WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | Document Number Override | Primary Crash I | Document # | Agency 20-062 | Crash Number | Investigating Officer/Deputy DEPUTY S. MESSNER Time Arrived | | | | |
|-------------------|---|---------------------------|-------------------|----------------------|-------------------------|---|-------------------|--------------|---|------------------------|
| | Crash Date | Crash Time | | Date Ar | | | | | | |
| 7 | 06/27/2020 | 11:55 AM | | l | 06/27/2020 | | 12:15 PM | | | |
| _ | Date Notified | Time Notified | | Total U | nits | Total Injured | | Total Killed | d | |
| 1 | 06/27/2020 | 11:57 AM | 1 | 02 | T | 00 | | 00 | | |
| 6TLOD1PTJV | On Emergency | lit and Run | Lane Closu | | Work Zone | ✓ Trailer | or T | owed | | Reporting Threshold |
| 6 TI | Government Property | | chool Zone | School NO | Bus Related | Tags | | | | |
| | ✓ Reportable | Crash Type DT4000 (STA | NDARD CRASH | l) | | Amend | led | | | Secondary Crash |
| I | Description | | | | | | | | | |
| | Not by scale Man Mound Road Unknown vehicle | Unit 2 C | Unit 1 | STH | 33 | Pho DEI | otos By P. S. MES | SNER | | |
| | ✓ I, a sworn law enforcem | ent officer, agr | ee that I have no | ot added | I any CJIS data in this | report. | | | | |

ON SATURDAY, JUNE 27, 2020, AT APPROXIMATELY 11:55 AM, UNIT 1, A 2145 GENESIS II BUHLER VERSATILE FARM TRACTOR, WAS TOWING TRAILER 1, A MEYER MANURE SPREADER, BEING DRIVEN BY WILLIAM A. BURTON. UNIT 1, EASTBOUND ON MAN MOUND ROAD, CAME TO THE INTERSECTION OF STH 33, A CONTROLLED INTERSECTION WITH A STOP SIGN. UNIT 1 ATTEMPTED TO BACK UP TO TURN AROUND, BUT UNIT 2 WAS DIRECTLY BEHIND THE TRAILER 1. UNIT 2 WAS BEING DRIVEN BY RONALD BARRON WITH PASSENGER SABRINA HALL AN UNKNOWN VEHICLE WAS BEHIND UNIT 2, PREVENTING UNIT 2 FROM BACKING UP. TRAILER 1 STRUCK UNIT 2 IN THE FRONT PASSENGER SIDE CORNER, CAUSING MINOR DAMAGE. NO DAMAGE OCCURRED TO UNIT 1 OR TRAILER 1. WITH TRAFFIC CONTROL BY LAW ENFORCEMENT UNIT 2 WAS ABLE TO LEAVE AND UNIT 1 WAS ABLE TO TURN AROUND AND LEAVE THE SCENE. NO ONE RECEIVED INJURIES.

