# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

|           | Document Number Override        | Primary Crash I        | Primary Crash Document # |  | Crash Number<br>263   | Investigating Officer/Deputy DEPUTY B. MEARS |                        |                    |                        |
|-----------|---------------------------------|------------------------|--------------------------|--|-----------------------|--|------------------------|--------------------|------------------------|
| <b>MS</b> | Crash Date <b>06/04/2020</b>    | Crash Time<br>02:05 PM |                          |  | rrived<br><b>2020</b> | Time Arrived 02:33 PM                        |                        |                    |                        |
| 8M7       | Date Notified <b>06/04/2020</b> | Time Notified 02:12 PM |                          |  | nits                  | Total Injured <b>00</b>                      | Total Killed <b>00</b> |                    |                        |
| 0B8       | On Emergency                    | Hit and Run            | t and Run Lane Closu     |  | ☐ Work Zone           | Trailer or Towed                             |                        |                    | Reporting<br>Threshold |
| eTL)      | Government Active S             |                        | School Bus Related NO    |  | Bus Related           | Tags   |                        |                    |                        |
|           | <b>✓</b> Reportable             | NDARD CRASH            | IDARD CRASH)             |  |                       |  |                        | Secondary<br>Crash |                        |

# Diagram old hwy 12 skid marks Lage Rd ##DIAGRAM NOT TO SCALE

Reconstruction By

Photos By **DEPUTY MEARS** 

Additional Information **PHOTOS** 

, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

. UNIT 1 WAS SB ON OLD HWY 12 . OPERATOR STOPPED AT THE STOP SIGN AT OLD HWY 12 AND LAGE RD. OPERATOR STARTED TO MAKE A LEFT TURN ONTO OLD HWY 12. OPERATOR STATED SHE LOOKED AND SAW NO TRAFFIC BEFORE PROCEEDING. AS SHE GOT INTO THE INTERSECTION SHE SAW UNIT #2 WHICH WAS WESTBOUND ON USH 12, SHE BRAKED BUT COULD NOT STOP IN TIME TO AVOID STRIKING UNIT #2. I DID OBSERVE THAT IT IS HARD TO SEE IF THERE IS ONCOMING WESTBOUND TRAFFIC FROM THE STOP SIGN ON LAGE RD. THE OPERATOR OF UNIT #2 STATED SHE WAS WESTBOUND TRAVELING AT ABOUT 55 MPH WHICH SHE BELIEVED WAS THE SPEED LIMIT. SHE SAID SHE TRIED TO AVOID UNIT #1 BY STEERING AWAY FROM IT, BUT SHE WAS NOT ABLE TO. THERE WERE NO INJURIES AND BOTH UNITS HAD BEEN MOVED PRIOR TO MY ARRIVAL FOR SAFETY. UNIT 1 OPERATOR WAS ISSUED A WRITTEN WARNING FOR FAILURE TO YIELD FROM A STOP SIGN. UNIT 1 WAS REMOVED BY INTERSTATE/HOVLANDS. UNIT #2 HAD A FLAT FRONT RIGHT SIDE TIRE. THE TIRE WAS CHANGED BY SCHULTZ'S AUTO AND THE OPERATOR DROVE THE UNIT AWAY.

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SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 06/04/2020

| L | OC  | ation  |  |   |  |   |                              |   |   |                         |  |
|---|---|--|--|---|--|---|------------------------------|---|---|-------------------------|--|
|   | INTERSECTION  |  |  |   |  |   | 7261                         |   | Longitude   | Longitude -89.818600469 |  |
|   | AT L  | LAGE<br>THE TOWN OF DELTO  | N  |   |  | X Coordina<br>272655.2                                    | ate                          |   | Y Coordinate<br>4835763.5   |                         |  |
|   | IN S  | SAUK COUNTY  |  |   |  | Structure 1   |                              |   | 4033703.3   |                         |  |
|   |   |  |  |   |  |   | JCTURE                       |   |   |                         |  |
|   |   | sh Scene   |  |   |  |   |                              |   |   |                         |  |
|   |   | Harmful Event  |  |   |  | First Harm  |                              | ocation   |   |                         |  |
|   |   | TOR VEH IN TRANSP  | ORT  | ON ROA  |  |   |                              |   |   |                         |  |
|   |   | ner of Collision   |  | Light Cond  |  |   |                              |   |   |                         |  |
|   | -   | ANGLE  |  |   |  | DAYLIGH   |                              |   |   |                         |  |
|   | DRY   | d Surface Condition(s)   |  |   |  | Roadway I   | -actor(s)                    |   |   |                         |  |
| F | Envi  | ronment Factor(s)  |  |   |  |   |                              |   |   |                         |  |
|   | NOI   |  |  |   |  | NONE  |                              |   |   |                         |  |
| H | Wea   | ther Condition(s)  |  |   |  |   |                              |   |   |                         |  |
|   | CLE   | . ,  |  |   |  |   |                              |   |   |                         |  |
| F | Anim  | nal Type   |  |   |  | Relation To   |                              | -   |   |                         |  |
| - | Cras  | h Classification - Location  |  |   |  | TRAFFICWAY - ON ROAD  Crash Classification - Jurisdiction |                              |   |   |                         |  |
|   |   | BLIC PROPERTY  |  |   |  |   |                              | RISDICTION  |   |                         |  |
| - | Triba   | al Land  |  |   |  | Access Control Special Study                              |                              |   |   |                         |  |
| L | 1400  |  |  |   | 11.4   | NO CONTROL  |                              |   |   |                         |  |
|   | With  | in Interchange Area  | Junction Location INTERSECTION                       |   | Intersection T-INTER   | SECTION   |                              |   |   |                         |  |
|   |   |  |  |   |  | OLOTION   |                              |   |   |                         |  |
| ί | Jnit  | t Summary =  |  |   | I IIVI EIV   | OLOTION   |                              |   |   |                         |  |
|   |   | t Summary Status   |  | Vehicle Ope   |  |   |                              | Unit Type   |   |                         |  |
|   | Unit<br><b>IN T</b>   | Status<br>RANSIT   |  | Vehicle Ope   | erating As C   |   |                              | AUTOMOI   |   |                         |  |
|   | Unit<br><b>IN T</b><br>Vehi   | Status  RANSIT  cle Type   |  |   | erating As C   |   |                              | AUTOMOI   | BILE<br>s Endorsements  |                         |  |
