

PK2011

POLICE # 2856-11

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number LF5BRR2		Document Override Number	
Agency Accident Number				Police Number 2856-11					
4 - Accident Date 12/31/2011		5 - Time of Accident (Military Time) 1800		6 - Total Units 03		7 - Total Injured 00		8 - Total Killed 00	
2 - County POLK - 48		3 - Municipality BALSAM LAKE - 03, TOWN				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No. 008	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Dist 0.25	Ft/Mi M	15 - Hwy. Dir EAST	
16 - Fr/At Hwy No.	16 - From/At Street Name 170TH 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 CURVE		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 DARK-NOT-LIGHTED			116 - Road Surface Condition WET			118 - Weather SLEET-HAIL-(FREEZING RAIN OR DRIZZLE)			
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 MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel WEST		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 0139350703		30 - State WI	31 - Expiration Year 2013	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name POST			25 - First Name ALICIA		25 - Middle Initial M	25 - Suffix	
32 - Date Of Birth 01/1993		33 - Sex FEMALE					
26 - Address Street & Number 654 236TH AVE					26 - PO Box		
27 - City NEW RICHMOND		27 - State WI	27 - Zip Code 54017		28 - Telephone Number (715) 441-2998 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 STOPPED-IN-TRAFFIC			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued	
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 DEBRIS-FROM-PRIOR-ACCIDENT

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 2
	56 - License Plate Number 198SZC	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1G2WJ12MXTF261705	
	50 - Year 1996	51 - Make PONT	52 - Model GRAND PRIX	53 - Body Style SD	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage REAR					
	95 - Extent Of Damage VERY-MINOR	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 POST		46 - First Name ALICIA		46 - Middle Initial M	46 - Suffix
	Date Of Birth 01/1993					
	46 - Company Name					
	47 - Address Street & Number 654 236TH AVE			47 - PO Box		
48 - City NEW RICHMOND		48 - State WI	48 - Zip Code 54017		49 - Telephone Number (715) 441-2998 EXT.	

Insurance

INS 01	63 - Liability Insurance Company COUNTRY-PREFERRED-INSURANCE-CO				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name POST		61 - Policy Holder First Name ALICIA		
	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 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 5129268903		30 - State WI	31 - Expiration Year 2019	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name PETZEL		25 - First Name KATIE		25 - Middle Initial L	25 - Suffix
32 - Date Of Birth 05/1992	33 - Sex FEMALE				

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 2037 180TH AVE				26 - PO Box	
	27 - City CENTURIA		27 - State WI	27 - Zip Code 54824	28 - Telephone Number (715) 379-9615 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 SLOWING-OR-STOPPING		120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued	
	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 DEBRIS-FROM-PRIOR-ACCIDENT					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 602SXA		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1FAFP33P53W267786	
	50 - Year 2003	51 - Make FORD	52 - Model FOCUS	53 - Body Style 4D	54 - Color BLU	100 - Skidmarks to Impact (Ft)	
	94 - Vehicle Damage REAR						
	95 - Extent Of Damage VERY-MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
123 - Vehicle Factors NOT-APPLICABLE							

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator						
	46 - Vehicle Owner Last Name PETZEL		46 - First Name MARK		46 - Middle Initial E	46 - Suffix	Date Of Birth 08/1954
	46 - Company Name						
	47 - Address Street & Number 2037 180TH AVE				47 - PO Box		
	48 - City CENTURIA		48 - State WI	48 - Zip Code 54824		49 - Telephone Number	

Insurance

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INS 02	63 - Liability Insurance Company STATE-FARM		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name PETZEL	61 - Policy Holder First Name MARK	
	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			

Operator/Pedestrian

OPERATOR/PEDESTRIAN 03	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 245222405		30 - State MN	31 - Expiration Year 2013	34 - On Duty Accident		
	25 - Operator/Pedestrian Last Name CATURA			25 - First Name MARK		25 - Middle Initial NICHOLAS	25 - Suffix
	32 - Date Of Birth 11/1954		33 - Sex MALE				
	26 - Address Street & Number 911 CHARLOTTE DR					26 - PO Box	
	27 - City ANOKA			27 - State MN	27 - Zip Code 55303	28 - Telephone Number (763) 323-1935 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 SLOWING-OR-STOPPING			120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued	
	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 DEBRIS-FROM-PRIOR-ACCIDENT							

Vehicle

21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 02
56 - License Plate Number 230BHX	57 - Plate Type AUT	58 - State MN	59 - Exp Year 2012	55 - Vehicle Identification Number 2B3HD56MX2H242485	

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VEHICLE 03	50 - Year 2002	51 - Make DODG	52 - Model SEDAN	53 - Body Style 4D	54 - Color BRZ	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, 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 03	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name CATURA		46 - First Name MARK		46 - Middle Initial NICHOLAS	46 - Suffix
	Date Of Birth 11/1954					
	46 - Company Name					
	47 - Address Street & Number 911 CHARLOTTE DR			47 - PO Box		
48 - City ANOKA			48 - State MN	48 - Zip Code 55303	49 - Telephone Number (763) 323-1935 EXT.	

Insurance

INS 03	63 - Liability Insurance Company ALLSTATE				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name CATURA		61 - Policy Holder First Name MARK		
	61 - Policy Holder Company				

School Bus

BUS 03	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 BOURDAGHS		66 - First Name KORY	66 - Middle Initial D	
	68 - Address Street & Number 515 S 11TH ST #7			68 - PO Box		
	68 - City PAYETTE			68 - State ID	68 - Zip Code 83661	
	67 - Date of Birth 11/1989			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			

Occupant

O2	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 03	66 - Occupant Last Name CATURA		66 - First Name DEBRA	66 - Middle Initial KATHERINE
	68 - Address Street & Number 911 CHARLOTTE DR			68 - PO Box	

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OCCUPANT	68 - City ANOKA	68 - State MN	68 - Zip Code 55303		
	67 - Date of Birth		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

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p style="text-align: center;">USH 8</p> <p style="text-align: center;">#3 #2 #1</p> <p style="text-align: center;">.25 EAST OF 170TH ST DEBRIS FROM PREVIOUS ACCIDENT</p>
<p>VEHICLES 1,2,3 WERE TRAVELING EASTBOUND ON USH 8 APPROXIMATELY .25 MILES EAST OF 170TH ST. A PREVIOUS ACCIDENT LOCATED AT USH 8 AND MIRROR WATERS WAS BEING ATTENDED TO BY EMERGENCY PERSONNEL AND POWER LINE WER DOWN ACROSS USH 8 JUST EAST OF THESE VEHICLES. THE TERRAIN WAS HILLY AND WHEN VEHICLE 1 WAS SLOWING TO STOP WAS HIT BY VEHICLE 2, 2 WAS HIT BY 3.</p>	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name OHARE	125 - First Name TIM	125 - Middle Initial	131 - Officer ID 907	
	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) 1800	134 - Time Arrived (Military Time) 1815	135 - Date Of Report 01/01/2012	
	Agency Accident Number	Police Number 2856-11	19 - Special Study		
	18 - Agency Space				