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| LOC | ation | | | | | | | | | | |
|-------------|-----------------------------|----------------------------|-------|----------|-------------------------|--|------------------|------------------------|---------------------------|--------------|--|
| ON | MAN MOUND RD | | | | | Latitude | | | Longitud | de | |
| 205 FT W | | | | | | | 43.489226203 -89 | | | 770726 | |
| OF STH33 WB | | | | | | | X Coordinate Y | | | Y Coordinate | |
| | HE TOWN OF GREEN | IFIELD | | | | 286547.46875 4818530 | | | | | |
| IN 5 | SAUK COUNTY | | | | | Structure | Tyne | | | | |
| | | | | | | NO STR | | į | | | |
| | -1. 0 | | | | | | | | | | |
| _ | sh Scene | | | | | | | | | | |
| | Harmful Event | | | | | First Harm | | Location | | | |
| | TOR VEH IN TRANSP | ORT | | | | ON ROA | | | | | |
| Manı | ner of Collision | | | | | Light Con | dition | | | | |
| OTH | IER | | | | | DAYLIG | HT | | | | |
| Road | d Surface Condition(s) | | | | | Roadway | Factor(s) | | | | |
| DRY | 1 | | | | | | | | | | |
| Envi | ronment Factor(s) | | | | | | | | | | |
| NON | NE | | | | | NONE | | | | | |
| Wea | ther Condition(s) | | | | | | | | | | |
| CLE | AR | | | | | | | | | | |
| Anim | nal Type | | | | | Relation T | o Trafficw | ay | | | |
| | | | | | | | | ON ROAD | | | |
| | h Classification - Location | | | | | Crash Classification - Jurisdiction | | | | | |
| | BLIC PROPERTY | | | | | NO SPECIAL JURISDICTION | | | | | |
| Triba | al Land | | | | | Access Control Special Study PARTIAL CONTROL | | | | | |
| With | in Interchange Area | Junction Location | | | Intersectio | n Type | | | | | |
| YES | 3 | INTERSECTION | | | T-INTER | SECTION | | | | | |
| Clos | ure Type | | | Reaso | ons for Closi | ıre | | | | | |
| | NE CLOSURE | | | | | | | | | | |
| | Initial Lane/Rd Closed | Time Initial Lane/Rd Close | d | отні | FR | | | | | | |
| | 27/2020 | 11:55 AM | u | O | | | | | | | |
| | All Lanes Open | Time All Lanes Open | | Date S | Scene Clear | ene Cleared Time Scene Cleared | | | | | |
| | 27/2020 | 12:40 PM | | | | | 2:40 PM | | | | |
| Unit | t Summary = | | | | | | · | | | | |
| | Status | | Vehic | cle Ope | erating As C | lassification | | Unit Type | | | |
| IN T | RANSIT | | | LASS | J | | | | TRUCK | | |
| | cle Type | | | | | | | | Operating As Endorsements | | |
| | • • | AL MOTOR VEHICLE) | | | | | | | | | |
| Tota | l Occs | Train/Bus # Recorded | Total | l # Cita | tions Issued | | Total Tra | ailers | Total Haz | :Mat Types | |
| 1 | | | 0 | | | | 1 | | 0 | | |
| Insur | rance? | Direction Of Travel | | Dro | CrashTire | 0 11: | | imit | Total Lan | es | |
| YES | 3 | WESTBOUND | | 110 | Mark | | 45 | | 2 | | |
| Most | t Harmful Event: Collision | With | Spec | ial Fun | | | 1 | Emergency I | Motor Veh | icle Use | |
| | TOR VEH IN TRANSP | | NO | SPEC | IAL FUNC | TION | | NOT APPLICABLE | | | |
| | ic Way | | Traff | ic Cont | rol | | | Traffic Contr | ol Inopera | tive/Missing | |
| | D-WAY, NOT DIVIDED | P SIG | | | | NO | | i moperative/iviissing | | | |
| | | | | | | | Road Grade | | | | |
| | | | | | ad Curvature JRVE RIGHT | | | LEVEL | | | |
| | k Bus or HazMat | | | | | | | | | _ | |
| NO | K Dus of Fluziviat | | | | | | | | | | |
| , | Vehicle | | | | | | | | | | |
| | License Plate Number | | Plat | е Туре | | | St | Country of Iss | suance | | |
| | | | | .,,,, | | | | | | | |
| | Vehicle Identification Nur | mber | Mak | се | | | Year | Model | | | |
| 01 | 501735BV12145 | | ОТ | Н | | | 2000 | 2145 GENS | ı | | |