| ; | Unit<br>IN T<br>Vehi<br>PAS   | Status RANSIT cle Type SSENGER CAR   | Train Dun # Doordod                                  | D CLASS   | erating As C   | lassification   | Total Tro                    | AUTOMOI<br>Operating A  | s Endorsements  |                         |  |
|   | Unit<br>IN T<br>Vehice<br>PAS<br>Total                                      | Status  RANSIT  cle Type   | Train/Bus # Recorded                                 | D CLASS   | erating As C   | lassification   | Total Tra                    | AUTOMOI<br>Operating A  | s Endorsements  Total HazMat Types  |                         |  |
| ; | Unit<br>IN T<br>Vehi<br>PAS<br>Total<br>02                                  | Status RANSIT cle Type SSENGER CAR   |  | Total # Cita  | erating As C   | lassification   | 0                            | AUTOMOI<br>Operating A  | s Endorsements  Total HazMat Types  0   |                         |  |
|   | Unit<br>IN T<br>Vehi<br>PAS<br>Total<br>02                                  | Status TRANSIT Cle Type SSENGER CAR I Occs rance?  | Train/Bus # Recorded  Direction Of Travel SOUTHBOUND | Total # Cita  | erating As C   | lassification   |                              | AUTOMOI<br>Operating A  | s Endorsements  Total HazMat Types  |                         |  |
| - | Unit IN T Vehice PAS Total 02 Insur YES                                     | Status TRANSIT Cle Type SSENGER CAR I Occs rance?  | Direction Of Travel SOUTHBOUND                       | Total # Cita 0 Pre Special Fun  | erating As C tions Issued CrashTire Mark notion  | lassification   | <b>0</b><br>Speed Li         | AUTOMOI Operating A illers mit Emergency  | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use                                   |                         |  |
|   | Unit IN T Vehic PAS Total 02 Insur YES                                      | Status FRANSIT cle Type SSENGER CAR I Occs rance?  | Direction Of Travel SOUTHBOUND With                  | Total # Cita 0 Pre Special Fun  | erating As C tions Issued CrashTire Mark   | lassification   | <b>0</b><br>Speed Li         | AUTOMOI Operating A illers mit Emergency NOT APPI   | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE                          |                         |  |
| - | Unit IN T Vehic PAS Total 02 Insur YES Most MO Traff                        | Status  RANSIT cle Type SSENGER CAR I Occs  rance? St Harmful Event: Collision TOR VEH IN TRANSP fic Way   | Direction Of Travel SOUTHBOUND With ORT              | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont   | tions Issued  CrashTire Mark  Action  EIAL FUNC  | lassification   | <b>0</b><br>Speed Li         | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Contr   | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use                                   |                         |  |
|   | Unit IN T Vehic PAS Tota 02 Insur YES Most MO Traff                         | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  | Direction Of Travel SOUTHBOUND With ORT              | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont STOP SIG  | crashTire Mark CIAL FUNC   | lassification   | <b>0</b><br>Speed Li         | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti   | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |                         |  |
| - | Unit IN T Vehi PAS Tota 02 Insui YES Most MO Traff TWC                      | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  I Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  ace Type   | Direction Of Travel SOUTHBOUND With ORT              | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG  | crashTire Mark Mark CIAL FUNC  | lassification   | <b>0</b><br>Speed Li         | AUTOMOI Operating A illers  mit  Emergency NOT APPI Traffic Conti NO Road Grade   | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |                         |  |
| - | Unit IN T Vehic PAS Total 02 Insur YES MOST Traff TWC Surfa BLA             | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  | Direction Of Travel SOUTHBOUND With ORT              | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont STOP SIG  | crashTire Mark Mark CIAL FUNC  | lassification   | <b>0</b><br>Speed Li         | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti   | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |                         |  |
| - | Unit IN T Vehic PAS Total 02 Insur YES Most MO Traff TWO Surfa BLA Truci NO | Status  TRANSIT  Cle Type  SSENGER CAR  I Occs  Tance?  St Harmful Event: Collision  TOR VEH IN TRANSP  TOR VEH IN TRANSP  TOWAY, NOT DIVIDED  ACKTOP (BITUMINOU  K Bus or HazMat  | Direction Of Travel SOUTHBOUND With ORT              | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG  | crashTire Mark Mark CIAL FUNC  | lassification   | <b>0</b><br>Speed Li         | AUTOMOI Operating A illers  mit  Emergency NOT APPI Traffic Conti NO Road Grade   | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  rol Inoperative/Missing |                         |  |
| - | Unit IN T Vehic PAS Total 02 Insur YES Most MO Traff TWO Surfa BLA Truci NO | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  ace Type  ACKTOP (BITUMINOU  k Bus or HazMat  | Direction Of Travel SOUTHBOUND With ORT              | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont STOP SIG  | tions Issued  CrashTire Mark action EIAL FUNC  EION EION EION EION EION EION EION EIO  | lassification   | Speed Li                     | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL   | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  Tol Inoperative/Missing |                         |  |
| - | Unit IN T Vehic PAS Total 02 Insur YES Most MO Traff TWO Surfa BLA Truci NO | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  ace Type  ACKTOP (BITUMINOU  k Bus or HazMat  Vehicle  License Plate Number   | Direction Of Travel SOUTHBOUND With ORT              | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH   | crashTire Mark Inction EIAL FUNC EIGH Mature T   | assification  | Speed Li 45                  | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is                                 | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  Tol Inoperative/Missing |                         |  |
| - | Unit IN T Vehic PAS Total 02 Insur YES Most Traff TWC Surfa BLA Truc NO     | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  ace Type  ACKTOP (BITUMINOU  k Bus or HazMat  | Direction Of Travel SOUTHBOUND With ORT              | Total # Cita 0 Pre Special Fur NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH   | tions Issued  CrashTire Mark action EIAL FUNC  EION EION EION EION EION EION EION EIO  | assification  | Speed Li                     | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL   | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  Tol Inoperative/Missing |                         |  |
