24-07793

### WISCONSIN MOTOR VEHICLE CRASH REPORT

|           | Document Number Override   | Primary Crash [                                     | Document #                                    | Agency<br>24-077         | r Crash Number<br><b>793</b> | Investigatin<br>DEPUTY    |                               |               | I                      |  |  |
|-----------|--|---|---|--------------------------|------------------------------|---------------------------|-------------------------------|---------------|------------------------|--|--|
| S5        | Crash Date<br>07/17/2024   | Crash Time<br>08:47 PM<br>Time Notified<br>08:47 PM |   | Date Ar<br>07/17/        |                              | Time Arrive<br>09:08 PM   | Time Arrived 09:08 PM         |               |                        |  |  |
| 6TL0D2XVS | Date Notified 07/17/2024   |   |   | Total Units<br><b>02</b> |                              | Total Injure<br><b>00</b> | Total InjuredTotal Killed0000 |               | d                      |  |  |
|           | On Emergency   | and Run   | Lane Closu                                    |                          | Work Zone                    | Traile                    | r or To                       | owed          | Reporting<br>Threshold |  |  |
| 6TL       | Government<br>Property   | Active Sc   | hool Zone                                     | School<br>NO             | Bus Related                  | Tags                      |                               |               |                        |  |  |
|           | ✓ Reportable   | Crash Type<br>DT4000 (STA                           | NDARD CRASH                                   | I)                       |                              | Amen                      | ded                           |               | Secondary<br>Crash     |  |  |
|           | Description  |   |   |                          |                              |                           |                               | onstruction   | 2                      |  |  |
|           |  | ₽₽E   | Approx. squend<br>Objects and iter<br>BG9113. |                          |                              |                           |                               | tos By        |                        |  |  |
|           |  |   |   |                          |                              |                           | Addit<br>NON                  | tional Inform | mation                 |  |  |
|           |  |   |   |                          |                              |                           |                               |               |                        |  |  |
|           |  |   |   | <b>A</b> .               |                              |                           |                               |               |                        |  |  |
|           | ✓ I, a sworn law enforceme   | nt officer, agre                                    | ee that I have no                             | ot addec                 | l any CJIS data in t         | his report.               |                               |               |                        |  |  |
|           | UNIT 1 WAS TRAVELING WB ON C<br>1 ATTEMPTED TO SWERVE OUT C<br>AND STRUCK UNIT 2, WHO ALSO | OF THE WAY BUT                                      | OVER CORRECTE                                 | d and be                 | EGAN TO SLIDE ON TH          | E WET GRASS. U            |                               |               |                        |  |  |

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| Lo | ocation  |                 |                      |                        |                                       |   |                                 |                                     |              |               |
|----|--|-----------------|----------------------|------------------------|---------------------------------------|---|---------------------------------|-------------------------------------|--------------|---------------|
|    | N CTHJJ NB   |                 |                      |                        |                                       | Latitude  |                                 |                                     | Longitu      | ıde           |
| -  | .51 MI W   |                 |                      |                        |                                       | 43.2135   | 07427                           |                                     | -90.14       | 3244976       |
|    | F DYKE RD  |                 | 00551                |                        |                                       | X Coordin   | ate                             |                                     | Y Coor       | dinate        |
|    | N THE TOWN OF SPI<br>N SAUK COUNTY   | RING            | GREEN                |                        |                                       | 244679.984375 4789323                                       |                                 |                                     |              |               |
|    |  |                 |                      |                        | Structure<br>NO STR                   | Type<br>UCTURE  |                                 |                                     |              |               |
| C  | rash Scene   |                 |                      |                        |                                       |   |                                 |                                     |              |               |
| -  | irst Harmful Event   |                 |                      |                        |                                       | First Harn  | nful Event Lo                   | ocation                             |              |               |
| D  | ІТСН   |                 |                      |                        |                                       | ON ROA  | DWAY                            |                                     |              |               |
| М  | lanner of Collision  | Light Con       | dition               |                        |                                       |   |                                 |                                     |              |               |
| 0  | 1 - ANGLE  |                 |                      | DUSK                   |                                       |   |                                 |                                     |              |               |
| R  | oad Surface Condition(s  | Roadway         | Factor(s)            |                        |                                       |   |                                 |                                     |              |               |
| D  | RY   |                 |                      |                        |                                       |   |                                 |                                     |              |               |
| E  | nvironment Factor(s)   |                 |                      |                        |                                       | -   |                                 |                                     |              |               |