5

5

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Color | | | Body Style Bus Use | | | | | | |
|------------------|------------|---|------------|------------------|---|----------------------------------|---------------|---------------------|--|--|--|
| | | | | | | TC - TRACTOR | | | | | |
| | 쁫 | Initial Contact Point | | | | /ehicle Damage | | | | | |
| _ | | 00 - NON-COLLISION | | | | | | | | | |
| LINO | ₽ | | | | 00 - NO DA | N - NO DAMAGE | | | | | |
| \supset | VEHICL | NO DAMAGE | | | 00 - NO D | 00 - NO DAMAGE | | | | | |
| | | Towed Due To Damage V | | | Vehicle Rem | noved By | | | | | |
| | | NOT TOWED | | | OPERATO | PR | | | | | |
| | | ě – | | | Vehicle Fact | tors | | | | | |
| | | BACKING | | | NOT APPL | ICABI E | | | | | |
| | | Driver Prior Action Other | | | NOI AFFL | LICABLE | | | | | |
| | | Driver Actions | | | | | | | | | |
| | щ | UNSAFE BACKING | | | | | | | | | |
| LINO | 2 | | | | | | | | | | |
| 5 | VEHICLE | | | | | | | | | | |
| | > | | | | | | | | | | |
| | | Owner Name | | | Owner / | Address | | | | | |
| _ | _ | WILLIAM ALFRED BURTON (608) 356-6317 | | | S4285 | Owner Address S4285 MAN MOUND RD | | | | | |
| 5 | 2 | | | | BARABOO, WI 53913 , US | | | | | | |
| | | | | | | | | | | | |
| | ; | Sequence Of Ever | nts | | | | | | | | |
| | 2 | Event MOTOR VEH IN TRA | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 05 | | | | | | | | | | |
| | 03 | Event | | | | | | | | | |
| | | Event | | | | | | | | | |
| | 0 | | | | | | | | | | |
| ⊨ | - 1 | Policy Holder | | | | | | | | | |
| UNIT | | Insurance Company | INIOLIDAN | IOT COMPANY | | tion/Company | | | | | |
| | | BARABOO MUTUAL | INSURAN | ICE COMPANY | ODD ACRES FARM | | | | | | |
| | | Trailer/Towed | Plate Type | Make | Chata Country of Inguines | | | | | | |
| 6 | | Trailer Plate # | Plate Type | Make OTH | | State | Coun | ntry of Issuance | | | |
| | ≂ | Unit Type | | Individual | | | | ess | | | |
| <u></u> | LER/ | EQUIPMENT | | WILLIAM ALFRED B | | | | 285 MAN MOUND RD | | | |
| S | TRAIL | Vehicle Identification Nun | nber | (608) 356-6317 | | | | ABOO, WI 53913 , US | | | |
| | | S116820223 | | | | | | | | | |
| | ı | Individual | | | | | | | | | |
| | | Driver WILLIAM ALFRED BI | URTON | | Citations | Issued | | Sex | | | |
| | A F | (608) 356-6317 | on on | | O Date of B | irth | | MALE Race | | | |
| _ | INDIVIDUAL | | | | Date of Di | iiui | | WHITE | | | |
| L | ₹ | Address | | | Driver Lic | ense Number | | | | | |
| _ | 9 | S4285 MAN MOUND | | | STATE. | WISCONSIN (| COLINTRY, LIN | ITED STATES | | | |
| | = | BARABOO, WI 53913 | 5 , 03 | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | l On | Duty Crach | | Safety Equipment | | | | | | |
| Safety Equipment | | | | | Salety Eq | laibiiieiir | | | | | |
| | | Row | Si | eat Position | NOT AP | NOT APPLICABLE | | | | | |
| | | 01 - FRONT ROW | | 7 - LEFT | | | | | | | |
| | | Helmet Use | | | Helmet Co | ompliance | | | | | |
| | | | | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| | | Eye Protection | | | Tint Compliance | | | | | | | |