| - | Unit IN T Vehic PAS Total 02 Insur YES Most MO Traff TWO Surfa BLA Truci NO | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  ace Type  ACKTOP (BITUMINOU  k Bus or HazMat  Vehicle  License Plate Number  AFU5905  | Direction Of Travel SOUTHBOUND With ORT  S)          | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH  Plate Type AUT - AU  | crashTire Mark Inction EIAL FUNC EIGH Mature T   | ETION   | Speed Li 45  St WI           | AUTOMOI Operating A illers  mit  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST                    | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  Tol Inoperative/Missing |                         |  |
| - | Unit IN T Vehic PAS Total 02 Insur YES Most Traff TWC Surfa BLA Truc NO     | Status  RANSIT  Cle Type  SSENGER CAR  I Occs  Tance?  Status  TANSIT  I Occs  TANSIT  Cle Type  STATE TO THE TANSP  CLE TYPE  ACKTOP (BITUMINOU  RE BUS OF HAZMAT  Vehicle  License Plate Number  AFUS905  Vehicle Identification Nut  1FAFP53U14A13274  Color  | Direction Of Travel SOUTHBOUND With ORT  S)          | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH  Plate Type AUT - AU Make FORD Body Style                     | crashTire Mark nection SIAL FUNC   | ETION   | St WI Year                   | AUTOMOI Operating A illers  mit  Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST Model              | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  Tol Inoperative/Missing |                         |  |
|   | Unit IN T Vehi PAS Total 02 Insur YES MOST Traff TWC Surfa BLA Truc         | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  ace Type  ACKTOP (BITUMINOU  k Bus or HazMat  Vehicle  License Plate Number  AFU5905  Vehicle Identification Num  1FAFP53U14A13274  Color  WHI - WHITE                        | Direction Of Travel SOUTHBOUND With ORT  S)          | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH  Plate Type AUT - AU Make FORD Body Style SD - SEC            | crashTire Mark notion SIAL FUNC at IT TO MOBIL T | ETION   | St WI Year                   | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conte NO Road Grade LEVEL  Country of Is UNITED ST Model TAURUS         | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  Tol Inoperative/Missing |                         |  |
|   | Unit IN T Vehi PAS Total 02 Insur YES Most MO Trafff TWO Surfa BLA Truc     | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  ace Type  ACKTOP (BITUMINOU  k Bus or HazMat  Vehicle  License Plate Number  AFU5905  Vehicle Identification Num  1FAFP53U14A13274  Color  WHI - WHITE  Initial Contact Point | Direction Of Travel SOUTHBOUND With ORT  S)          | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH  Plate Type AUT - AU Make FORD Body Style                     | crashTire Mark notion SIAL FUNC at IT TO MOBIL   | ETION   | St WI Year                   | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conte NO Road Grade LEVEL  Country of Is UNITED ST Model TAURUS         | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  Tol Inoperative/Missing |                         |  |
|   | Unit IN T Vehi PAS Total 02 Insur YES MOST Traff TWC Surfa BLA Truc         | Status  RANSIT  cle Type  SSENGER CAR  I Occs  rance?  St Harmful Event: Collision  TOR VEH IN TRANSP  ic Way  D-WAY, NOT DIVIDED  ace Type  ACKTOP (BITUMINOU  k Bus or HazMat  Vehicle  License Plate Number  AFU5905  Vehicle Identification Num  1FAFP53U14A13274  Color  WHI - WHITE                        | Direction Of Travel SOUTHBOUND With ORT  S)          | Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH  Plate Type AUT - AU Make FORD Body Style SD - SED Vehicle Da | crashTire Mark Incition Issued CrashTire Mark Incition Issued Iss | lassification ETION                                       | Speed Li 45  St WI Year 2004 | AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL  Country of Is UNITED ST Model TAURUS Bus Use | Total HazMat Types  0  Total Lanes  02  Motor Vehicle Use  LICABLE  Tol Inoperative/Missing |                         |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 06/04/2020

|           |             | Towed Due To Damage  |  | Vehicle I  | Removed BV   |  |  |  |  |  |
|-----------|-------------|--|--|--|--|--|--|--|--|--|
|           |             | TOWED DUE TO DISABLE   | ING DAMAGE   |  | STATE BP   |  |  |  |  |  |
|           |             | What Driver Was Doing  |  |  | Vehicle Factors  |  |  |  |  |  |
|           |             | LEFT TURN  |  | Verlicie   | Verilois i actura  |  |  |  |  |  |
|           |             |  |  | NOT APPLICABLE   |  |  |  |  |  |  |
|           |             | Driver Prior Action Other  |  | INOT A   | LIOADEL  |  |  |  |  |  |
|           |             | Driver Actions   |  |  |  |  |  |  |  |  |
|           |             | FAILED TO YIELD RIGHT  | -OF-WAY LOOKED BU  | IT DID NO.   | TSFF   |  |  |  |  |  |
| _         | LE          | TAILED TO TILLED KIGHT   | -OI -WAT, LOOKED BO  | , DID NO   | · OLL  |  |  |  |  |  |
| LNO       | VEHICL      |  |  |  |  |  |  |  |  |  |
| 5         | ᇤ           |  |  |  |  |  |  |  |  |  |
|           | <b>&gt;</b> |  |  |  |  |  |  |  |  |  |
|           |             |  |  |  |  |  |  |  |  |  |
|           |             | Owner Name   |  |  | ner Address  |  |  |  |  |  |
| _         | 1           | STEPHEN SCOTT RAGAN  | V  |  | 728 15TH AVE   | e  |  |  |  |  |
| 5         | 01          | (608) 548-5351   |  | IVIA   | USTON, WI 53948 , U  | 3  |  |  |  |  |
|           |             |  |  |  |  |  |  |  |  |  |
|           |             | Sequence Of Events   |  |  |  |  |  |  |  |  |
|           |             | Event  |  |  |  |  |  |  |  |  |
|           | 01          | MOTOR VEH IN TRANSPO   | DRT  |  |  |  |  |  |  |  |
|           | 02          | Event  |  |  |  |  |  |  |  |  |
|           | 0           |  |  |  |  |  |  |  |  |  |
|           | 03          | Event  |  |  |  |  |  |  |  |  |
|           | (           |  |  |  |  |  |  |  |  |  |
|           | 04          | Event  |  |  |  |  |  |  |  |  |
|           |             |  |  |  |  |  |  |  |  |  |
| ╘         | ļ           | Policy Holder  |  |  |  |  |  |  |  |  |
|           |             | Insurance Company  |  |  | Individual   |  |  |  |  |  |
| _         |             | HASTINGS-MUTUAL-INS-CO   |  |  | STEPHEN RAGAN  |  |  |  |  |  |
|           | ı           | Individual   |  |  |  |  |  |  |  |  |
