	
	50 - Year 2004	51 - Make CHEV	52 - Model SUB	53 - Body Style UT	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT					
	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 FLOCK		46 - First Name JOSEPH		46 - Middle Initial LAWRENCE	46 - Suffix
	Date Of Birth 11/1972					
	46 - Company Name					
	47 - Address Street & Number 1402 RAMSEY ST W			47 - PO Box		
48 - City STILLWATER		48 - State MN	48 - Zip Code 55082		49 - Telephone Number (651) 351-1940 EXT.	

Insurance

INS 01	63 - Liability Insurance Company PROGRESSIVE-CLASSIC-INS-CO				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name FLOCK			61 - Policy Holder First Name JOSEPH		
	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 1706670302		30 - State WI	31 - Expiration Year 2018	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name GLENNA		25 - First Name DENISE		25 - Middle Initial JOY	25 - Suffix
32 - Date Of Birth 06/1966	33 - Sex FEMALE				

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 2050 155TH ST				26 - PO Box	
	27 - City MILLTOWN		27 - State WI	27 - Zip Code 54858	28 - Telephone Number (715) 825-2162 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 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	
	91 - Drugs Reported					
	124 - Highway Factors NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR		22 - Total Occupants 3
	56 - License Plate Number 735LKU		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1LNFM82W7WY731822
	50 - Year 1998	51 - Make LINC	52 - Model TOWNCAR	53 - Body Style 4D	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	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 OWNER	
	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 GLENNA		46 - First Name DENISE		46 - Middle Initial JOY	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 2050 155TH ST				47 - PO Box	
	48 - City MILLTOWN		48 - State WI	48 - Zip Code 54858	49 - Telephone Number (715) 825-2162 EXT.	

Insurance

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INS 02	63 - Liability Insurance Company SECURA-INS-A-MUTUAL-CO		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name GLENNA		61 - Policy Holder First Name DENISE
	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 FLOCK	66 - First Name HAZEL	66 - Middle Initial IRENE	66 - Suffix
	68 - Address Street & Number 1402 RAMSEY ST W		68 - PO Box		
	68 - City STILLWATER		68 - State MN	68 - Zip Code 55082	
	67 - Date of Birth 12/2001		69 - Sex FEMALE		
	71 - Seat Position SECOND-SEAT-LEFT-SIDE-(MC/BIKE PASSENGER, TRAIN BREAKMA			72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	70 - Injury Severity N - NO APPARENT INJURY		73 - Airbag NOT APPLICABLE	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport
76 - Trapped/Extricated NOT-TRAPPED		78 - Agency Space			

Occupant

OCCUPANT 02	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name FLOCK	66 - First Name AIDEN	66 - Middle Initial JOSEPH	66 - Suffix
	68 - Address Street & Number 1402 RAMSEY ST W		68 - PO Box		
	68 - City STILLWATER		68 - State MN	68 - Zip Code 55082	
	67 - Date of Birth 10/2003		69 - Sex MALE		
	71 - Seat Position THIRD-ROW-LEFT-SIDE-(SIDECAR: MOTORCYCLE PASSENGER)			72 - Safety Equipment CHILD-SAFETY-SEAT-USED	
	70 - Injury Severity N - NO APPARENT INJURY		73 - Airbag NOT APPLICABLE	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport
76 - Trapped/Extricated NOT-TRAPPED		78 - Agency Space			

Occupant

OCCUPANT 03	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name FLOCK	66 - First Name ADDIE	66 - Middle Initial JOELLE	66 - Suffix
	68 - Address Street & Number 1402 RAMSEY ST W		68 - PO Box		
	68 - City STILLWATER		68 - State MN	68 - Zip Code 55082	
	67 - Date of Birth 05/2005		69 - Sex FEMALE		
	71 - Seat Position SECOND-SEAT-MIDDLE			72 - Safety Equipment CHILD-SAFETY-SEAT-USED	
	70 - Injury Severity N - NO APPARENT INJURY		73 - Airbag NOT APPLICABLE	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport

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76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space
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Occupant

OCCUPANT 04	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name FLOCK	66 - First Name JACOB	66 - Middle Initial PETER	66 - Suffix
	68 - Address Street & Number 1402 RAMSEY ST W		68 - PO Box		
	68 - City STILLWATER		68 - State MN	68 - Zip Code 55082	
	67 - Date of Birth 01/2007		69 - Sex MALE		
	71 - Seat Position THIRD-ROW-RIGHT-SIDE		72 - Safety Equipment CHILD-SAFETY-SEAT-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 05	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name GLENNA	66 - First Name MEGAN	66 - Middle Initial ELIZABETH	66 - Suffix
	68 - Address Street & Number 2050 155TH ST		68 - PO Box		
	68 - City MILLTOWN		68 - State WI	68 - Zip Code 54858	
	67 - Date of Birth 082000		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 NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Occupant

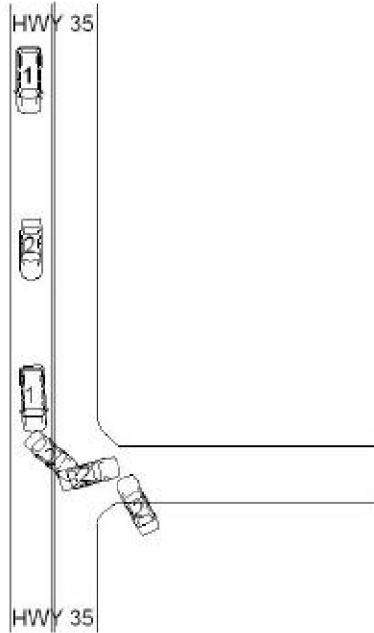
OCCUPANT 06	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name GLENNA	66 - First Name PRESTON	66 - Middle Initial MICHAEL	66 - Suffix
	68 - Address Street & Number 2050 155TH ST		68 - PO Box		
	68 - City MILLTOWN		68 - State WI	68 - Zip Code 54858	
	67 - Date of Birth 12/2002		69 - Sex MALE		
	71 - Seat Position SECOND-SEAT-RIGHT		72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	70 - Injury Severity N - NO APPARENT INJURY	73 - Airbag NOT APPLICABLE	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Diagram and Narrative

105 - PHOTOS BY 915 HALL

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DIAGRAM AND NARRATIVE



UNIT#1 WAS TRAVELLING SOUTH BOUND ON HWY 35. UNIT#2 WAS IN FRONT OF UNIT#1 ALSO SOUTH BOUND ON HWY 35. AT THAT TIME, THE DRIVER OF UNIT#2 BEGAN TO SLOW TO MAKE A LEFT HAND TURN INTO A DRIVE WAY. UNIT#1 WAS TOO CLOSE TO UNIT#2 AND BY THE TIME THE DRIVER OF UNIT#1 REALIZED WHAT UNIT#2 WAS DOING, IT WAS TOO LATE. UNIT#1 STRUCK THE REAR END OF UNIT#2. UNIT#2 THEN ROTATED AROUND AND SPUN INTO THE DRIVEWAY ENDING UP PARTIALLY IN THE DRIVEWAY, NOW FACING NORTH WEST. THE DRIVER OF UNIT#1 WAS ABLE TO MOVE THE VEHICLE FROM THE ROADWAY.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name HALL		125 - First Name DALE		125 - Middle Initial		131 - Officer ID 915		
	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 12/31/2011		133 - Time Notified (Military Time) 1150		134 - Time Arrived (Military Time) 1202		135 - Date Of Report 01/01/2012		
	Agency Accident Number		Police Number 2852-11		19 - Special Study				
	18 - Agency Space								