|----------|-------------------------|----------------------------------|------------------|-------------------|----------------------------|-------------------|-------------|-------------------------|--|--|--|--|
| | _ | Iniur | ry Severity | | Airbag | | | | | | | |
| 6 | 90 | Injury NO APPARENT INJURY | | | NON DEPLOYED | | | | | | | |
| | | Ejected Ejection Path | | | Trapped/Extricated | | | | | | | |
| | | NOT EJECTED NOT EJECTED/NOT APPI | | | ICABLE | | NOT TRA | PPED | | | | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run# | | | | | |
| | | NOT TRANSPORTED | | | | | | | | | | |
| | | Hospital | | | Date of Death | | Time of Dea | ath | | | | |
| | | Dist | racted By Source | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | |
| | | Distracted By Action | | | | | | | | | | |
| | | NOT DISTRACTED | | | | | | | | | | |
| | | Non Motorist | king Unit # | Location | | | | | | | | |
| | | Prior Action | | | | | | | | | | |
| | | Action | | | | | | | | | | |
| | | | | | | | | | | | | |
| | INDIVIDUAL | | | | | | | | | | | |
| LNO | DO | | | | | | | | | | | |
| 5 | Σ | | | | | | | | | | | |
| | P | | | | | | | | | | | |
| | _ | | | | | | | | | | | |
| | | ļ., | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | | | |
| | | Leur | pected Alcohol U | 20 | Suspected Drug Use | | | | | | | |
| | L | Drug & Alcohol NO | pected Alcohol O | se | NO | | | | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Tes | st Results | | | | |
| | | TEST NOT GIVEN | | , | | | | | | | | |
| | | Drug Test Given | | Drug Test Type | | Drug Test Results | 3 | | | | | |
| | | TEST NOT GIVEN | | | | | | | | | | |
| 5 | 001 | Drug Type | | | | | | | | | | |
| | 0 | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | |
| | | APPEARED NORMAL | | | | | | | | | | |
| | | 7.1.1.27.11.25.11.01.11.17.12 | | | | | | | | | | |
| | Uni | Summary === | | | | | | | | | | |
| | Unit | Status | | Ve | ehicle Operating As Classi | fication | Unit Type | | | | | |
| | | RANSIT | | D | CLASS | | AUTOMOBILE | | | | | |
| 05 | | cle Type | _ | | | | Operating A | As Endorsements | | | | |
| | _ | ORT) UTILITY VEHICLE | Train/Bus # Re | corded I To | otal # Citations Issued | Total Trail | ere | Total HazMat Types | | | | |
| | 2 | Occs | Traili/Bus # Net | 0 | | 0 | CIS | 0 | | | | |
| | | ance? | Direction Of Tra | | _ Pre CrashTire | Speed Lin | nit | Total Lanes | | | | |
| — | YES | ; | EASTBOUND | o □ | Mark | 45 | | 2 | | | | |
| LNO | Most | Harmful Event: Collision W | ith | | pecial Function | | | Motor Vehicle Use | | | | |
| ر | | TOR VEH IN TRANSPO | RT | | O SPECIAL FUNCTIO | N | NOT APP | | | | | |
| | | ic Way | | | raffic Control | | | rol Inoperative/Missing | | | | |
| | | D-WAY, NOT DIVIDED | | | O CONTROL | | NO | | | | | |
| | | ace Type | ` | | oad Curvature | | Road Grade | | | | | |
| | | CKTOP (BITUMINOUS |) | C | URVE RIGHT | | LEVEL | | | | | |
| | Truck Bus or HazMat NO | | | | | | | | | | | |