|           |             | Driver<br>SERENITY ALEXIS OLSON  |  |  | ns Issued  | Sex  |  |  |  |  |
|           |             |  |  |  |  |  |  |  |  |  |
|           |             |  | N  | 0  |  | FEMALE   |  |  |  |  |
|           | AL          | SERENITY ALEXIS OLSO<br>(608) 548-1384   | N  |  | of Birth   | FEMALE<br>Race   |  |  |  |  |
| _         | DUAL        |  | N  |  | of Birth   |  |  |  |  |  |
| LN.       | IVIDUAL     |  | N  | Date o   | of Birth  License Number   | Race   |  |  |  |  |
| TINO      | IDIVIDUAL   | (608) 548-1384  Address N5728 15TH AVE   |  | Date of Driver   | License Number   | Race WHITE   |  |  |  |  |
| LINO      | INDIVIDUAL  | (608) 548-1384<br>Address  |  | Date of Driver   | License Number   | Race   |  |  |  |  |
| TINO      | INDIVIDUAL  | (608) 548-1384  Address N5728 15TH AVE   |  | Date of Driver   | License Number   | Race WHITE   |  |  |  |  |
| LIND      |             | Address N5728 15TH AVE MAUSTON, WI 53948 , US  | S  | Date of Driver   | License Number   | Race WHITE   |  |  |  |  |
| LINO      |             | Address<br>N5728 15TH AVE<br>MAUSTON, WI 53948 , US  | S  | Date of Driver   | License Number E: WISCONSIN COU  | Race WHITE   |  |  |  |  |
| LIND      |             | Address N5728 15TH AVE MAUSTON, WI 53948 , US  | S  | Date of Driver STAT  | License Number E: WISCONSIN COU  | Race WHITE   |  |  |  |  |
| LINO      |             | Address N5728 15TH AVE MAUSTON, WI 53948 , US  | <b>S</b><br>Crash  | Date of Driver STAT  | License Number  E: WISCONSIN COU!  | Race WHITE   |  |  |  |  |
| LINO      |             | Address N5728 15TH AVE MAUSTON, WI 53948 , US  fety Equipment  Row   | Crash Seat Position  | Date of Driver STAT Safety SHO                                     | License Number  E: WISCONSIN COU!  | Race WHITE   |  |  |  |  |
| TINO      |             | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW  | Crash Seat Position  | Date of Driver STAT Safety SHO                                     | License Number  E: WISCONSIN COUNTY  Equipment  ULDER & LAP BELT   | Race WHITE   |  |  |  |  |
| TINO      |             | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW  | Crash Seat Position  | Date of Driver STAT Safety SHO                                     | License Number  E: WISCONSIN COUNTY  Equipment  ULDER & LAP BELT   | Race WHITE   |  |  |  |  |
| TINO      |             | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  | Crash Seat Position  | Date of Driver STAT Safety SHO                                     | E: WISCONSIN COUNTY Equipment  ULDER & LAP BELT  et Compliance   | Race WHITE   |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  Injury Se   | Crash  Seat Position 07 - LEFT   | Date of Driver STAT Safety SHO                                     | E: WISCONSIN COUNTY Equipment ULDER & LAP BELT et Compliance   | Race WHITE   |  |  |  |  |
| UNIT UNIT |             | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  Injury Se   | Seat Position 07 - LEFT  Everity PARENT INJURY                                 | Date of Driver STAT Safety SHO Helme Tint C                        | E: WISCONSIN COUNTY Equipment ULDER & LAP BELT et Compliance   | Race WHITE   |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  Injury Se   | Crash  Seat Position 07 - LEFT   | Date of Driver STAT Safety SHO Helme Tint C                        | License Number E: WISCONSIN COUNTY Equipment ULDER & LAP BELT et Compliance ompliance  | Race WHITE   |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Figeted NOT EJECTED   | Seat Position 07 - LEFT  Everity PARENT INJURY                                 | Date of Driver STAT Safety SHO!  Helme Tint C Airbag NON           | License Number TE: WISCONSIN COUNTY TEQUIPMENT ULDER & LAP BELT Tet Compliance Tompliance Tompliance Tompliance Tompliance Tompliance  | Race WHITE  ITRY: UNITED STATES  |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury  Injury Se NO AP  Ejected NOT EJECTED  Medical Transport  | Seat Position 07 - LEFT  Everity PARENT INJURY Ejection Path                   | Date of Driver STAT Safety SHOP Helmo                              | License Number TE: WISCONSIN COUNTY TEQUIPMENT ULDER & LAP BELT Tet Compliance Tompliance Tompliance Tompliance Tompliance Tompliance  | Race WHITE  ITRY: UNITED STATES  Trapped/Extricated                        |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Figeted NOT EJECTED   | Seat Position 07 - LEFT  Everity PARENT INJURY Ejection Path                   | Date of Driver STAT Safety SHOP Helmo                              | License Number TE: WISCONSIN COUNTY TEQUIPMENT ULDER & LAP BELT Tet Compliance ompliance DEPLOYED LE   | Race WHITE  ITRY: UNITED STATES  Trapped/Extricated NOT TRAPPED            |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury  Injury Se NO AP  Ejected NOT EJECTED  Medical Transport  | Seat Position 07 - LEFT  Everity PARENT INJURY Ejection Path                   | Date of Driver STAT Safety SHO!  Helme Tint C Airbag NON  PPLICABL | License Number TE: WISCONSIN COUNTY TEQUIPMENT ULDER & LAP BELT Tet Compliance ompliance DEPLOYED LE   | Race WHITE  ITRY: UNITED STATES  Trapped/Extricated NOT TRAPPED            |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection  Injury NO AP  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital                                  | Seat Position 07 - LEFT  Everity PARENT INJURY Ejection Path NOT EJECTED/NOT A | Date of Driver STAT Safety SHO!  Helme Tint C Airbag NON  PPLICABL | License Number TE: WISCONSIN COUNTY TEQUIPMENT TEQUIPME | Race WHITE  ITRY: UNITED STATES  Trapped/Extricated NOT TRAPPED  EMS Run # |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Injury Se NO AP  Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital                           | Seat Position 07 - LEFT  Everity PARENT INJURY Ejection Path NOT EJECTED/NOT A | Date of Driver STAT Safety SHOP Helmo                              | License Number TE: WISCONSIN COUNTY TEQUIPMENT TO EQUIPMENT TO EXAMPLE TO THE THE TO THE THE TO THE THE TO THE THE TO THE | Race WHITE  ITRY: UNITED STATES  Trapped/Extricated NOT TRAPPED  EMS Run # |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection  Injury NO AP  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital  Distracted By  Distracted NOT A | Seat Position 07 - LEFT  Everity PARENT INJURY Ejection Path NOT EJECTED/NOT A | Date of Driver STAT Safety SHOP Helmo                              | License Number TE: WISCONSIN COUNTY TEQUIPMENT TO EQUIPMENT TO EXAMPLE TO THE THE TO THE THE TO THE THE TO THE THE TO THE | Race WHITE  ITRY: UNITED STATES  Trapped/Extricated NOT TRAPPED  EMS Run # |  |  |  |  |