| A  | NIMAL (S) IN ROAD  | WAY             |                      |                        |                                       | NONE  |                                 |                                     |              |               |
| Ŵ  | /eather Condition(s)   |                 |                      |                        |                                       | -   |                                 |                                     |              |               |
|    |  |                 |                      |                        |                                       |   |                                 |                                     |              |               |
| -  |  |                 |                      |                        |                                       |   |                                 |                                     |              |               |
|    | nimal Type<br>EER  |                 |                      |                        |                                       |   | o Trafficway<br>CWAY - OI       |                                     |              |               |
|    | rash Classification - Loc  | ation           |                      |                        |                                       |   |                                 |                                     |              |               |
|    |  | ation           |                      |                        |                                       | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION |                                 |                                     |              |               |
| Т  | ribal Land   |                 |                      |                        |                                       | Access Control Special Study                                |                                 |                                     |              |               |
|    |  |                 |                      |                        |                                       | NO CON  | ITROL                           |                                     |              |               |
|    | /ithin Interchange Area  |                 | lunction Location    |                        | Intersectio                           |   |                                 |                                     |              |               |
|    | 10   | ľ               | NON-JUNCTION         |                        | NOT AN                                | INTERSE   | CTION                           |                                     |              |               |
|    | nit Summary  |                 |                      |                        |                                       |   |                                 |                                     |              |               |
| _  | nit Status   |                 |                      |                        |                                       | Classification Unit Type                                    |                                 |                                     |              |               |
|    | -  | TRANSIT D CLASS |                      |                        |                                       |   | TRUCK Operating As Endorsements |                                     |              |               |
|    | hicle Type <b>FILITY TRUCK/PICKUP TRUCK</b>                                  |                 |                      |                        |                                       |   |                                 | Operating A                         |              | ements        |
| _  | otal Occs  |                 | Train/Bus # Recorded | Total # Cita           | tions Issued                          | 4   | Total Trail                     | ers                                 | Total Ha     | zMat Types    |
| 1  |  |                 |                      | 0                      |                                       |   | 0                               |                                     | 0            |               |
| In | surance?   |                 | Direction Of Travel  | Pre                    | CrashTire                             |   | Speed Limit                     |                                     | Total Lanes  |               |
| Y  | ΈS   |                 | WESTBOUND            |                        | Mark                                  |   | 55                              |                                     | 2            |               |
|    | lost Harmful Event: Collis   |                 |                      |                        | Special Function<br>NO SPECIAL FUNCTI |   |                                 | Emergency Motor Vehicle Use         |              |               |
|    | IOTOR VEH IN TRAN  | Traffic Cont    |                      |                        |                                       | NOT APPLICABLE  |                                 |                                     |              |               |
|    |  |                 |                      |                        |                                       |   |                                 | Traffic Control Inoperative/Missing |              | ative/Missing |
|    | WO-WAY, NOT DIVII<br>urface Type   | JED             |                      | NO CONT<br>Road Curva  |                                       |   |                                 | NO<br>Road Grade<br>LEVEL           |              |               |
|    | BLACKTOP (BITUMIN  |                 |                      | STRAIGH                |                                       |   |                                 |                                     |              |               |
|    | ruck Bus or HazMat   | .000)           | ,                    | UTIAION                | •                                     |   |                                 |                                     |              |               |
|    | 10   |                 |                      |                        |                                       |   |                                 |                                     |              |               |
|    | Vehicle  |                 |                      |                        |                                       |   |                                 |                                     |              |               |
|    | License Plate Number SW6277 Vehicle Identification Number                    |                 |                      | Plate Type             |                                       | St  |                                 | Country of Issuance                 |              |               |
|    |  |                 |                      |                        | LTK - LIGHT TRUC                      |   | K WI UNIT                       |                                     | NITED STATES |               |