Crash Date 06/27/2020 Crash Time 11:55 AM

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/27/2020

Crash Time 11:55 AM

| | , | Vehicle | | | | | | | | | | |
|----------|------------|---|----------------|---|------------|---------------------|--|--|--|--|--|--|
| | | License Plate Number | | Plate Type | St | Country of Issuance | | | | | | |
| | | PE3131 | | LTK - LIGHT TRUCK | WI | UNITED STATES | | | | | | |
| 7 | ٥. | Vehicle Identification Number | | Make | Year | Model | | | | | | |
| 02 | 02 | 3GNFK16Z73G155149 | | CHEVROLET | 2003 | SUBURBAN | | | | | | |
| | | Color | Body Style | <u> </u> | Bus Use | | | | | | | |
| | | BLK - BLACK | | UT - SPORT UTILITY V | EHICLE | | | | | | | |
| | ш | Initial Contact Point | Vehicle Damage | | | | | | | | | |
| ╘ | 占 | 01 - RIGHT FRONT CORNER | | | | | | | | | | |
| UNIT | Ĭ | Extent Of Damage | | 01 - RIGHT FRONT CO | RNER | | | | | | | |
| _ ر | VEHICL | MINOR DAMAGE | | | | | | | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | | | | | |
| | | NOT TOWED | | OPERATOR | | | | | | | | |
| | | What Driver Was Doing | | Vehicle Factors | | | | | | | | |
| | | GOING STRAIGHT | | Vollidio I doloro | | | | | | | | |
| | | Driver Prior Action Other | | NOT APPLICABLE | | | | | | | | |
| | | Briver i nor Action Guier | | | | | | | | | | |
| | | Driver Actions | | | | | | | | | | |
| | 111 | NO CONTRIBUTING ACTION | I | | | | | | | | | |
| — | 51 | | | | | | | | | | | |
| UNIT | 유 | | | | | | | | | | | |
| n | 亩 | | | | | | | | | | | |
| | > | > | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Owner Name JR RONALD BARRON | | Owner Address 130 W WASHINGTO | N ST | | | | | | | |
| 02 | 02 | SK KONALD BAKKON | | POYNETTE, WI 53955 , US | | | | | | | | |
|) | | | | , | , | | | | | | | |
| | | | | | | | | | | | | |
| | ; | Sequence Of Events | | | | | | | | | | |
| | 2 | Event MOTOR VEH IN TRANSPOR | т | | | | | | | | | |
| | | | • | | | | | | | | | |
| | 02 | Event | | | | | | | | | | |
| | | Event | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | |
| | | Event | | | | | | | | | | |
| | 9 | LVent | | | | | | | | | | |
| | | Policy Holder | | | | | | | | | | |
| UNIT | | Insurance Company | | Individual | | | | | | | | |
| 5 | | ERIE-INSURANCE-EXCHAN | GF | JR BARRON | | | | | | | | |
| | | | <u> </u> | ON BARNON | | | | | | | | |
| | ı | Individual | | Total I | | Ta | | | | | | |
| | | Driver JR RONALD BARRON | | Citations Issued | | Sex | | | | | | |
| | 7 | JK KONALD BAKKON | | 0 | | MALE | | | | | | |
| | INDIVIDUAL | | | Date of Birth | | Race WHITE | | | | | | |
| ╘ | ₽ | | | | | WillE | | | | | | |
| LINO | \leq | Address | | Driver License Number | | | | | | | | |
| _ | Ż | 130 W WASHINGTON ST POYNETTE, WI 53955, US | | STATE: WISCONSIN | COUNTRY: U | INITED STATES | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Sat | On Duty Cra fety Equipment | asn | Safety Equipment | | | | | | | | |
| | Jui | | | | | | | | | | | |
| | | Row | Seat Position | SHOULDER & LAP B | BELT | | | | | | | |
| | | 01 - FRONT ROW | 07 - LEFT | | | | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | | | |
| | | Fue Dratection | | T: + 0 " | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | | | |
| | | | | | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| 02 | 002 | | Injury Sever | | | Airbag | | | | | | |
|------|--|-------------------------------------|------------------------------|---------------------|---------------------|---|-------------------|---------------|----------------|--|--|--|
| | Ō | | I TO THE THE PARTY INTO CITE | | | NON DEPLOYED | | | | | | |
| | | Ejected | Ejection Path | | | Trapped/Extrica | | | | | | |
| | | NOT EJECTED | NOT EJECTED/NOT APPL | | | | | NOT TRAPPED | | | | |
| | | Medical Transport NOT TRANSPORTED | | | | EMS Agency Identifier | | EMS Run # | | | | |
| | | | ED | | | Date of Death | | Time of Death | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | | | |
| | | Distracted By | Distracted B | By Source LICABL | E (NOT DISTRAC | CTED) | | | | | | |
| | | Distracted By Action NOT DISTRACTED | IOT DISTRACTED | | | | | | | | | |
| | | Non Motorist | Striking Unit | t # | Location | | | | | | | |
| | | Prior Action | | | | | | | | | | |
| | | Action | | | | | | | | | | |
| | _ | | | | | | | | | | | |
| . | A | | | | | | | | | | | |
| LIND | INDIVIDUAL | | | | | | | | | | | |
| 5 | \geq | | | | | | | | | | | |
| | Ĭ | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Action Other | | | | | | | To/From School | | | |
| | | Suspected Alcohol Use | | | Suspected Drug Use | | | | | | | |
| | L | Drug & Alcohol No | | | NO | | | | | | | |
| | | Alcohol Test Given | iven | | Alcohol Test Type | | Alcohol Test Re | | | | | |
| | | TEST NOT GIVEN | | | | | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | | Drug Test Results | | | | | |
| | 8 | Drug Type | | | | | | | | | | |
| 02 | 002 | Brug Typo | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | |
| | | APPEARED NORM | //AL | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Individual | | | | Long to the | | | | | | |
| | | Passenger SSABRINA S HALL | | | Citations Issued 0 | | Sex FEMALE | | | | | |
| | A | | | | Date of Birth | | Race | | | | | |
| _ | INDIVIDUAL | | | | | Date of Direct | | WHITE | | | | |
| L | ₹ | Address | | | | Driver License Number | | | | | | |
| ر ر | 9 | 130 W WASHINGT | | | | STATE: WISCONSIN | I COLINTRY: LINII | TED STATES | | | | |
| | = | POYNETTE, WI 53 | 900 , 00 | | | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | |
| | | | 0.0.0 | | | | | | | | | |
| | On Duty Crash Safety Equipment EMT/FIRST-RESPONDER | | | | | Safety Equipment | | | | | | |
| | Row Seat Position 09 - RIGHT Helmet Use | | | | | SHOULDER & LAP BELT | | | | | | |
| | | | | | | Helmet Compliance | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Eye Protection | | | | Tint Compliance | | | | | | |
| 2 | က္ | | Injury Sever | rity | | Airbag | | | | | | |
| 02 | 003 | Injury | NO APPA | RENT IN | NJURY | NON DEPLOYED | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 06/27/2020