|           | Sat         | Address N5728 15TH AVE MAUSTON, WI 53948 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Injury Se NO AP  Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital                           | Seat Position 07 - LEFT  Everity PARENT INJURY Ejection Path NOT EJECTED/NOT A | Date of Driver STAT Safety SHOP Helmo                              | License Number TE: WISCONSIN COUNTY TEQUIPMENT TO EQUIPMENT TO EXAMPLE TO THE THE TO THE THE TO THE THE TO THE THE TO THE | Race WHITE  ITRY: UNITED STATES  Trapped/Extricated NOT TRAPPED  EMS Run # |  |  |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

|      |            | Non Motorist   | Striking      | Unit #              | Location            |  |                   |                                |                |  |  |
|------|------------|--|---------------|---------------------|---------------------|--|-------------------|--------------------------------|----------------|--|--|
|      |            | Prior Action   |               |                     | •                   |  |                   |                                |                |  |  |
| LINO | INDIVIDUAL | Action   |               |                     |                     |  |                   |                                |                |  |  |
|      |            | A 6 00   |               |                     |                     |  |                   |                                | T              |  |  |
|      |            | Action Other   |               |                     |                     |  |                   |                                | To/From School |  |  |
|      | 1          | Drug & Alcohol                                       | Suspect<br>NO | ed Alcohol U        | Jse                 | Suspected Drug Use NO  |                   |                                |                |  |  |
|      |            | Alcohol Test Given TEST NOT GIVEN                    |               |                     | Alcohol Test Type   |  |                   | Alcohol Test Results           |                |  |  |
|      |            | Drug Test Given TEST NOT GIVEN                       |               |                     | Drug Test Type      |  | Drug Test Results |                                |                |  |  |
| 6    | 00         | Drug Type  |               |                     |                     |  |                   |                                |                |  |  |
|      |            | Individual Condition                                 |               |                     |                     |  |                   |                                |                |  |  |
|      |            | APPEARED NORM  | //AL          |                     |                     |  |                   |                                |                |  |  |
|      | 1          | Individual   |               |                     |                     |  |                   |                                |                |  |  |
|      |            | Passenger MAYA RAE BOLLIO                            | G             |                     |                     | Citations Issued  0  | Sex<br>FEMALE     |                                |                |  |  |
|      | JAL        | (608) 548-4710                                       |               |                     |                     | Date of Birth  |                   | Race WHITE                     |                |  |  |
| LINO | INDIVIDUAL | Address<br>545 DIVISION ST<br>MAUSTON, WI 53948 , US |               |                     |                     | Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES |                   |                                |                |  |  |
|      | Sai        | fety Equipment                                       | On Duty       | Crash               |                     | Safety Equipment   |                   |                                |                |  |  |
|      |            | Row<br>01 - FRONT ROW                                |               | Seat Po             |                     | SHOULDER & LAP BELT  |                   |                                |                |  |  |
|      |            | Helmet Use   |               |                     |                     | Helmet Compliance  |                   |                                |                |  |  |
|      |            | Eye Protection                                       |               |                     |                     | Tint Compliance  |                   |                                |                |  |  |
| 5    | 005        | Injury   | Injury Se     | everity<br>PARENT I | NJURY               | Airbag NON DEPLOYED  |                   |                                |                |  |  |
|      |            | Ejected  NOT EJECTED                                 |               | Ejection Pa         | th<br>CTED/NOT APPL | -ICABLE  |                   | Trapped/Extricated NOT TRAPPED |                |  |  |
|      |            | Medical Transport NOT TRANSPORT                      | ED            |                     |                     | EMS Agency Identifier  |                   | EMS Run #                      |                |  |  |
|      |            | Hospital   |               |                     |                     | Date of Death  |                   | Time of Death                  |                |  |  |
|      |            | Distracted By  | Distracte     | ed By Source        | 9                   | 1  |                   | 1                              |                |  |  |
|      |            | Distracted By Action                                 |               |                     |                     |  |                   |                                |                |  |  |
|      |            | Non Motorist   | Striking      | Unit #              | Location            |  |                   |                                |                |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 06/04/2020

|          |                       | Prior Action                             |                  |                   |                                     |            |              |                              |              |                |  |