| ~  |  |                 |                      | Make                   |                                       | Year  |                                 | Model                               |              |               |
| 5  |  |                 |                      | CHEVRO                 |                                       |   | 2003                            | SILVERAD                            | 0            |               |
|    | Color<br>SIL - SILVER (ALUMINUM)   |                 |                      | Body Style<br>PK - PIC |                                       |   |                                 | Bus Use                             |              |               |
|    |  |                 |                      | Vehicle Da             |                                       |   |                                 |                                     |              |               |
|    | Initial Contact Point<br>12 - FRONT<br>Extent Of Damage<br>FUNCTIONAL DAMAGE |                 |                      |                        |                                       |   |                                 |                                     |              | 7 8 9 10 11   |
|    |  |                 |                      | 12 - FRC               | DNT                                   |   |                                 |                                     |              | 6             |
| 1  | FUNCTIONAL DA  |                 | 5 4 3                |                        |                                       |   |                                 | 5 4 3 2 1                           |              |               |

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |                                | Towed Due To Damage                      |                                      |   | nicle Removed By                   |              |                    |  |  |  |
|------|--------------------------------|--|--------------------------------------|---|------------------------------------|--------------|--------------------|--|--|--|
|      |                                | TOWED BUT NOT DUE TO                     | D DISABLING DAMAG                    | -                                       | ERATOR                             |              |                    |  |  |  |
|      |                                | What Driver Was Doing<br>GOING STRAIGHT  |                                      | Ver                                     | nicle Factors                      |              |                    |  |  |  |
|      |                                | Driver Prior Action Other                |                                      | NO                                      | OT APPLICABLE                      |              |                    |  |  |  |
|      |                                | Driver i nor Aduori Other                |                                      |   |                                    |              |                    |  |  |  |
| UNIT | VEHICLE                        | Driver Actions<br>FAILURE TO CONTROL, I  | RAN OFF ROADWAY                      |   |                                    |              |                    |  |  |  |
|      |                                | Owner Name                               |                                      |   | Owner Address                      |              |                    |  |  |  |
| 01   | 01                             | COLIN STOKES                             |                                      |   | 33226 VALLEY LN<br>LONE ROCK, WI 5 | 3556 , US    |                    |  |  |  |
|      | ļ                              | Sequence Of Events                       |                                      |   |                                    |              |                    |  |  |  |
|      | 01                             | Event<br>DITCH                           |                                      |   |                                    |              |                    |  |  |  |
|      | 02                             | Event<br>MOTOR VEH IN TRANSPO            | DRT                                  |   |                                    |              |                    |  |  |  |
|      | 03                             | Event                                    |                                      |   |                                    |              |                    |  |  |  |
|      | 04                             | Event                                    |                                      |   |                                    |              |                    |  |  |  |
|      |                                | Policy Holder                            |                                      |   |                                    |              |                    |  |  |  |
| UNIT |                                | Insurance Company                        |                                      |   | ndividual                          |              |                    |  |  |  |
|      |                                | NATIONAL-GENERAL-INS                     | S-CO                                 |   | COLIN STOKES                       |              |                    |  |  |  |
|      | l                              | Individual                               |                                      |   |                                    |              |                    |  |  |  |
|      | 1                              | Driver                                   |                                      |   | Citations Issued                   | Sex          |                    |  |  |  |
|      | ۹L                             | COLIN STOKES                             |                                      | 0                                       |                                    | MALE<br>Race |                    |  |  |  |
| ⊢    | NDIVIDUAL                      |  |                                      |   | Date of Birth                      | WHITE        |                    |  |  |  |
| UNIT | N                              | Address                                  |                                      | Driver License Number                   |                                    |              |                    |  |  |  |
| _    | INC                            | 33226 VALLEY LN<br>LONE ROCK, WI 53556 , | US                                   | STATE: WISCONSIN COUNTRY: UNITED STATES |                                    |              |                    |  |  |  |
|      |                                | On Duty                                  | Crash                                | 5                                       | Safety Equipment                   |              |                    |  |  |  |
|      | Sat                            | fety Equipment                           |                                      |   |                                    |              |                    |  |  |  |
|      |                                | Row<br>01 - FRONT ROW                    | Seat Position<br>07 - LEFT           | 5                                       | SHOULDER & LAP I                   | BELT         |                    |  |  |  |