Crash Time 11:55 AM

| | | Ejected | Ejection Pa | ath | Trapped/Extrica | | | ited | | |
|------|------------|--------------------------------|----------------------|-------------------|-----------------------|-------------------|----------------------|------------------|--|--|
| | | NOT EJECTED | NOT EJE | CTED/NOT APPL | | | NOT TRAPPED | | | |
| | | Medical Transport | | | EMS Agency Identifier | | EMS Run # | | | |
| | | NOT TRANSPORT | ΕD | | | | | | | |
| | | Hospital | | | Date of Death | | Time of Death | | | |
| | | Distracted By | Distracted By Source | е | | | | | | |
| | | Distracted By Action | | | | | | | | |
| | | Non Motorist | Striking Unit # | Location | | | | | | |
| | | Prior Action | | | | | | | | |
| | | Action | | | | | | | | |
| | _ | | | | | | | | | |
| _ | INDIVIDUAL | | | | | | | | | |
| LIND | <u></u> | | | | | | | | | |
| 5 | ≥ | | | | | | | | | |
| _ | ⊒ | | | | | | | | | |
| | = | | | | | | | | | |
| | | | | | | | | | | |
| | | Action Other | | | | | | To/From School | | |
| | | Action Other | | | | | | 10/1 form School | | |
| | | | Suspected Alcohol U | Jse | Suspected Drug Use | | | | | |
| | | Drug & Alcohol | NO | | NO | | | | | |
| | | Alcohol Test Given | | Alcohol Test Type | | | Alcohol Test Results | | | |
| | | TEST NOT GIVEN | | | | | | | | |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | | | |
| ~ | <u>ო</u> | Drug Type | | | | <u> </u> | | | | |
| 05 | 003 | | | | | | | | | |
| | | Individual Condition | | | | | | | | |
| | | ADDEADED NODA | 441 | | | | | | | |
| | | APPEARED NORM | MAL | | | | | | | |
| | | | | | | | | | | |