|----------|-----------------------|--|------------------|-------------------|-------------------------------------|------------|--------------|------------------------------|--------------|----------------|--|
|          |                       |  |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       | Action                                   |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       |  |                  |                   |                                     |            |              |                              |              |                |  |
|          | INDIVIDUAL            |  |                  |                   |                                     |            |              |                              |              |                |  |
| <b> </b> | )                     |  |                  |                   |                                     |            |              |                              |              |                |  |
| UNIT     |                       |  |                  |                   |                                     |            |              |                              |              |                |  |
| )        | $\leq$                |  |                  |                   |                                     |            |              |                              |              |                |  |
|          | z                     |  |                  |                   |                                     |            |              |                              |              |                |  |
|          | _                     |  |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       |  |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       | Action Other                             |                  |                   |                                     |            |              |                              |              | To/From School |  |
|          |                       |  |                  |                   |                                     |            |              |                              |              |                |  |
|          | ı                     | Suspected Alcohol Use Suspected Drug Use |                  |                   |                                     |            |              |                              |              |                |  |
|          | L                     | Drug & Alcohol No                        | •                |                   | NO                                  |            |              |                              |              |                |  |
|          |                       | Alcohol Test Given                       |                  | Alcohol Test Typ  | <u> </u>                            |            |              | Alcohol Tes                  | t Results    |                |  |
|          |                       | TEST NOT GIVEN                           |                  | 7.1001101 1001 17 |                                     |            |              | 711001101 100                | n recount    |                |  |
|          |                       | Drug Test Given                          |                  | Drug Test Type    |                                     | Drug -     | Test Results |                              |              |                |  |
|          |                       | TEST NOT GIVEN                           |                  | Diug rest type    |                                     | Drug       | rest Results |                              |              |                |  |
|          |                       |  |                  | ļ                 |                                     | J          |              |                              |              |                |  |
| 7        | 002                   | Drug Type                                |                  |                   |                                     |            |              |                              |              |                |  |
|          | 0                     |  |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       | Individual Condition                     |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       | marviduai Condition                      |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       | APPEARED NORMAL                          |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       |  |                  |                   |                                     |            |              |                              |              |                |  |
|          | Unit                  | Summary ===                              |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       | Status                                   |                  |                   | Vehicle Operating As Class          | sification |              | Unit Type                    |              |                |  |
|          |                       | RANSIT                                   |                  |                   | D CLASS                             |            |              | TRUCK                        |              |                |  |
|          |                       | cle Type                                 |                  |                   | DOLAGO                              |            |              |                              | As Endorsen  | nents          |  |
| 02       |                       | LITY TRUCK/PICKUP T                      | DIICK            |                   |                                     |            |              | oporating / to Endorsomerite |              |                |  |
| _        |                       |  |                  | corded            | Total # Citations Issued Total Trai |            |              | re                           | Mat Types    |                |  |
|          | 10tai                 | I Occs Train/Bus # Recorded              |                  |                   | Total # Citations Issued  0         |            | 0            | 113                          | 0            |                |  |
|          |                       | 0  | Direction Of Tra |                   |                                     |            | Speed Lim    | it                           | Total Lane   | 20             |  |
|          | YES                   | ance?                                    | WESTBOUN         |                   | Fie Clasiffie                       |            |              | 02                           |              |                |  |