|      |                                | Helmet Use                               |                                      | Helmet Compliance                       |                                    |              |                    |  |  |  |
|      |                                | Eye Protection                           |                                      | Tint Compliance                         |                                    |              |                    |  |  |  |
| 01   | 001                            | Injury Se<br>Injury NO AP                | everity<br>PARENT INJURY             |   | Airbag<br>NON DEPLOYED             |              |                    |  |  |  |
|      |                                | Ejected Ejection Path                    |                                      |   |                                    |              | Trapped/Extricated |  |  |  |
|      | NOT EJECTED NOT EJECTED/NOT AP |  |                                      |   |                                    |              |                    |  |  |  |
|      |                                | Medical Transport NOT TRANSPORTED        | E                                    | EMS Agency Identifier                   |                                    | EMS Run #    |                    |  |  |  |
|      |                                | Hospital                                 |                                      |   | Date of Death                      |              | Time of Death      |  |  |  |
|      |                                | Distracted By NOT A                      | ed By Source<br>PPLICABLE (NOT DISTR | RACT                                    | ED)                                |              | 1                  |  |  |  |
|      |                                | Distracted By Action                     | (                                    |   | ,                                  |              |                    |  |  |  |
|      |                                | NOT DISTRACTED                           |                                      |   |                                    |              |                    |  |  |  |

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|      |  | Non Motorist                             | king Unit #      | Location          |                                     |             |                    |  |                         |  |  |
|------|--|--|------------------|-------------------|-------------------------------------|-------------|--------------------|--|-------------------------|--|--|
|      |  | Prior Action                             |                  |                   |                                     |             |                    |  |                         |  |  |
|      |  | Action                                   |                  |                   |                                     |             |                    |  |                         |  |  |
|      | Ļ  |  |                  |                   |                                     |             |                    |  |                         |  |  |
| ⊢    | INDIVIDUAL   |  |                  |                   |                                     |             |                    |  |                         |  |  |
| UNIT | N  |  |                  |                   |                                     |             |                    |  |                         |  |  |
|      | Q  |  |                  |                   |                                     |             |                    |  |                         |  |  |
|      |  |  |                  |                   |                                     |             |                    |  |                         |  |  |
|      |  | Action Other                             |                  |                   |                                     |             |                    |  | To/From School          |  |  |
|      |  | 0.00                                     |                  | I                 |                                     |             |                    |  |                         |  |  |
|      | L  | Drug & Alcohol NO                        | pected Alcohol L | JSE               | Suspected Drug Use                  |             |                    |  |                         |  |  |
|      |  | Alcohol Test Given                       |                  | Alcohol Test Type | I                                   |             | Alcohol Te         | est Results                            |                         |  |  |
|      |  | TEST NOT GIVEN<br>Drug Test Given        |                  | Drug Test Type    |                                     | Drug Test F | Results            |  |                         |  |  |
|      |  | TEST NOT GIVEN                           |                  | Diag toot type    |                                     | Didg restr  |                    |  |                         |  |  |
| 2    | 001  | Drug Type                                |                  |                   |                                     |             |                    |  |                         |  |  |
|      | Ŭ  |  |                  |                   |                                     |             |                    |  |                         |  |  |
|      |  | Individual Condition                     |                  |                   |                                     |             |                    |  |                         |  |  |
|      |  |  |                  |                   |                                     |             |                    |  |                         |  |  |
| 1    | Uni  | t Summary                                |                  |                   |                                     |             |                    |  |                         |  |  |
|      | -  | Status                                   |                  |                   | ehicle Operating As Classi<br>CLASS | fication    | Unit Type<br>TRUCK |  |                         |  |  |
|      | IN TRANSIT<br>Vehicle Type<br>UTILITY TRUCK/PICKUP TRUCK |  |                  |                   | CLASS                               |             |                    | Operating As Endorsements              |                         |  |  |
| 02   |  |  |                  |                   |                                     |             |                    |  |                         |  |  |
|      | Tota<br>1  | I Occs                                   | Train/Bus # Re   | corded To         | otal # Citations Issued             | Tota<br>0   | al Trailers        | Total Haz                              | Mat Types               |  |  |
|      |  | rance?                                   | Direction Of Tr  |                   | Pre CrashTire                       |             | ed Limit           | Total Lan                              | es                      |  |  |