| UNIT     |                       | Harmful Event: Collision W               |                  |                   | Mark 45 Special Function            |            | 40           | Emergency Motor Vehicle Use  |              |                |  |
| 5        |                       |  |                  |                   | NO SPECIAL FUNCTION                 |            |              | NOT APP                      |              | lie Ose        |  |
|          |                       | FOR VEH IN TRANSPO                       | KI               |                   |                                     |            |              |                              |              | ive/Missing    |  |
|          |                       | •  |                  |                   | Traffic Control                     |            |              | Traffic Cont                 | iroi moperau | ive/iviissing  |  |
|          |                       | D-WAY, NOT DIVIDED                       |                  |                   | NO CONTROL                          |            |              | NO                           |              |                |  |
|          |                       | ace Type                                 |                  |                   | Road Curvature                      |            |              | Road Grade                   |              |                |  |
|          | BLACKTOP (BITUMINOUS) |  |                  |                   | CURVE LEFT UPHILL                   |            |              |                              |              |                |  |
|          |                       | k Bus or HazMat                          |                  |                   |                                     |            |              |                              |              |                |  |
|          | NO                    |  |                  |                   |                                     |            |              |                              |              |                |  |
|          | ,                     | <b>Vehicle</b>                           |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       | License Plate Number                     |                  |                   | Plate Type                          |            | St           | Country of Is                | suance       |                |  |
|          |                       | HF7122                                   |                  |                   | LTK - LIGHT TRUCK                   |            | WI           | UNITED S                     | TATES        |                |  |
| ۱        |                       | Vehicle Identification Numb              | per              |                   | Make                                |            | Year         | Model                        |              |                |  |
| 02       | 02                    | 1GCEK14C38E136826                        | ;                |                   | CHEVROLET                           |            | 2008         | SILVERADO                    |              |                |  |
|          |                       | Color                                    |                  |                   | Body Style                          |            |              | Bus Use                      |              |                |  |
|          |                       | GRY - GRAY                               |                  |                   | PK - PICKUP                         |            |              |                              |              |                |  |
|          | Ш                     | Initial Contact Point                    |                  |                   | Vehicle Damage                      |            |              |                              |              |                |  |
| <b> </b> | 7                     | 02 - RIGHT SIDE FROM                     | NT               |                   | Ü                                   |            |              |                              |              |                |  |
| UNIT     | ¥                     | Extent Of Damage                         |                  |                   | 02 - RIGHT SIDE FRO                 | NT         |              |                              |              |                |  |
| ⊃        | VEHICL                | DISABLING DAMAGE                         |                  |                   |                                     | •••        |              |                              |              |                |  |
|          | >                     | Towed Due To Damage                      |                  |                   | Vehicle Removed By                  |            |              |                              |              |                |  |
|          |                       | NOT TOWED                                |                  |                   | OPERATOR                            |            |              |                              |              |                |  |
| l        |                       |  |                  |                   | OFERAIUR                            |            |              |                              |              |                |  |
|          |                       | What Driver Was Doing                    |                  |                   |                                     |            |              |                              |              |                |  |
|          |                       | GOING STRAIGHT                           |                  |                   |                                     |            |              |                              |              |                |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

|          |            |  |                                  |           | \  | Vehi  | cle Factors        |                                |  |  |
|----------|------------|--|----------------------------------|-----------|--|---|--------------------|--------------------------------|--|--|
|          |            | Driver Prior Action Otl                        | her                              |           |  | NO  | Γ APPLICABLE       |                                |  |  |
| LIND     | VEHICLE    | Driver Actions EXCEED SPEED L                  | _IMIT                            |           |  |   |                    |                                |  |  |
| 02       | 02         | Owner Name<br>SUNRISE VETERI<br>(608) 768-7297 | NARY SE                          | ERVICES   | LLC  | Owner Address E6256 SUNRISE RD REEDSBURG, WI 53959 , US |                    |                                |  |  |
|          |            | Sequence Of Ev                                 | vents                            |           |  |   |                    |                                |  |  |
|          | 01         | Event<br>MOTOR VEH IN TI                       |                                  | RT        |  |   |                    |                                |  |  |
|          | 05         | Event  |                                  |           |  |   |                    |                                |  |  |
|          | 03         | Event  |                                  |           |  |   |                    |                                |  |  |
|          | 04         | Event  |                                  |           |  |   |                    |                                |  |  |
| <b>—</b> | ı          | Policy Holder                                  |                                  |           |  |   |                    |                                |  |  |
| LIND     |            | Insurance Company AUTO-OWNERS-INS-CO           |                                  |           | Organization/Company SUNRISE VETERINARY SERVICES LLC           |   |                    |                                |  |  |
|          | Ì          | Individual                                     |                                  |           |  |   |                    |                                |  |  |
|          |            | Driver   |                                  |           | С  | itations Issued   | Sex                |                                |  |  |
|          | ۱۲         | MARLA JEAN WIL<br>(608) 575-0627               | SON                              |           |  | 0   |                    | FEMALE                         |  |  |
| ╘        | וסטו       |  | (000) 373-0027                   |           |  |   | ate of Birth       | Race<br>WHITE                  |  |  |
| LINO     | INDIVIDUAL | Address E3509 FRANK RD LA VALLE, WI 53941 , US |                                  |           | Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES |   |                    |                                |  |  |
|          | Sat        | On Duty Crash fety Equipment                   |                                  |           |  | Safety Equipment  |                    |                                |  |  |
|          |            | Row<br><b>01 - FRONT ROW</b>                   |                                  | Seat Po   |  | S   | HOULDER & LAP BELT |                                |  |  |
|          |            | Helmet Use                                     | l l                              |           |  | Helmet Compliance                                       |                    |                                |  |  |
|          |            | Eye Protection                                 |                                  |           |  | Tint Compliance   |                    |                                |  |  |
| 05       | 003        | Injury   |                                  | ARENT II  |  | Airbag NON DEPLOYED                                     |                    |                                |  |  |
|          |            | NOT EJECTED                                    | Ejection Path NOT EJECTED/NOT AP |           |  | LIC   | ABLE               | Trapped/Extricated NOT TRAPPED |  |  |
|          |            | Medical Transport NOT TRANSPORTED              |                                  |           | E  | MS Agency Identifier                                    | EMS Run #          |                                |  |  |
|          |            | Hospital                                       |                                  |           |  | D   | ate of Death       | Time of Death                  |  |  |
|          |            | Distracted By                                  | NOT AP                           | By Source | E (NOT DISTRA  | ACTED)  |                    |                                |  |  |
|          |            | Distracted By Action NOT DISTRACTED            |                                  |           |  |   |                    |                                |  |  |
|          |            | Non Motorist                                   | Striking U                       | nit #     | Location   |   |                    |                                |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 06/04/2020

|          |            | Prior Action                      |                   |                       |                   |                      |                |
|----------|------------|-----------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| <u> </u> |            | Action                            |                   |                       |                   |                      |                |
| LINI     | INDIVIDUAL |                                   |                   |                       |                   |                      |                |
|          | <b>=</b>   | Action Other                      |                   |                       |                   |                      | To/From School |
|          | ı          | Drug & Alcohol                    | Use               | Suspected Drug Use NO |                   |                      | 1              |
|          |            | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type |                       |                   | Alcohol Test Results |                |
|          |            | Drug Test Given TEST NOT GIVEN    | Drug Test Type    |                       | Drug Test Results |                      |                |
| 05       | 003        | Drug Type                         |                   |                       |                   |                      |                |
|          |            | Individual Condition              |                   |                       |                   |                      |                |
|          |            | APPEARED NORMAL                   |                   |                       |                   |                      |                |