| UNIT | YES  | <b>;</b><br>t Harmful Event: Collision W | WESTBOUN         |                   | Decial Function                     | 55          | Emergenc           | 2<br>y Motor Veh                       | icle Use                |  |  |
| 5    | MOTOR VEH IN TRANSPORT                                   |  |                  |                   | O SPECIAL FUNCTIO                   | N           | NOT APP            | NOT APPLICABLE                         |                         |  |  |
| Ì    |  | ic Way<br>D-WAY, NOT DIVIDED             |                  |                   | affic Control O CONTROL             |             |                    | Traffic Control Inoperative/Missing NO |                         |  |  |
|      |  | ace Type                                 |                  |                   | oad Curvature                       |             |                    | Road Grade                             |                         |  |  |
| ļ    |  | CKTOP (BITUMINOUS)                       |                  | S                 | TRAIGHT                             |             | LEVEL              | LEVEL                                  |                         |  |  |
|      | NO   | k Bus or HazMat                          |                  |                   |                                     |             |                    |  |                         |  |  |
|      | · · · ·  | Vehicle                                  |                  |                   |                                     |             |                    |  |                         |  |  |
|      |  | License Plate Number                     |                  |                   | Plate Type St                       |             | -                  | Country of Issuance<br>UNITED STATES   |                         |  |  |
|      |  | 927420<br>Vehicle Identification Numb    | ber              |                   | LTK - LIGHT TRUCK WI<br>Make Year   |             |                    | DIAIES                                 |                         |  |  |
| 02   | 02   | 1C6RR7FT5HS839267                        |                  |                   | RAM 2017                            |             |                    |  |                         |  |  |
|      |  | Color<br>BLK - BLACK                     |                  |                   | Body Style<br>PK - PICKUP           |             | Bus Use            |  |                         |  |  |
|      | щ  | Initial Contact Point                    |                  |                   | /ehicle Damage                      |             |                    |  |                         |  |  |
| UNIT | lict   | 04 - RIGHT SIDE REAL                     | र                | (                 | 03 - RIGHT SIDE MIDE                | DLE, 04 - R | IGHT SIDE REA      | R, 05                                  | 7 8 9 10 11<br>6 2 2 12 |  |  |
| 5    | VEHICLE  | Extent Of Damage<br>FUNCTIONAL DAMAG     | E                |                   | RIGHT REAR CORNE                    |             |                    |  | 54321                   |  |  |
|      |  | Towed Due To Damage                      |                  |                   | Vehicle Removed By                  |             |                    |  |                         |  |  |
| 1    |  | NOT TOWED                                |                  |                   | OPERATOR                            |             |                    |  |                         |  |  |

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

|              |   | What Driver Was Doing                            |                    | Ve                | nicle Factors                           |         |                    |  |  |
|--------------|---|--|--------------------|-------------------|---|---------|--------------------|--|--|
|              |   | GOING STRAIGHT                                   |                    |                   |   |         |                    |  |  |
|              |   | Driver Prior Action Other                        |                    | NC                | T APPLICABLE                            |         |                    |  |  |
|              |   |  |                    |                   |   |         |                    |  |  |
|              |   | Driver Actions                                   |                    |                   |   |         |                    |  |  |
|              |   |  |                    |                   |   |         |                    |  |  |
| ╘            | VEHICLE                                       | NO CONTRIBUTING ACTION                           |                    |                   |   |         |                    |  |  |
| UNIT         | C   |  |                    |                   |   |         |                    |  |  |
| 5            | H   |  |                    |                   |   |         |                    |  |  |
|              | 2   |  |                    |                   |   |         |                    |  |  |
|              |   |  |                    |                   |   |         |                    |  |  |
|              |   | Owner Name                                       |                    |                   | Owner Address                           |         |                    |  |  |
| N            | 02  | NICK NABBEFELD                                   |                    |                   | 29387 PINE PRAIR                        |         |                    |  |  |
| 02           | 0   |  |                    |                   | LONE ROCK, WI 5                         | 3556,05 |                    |  |  |
|              |   |  |                    |                   |   |         |                    |  |  |
|              |   | Sequence Of Events                               |                    |                   |   |         |                    |  |  |
|              |   | Event  |                    |                   |   |         |                    |  |  |
|              | 01  | MOTOR VEH IN TRANSPO                             | RT                 |                   |   |         |                    |  |  |
|              | 02  | Event  |                    |                   |   |         |                    |  |  |
|              |   | Event  |                    |                   |   |         |                    |  |  |
|              | 03  |  |                    |                   |   |         |                    |  |  |
|              | 4   | Event  |                    |                   |   |         |                    |  |  |
|              | 04  |  |                    |                   |   |         |                    |  |  |
| <del> </del> | 1   | Policy Holder                                    |                    |                   |   |         |                    |  |  |
| UNIT         |   | Insurance Company                                | 1                  | ndividual         |   |         |                    |  |  |
|              |   | PROGRESSIVE-CLASSIC-                             | INS-CO             | 1                 | NICK NABBEFELD                          |         |                    |  |  |
|              |   | Individual                                       |                    |                   |   |         |                    |  |  |
|              |   | Driver<br>SAWYER NABBEFELD                       |                    |                   | Citations Issued Sex                    |         |                    |  |  |
|              |   |  |                    |                   | )                                       | MALE    |                    |  |  |
|              | AL  |  |                    |                   | Date of Birth                           | Race    |                    |  |  |
| ╘            | INDIVIDUAL                                    |  |                    |                   | WHITE                                   |         |                    |  |  |
| UNIT         | Z   | Address  |                    | 1                 | Driver License Number                   |         |                    |  |  |
| 5            | D   | 29387 PINE PRAIRIE LN<br>LONE ROCK, WI 53556, US |                    |                   |   |         |                    |  |  |
|              | Z   |  |                    |                   | STATE: WISCONSIN COUNTRY: UNITED STATES |         |                    |  |  |
|              |   |  |                    |                   |   |         |                    |  |  |
|              |   | On Duty (  | Crash              | 9                 | Safety Equipment                        |         |                    |  |  |
|              | Saf   | fety Equipment                                   |                    |                   |   |         |                    |  |  |
|              | 1   | Row  | Seat Position      | -                 | SHOULDER & LAP B                        | BELT    |                    |  |  |
|              |   | 01 - FRONT ROW                                   | 07 - LEFT          |                   |   |         |                    |  |  |
|              |   | Helmet Use                                       |                    | Helmet Compliance |   |         |                    |  |  |
|              |   |  |                    |                   |   |         |                    |  |  |
|              |   | Eye Protection                                   |                    | -                 | Tint Compliance                         |         |                    |  |  |
|              |   |  |                    |                   |   |         |                    |  |  |
|              | 2   | Injury Sev                                       | verity             | /                 | Airbag                                  |         |                    |  |  |
| 8            | 002   | Injury NO APP                                    | PARENT INJURY      | 1                 | NON DEPLOYED                            |         |                    |  |  |
|              |   | Ejected  | Ejection Path      | -                 |   |         | Trapped/Extricated |  |  |
|              |   | NOT EJECTED                                      | NOT EJECTED/NOT AP | PLIC              | ABLE                                    |         | NOT TRAPPED        |  |  |
| 1            |   | Medical Transport                                |                    | E                 | EMS Agency Identifier                   |         | EMS Run #          |  |  |
|              | NOT TRANSPORTED                               |  |                    |                   |   |         |                    |  |  |
| İ 🛛          |   | Hospital   |                    |                   |   |         | Time of Death      |  |  |
|              |   |  |                    |                   |   |         |                    |  |  |
|              | Distracted By Source                          |  |                    |                   |   |         |                    |  |  |
|              | Distracted By NOT APPLICABLE (NOT DISTRACTED) |  |                    |                   |   |         |                    |  |  |
|              |   | Distracted By Action<br>NOT DISTRACTED           |                    |                   |   |         |                    |  |  |
|              |   | Striking U                                       | Init # Location    |                   |   |         |                    |  |  |
|              |   | Non Motorist                                     |                    |                   |   |         |                    |  |  |
| •            |   |  | •                  |                   |   |         |                    |  |  |

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|      |            | Prior Action                         |                      |                   |                          |                   |                      |                |
|------|------------|--------------------------------------|----------------------|-------------------|--------------------------|-------------------|----------------------|----------------|
|      | JAL        | Action                               |                      |                   |                          |                   |                      |                |
| UNIT | INDIVIDUAL |                                      |                      |                   |                          |                   |                      |                |
|      | Z          |                                      |                      |                   |                          |                   |                      |                |
|      |            | Action Other                         |                      |                   |                          |                   |                      | To/From School |
| •    | l          | Drug & Alcohol                       | Suspected Alcohol Us | se                | Suspected Drug Use<br>NO |                   |                      |                |
| •    |            | Alcohol Test Given<br>TEST NOT GIVEN |                      | Alcohol Test Type |                          |                   | Alcohol Test Results |                |
| •    |            | Drug Test Given<br>TEST NOT GIVEN    |                      | Drug Test Type    |                          | Drug Test Results |                      |                |
| 02   | 002        | Drug Type                            |                      |                   |                          |                   |                      |                |
|      |            | Individual Condition                 |                      |                   |                          |                   |                      |                |
|      |            | APPEARED NORM                        | MAL                  |                   |                          |                   |                      |                |