

6TL0DBC3HN  
24-09718

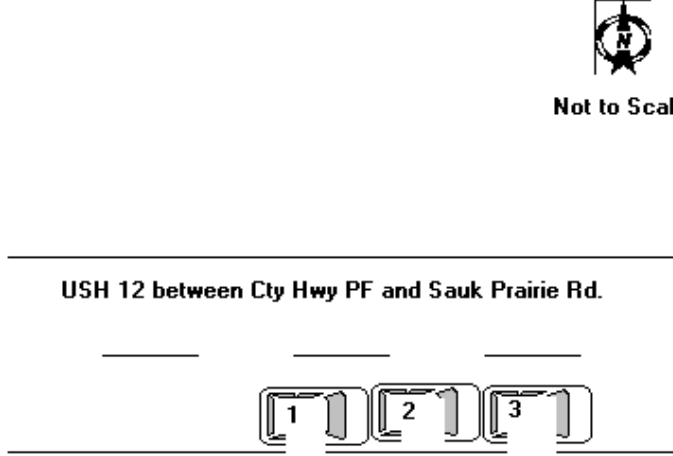
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>24-09718</b>		Investigating Officer/Deputy <b>DEPUTY B. TRAGER</b>	
Crash Date <b>08/31/2024</b>		Crash Time <b>11:35 AM</b>		Date Arrived <b>08/31/2024</b>		Time Arrived <b>11:40 AM</b>	
Date Notified <b>08/31/2024</b>		Time Notified <b>11:36 AM</b>		Total Units <b>03</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>  <p style="text-align: center;">USH 12 between Cty Hwy PF and Sauk Prairie Rd.</p> <p style="text-align: center;">Not to Scale</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

ON AUGUST 31, 2024 AT APPROXIMATELY 11:35AM UNIT 3 WAS TRAVELING NORTH ON US HWY 12 WHEN IT STOPPED FOR TRAFFIC WHICH WAS STOPPED AT A TRAFFIC LIGHT. UNIT 2 WAS NOT ABLE TO STOP IN TIME AND STRUCK UNIT 3. UNIT 1 SUBSEQUENTLY WAS UNABLE TO STOP IN TIME AND STRUCK UNIT 2. NO INJURIES WERE REPORTED. UNITS 3 AND 2 WERE REMOVED BY OPERATORS AND UNIT 1 WAS TOWED BY EVERETTE'S TOWING. THE OPERATORS OF UNITS 1 AND 2 WERE CITED FOR AUTOMOBILE FOLLOWING TOO CLOSELY.

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Location

ON USH12 WB 969 FT S OF USH12 WB IN THE VILLAGE OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude <b>43.290403036</b>	Longitude <b>-89.758970168</b>
	X Coordinate <b>276177.5625</b>	Y Coordinate <b>4796761</b>
	Structure Type	

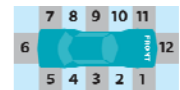
Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>03 - FRONT TO REAR</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s) <b>BACKUP DUE TO REGULAR CONGESTION</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

UNIT 01 VEHICLE	<b>Vehicle</b>			
	License Plate Number <b>332XYV</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>JTDKB20UX87812085</b>	Make <b>TOYOTA</b>	Year <b>2008</b>	Model <b>PRIUS</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>4H - HATCHBACK 4 DOOR</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>EVERETTS TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FOLLOWING TOO CLOSE</b>			
01	01	Owner Name <b>KYLE OPATIK (608) 963-7302</b>		Owner Address <b>1185 CHERRY ST PLAIN, WI 53577 , US</b>
<b>Sequence Of Events</b>				
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	02	Event		
03	03	Event		
04	04	Event		
<b>Policy Holder</b>				
UNIT	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>KYLE OPATIK</b>	
<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>KYLE OPATIK (608) 963-7302</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>
	Address <b>1185 CHERRY ST PLAIN, WI 53577 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
<b>Safety Equipment</b>				
	On Duty Crash		Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
01	001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
<b>Distracted By</b>				
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>			

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location		
		Prior Action					
		Action					
	Action Other					To/From School	
	<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
			Drug Type				
			Individual Condition <b>APPEARED NORMAL</b>				
	<b>01</b>	<b>Violations</b>					
UTC Number <b>BG113067</b>		Issue To? <b>001</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>			

## Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>					Operating As Endorsements		
		Total Occs <b>1</b>		Train/Bus # Recorded		Total # Citations Issued <b>1</b>		Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>		Direction Of Travel <b>NORTHBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>55</b>	Total Lanes <b>2</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>			Special Function <b>NO SPECIAL FUNCTION</b>			Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>			Traffic Control <b>NO CONTROL</b>			Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>			Road Curvature <b>STRAIGHT</b>			Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>NO</b>							

<b>02</b>	<b>02</b>	<b>Vehicle</b>					
		License Plate Number <b>AAE1641</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GNLVFED4AS119521</b>		Make <b>CHEVROLET</b>		Year <b>2010</b>	Model <b>TRAVERSE</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>		Body Style <b>LL - CARRYALL</b>			Bus Use
		Initial Contact Point <b>12 - FRONT</b>					



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(608) 356-4895

UNIT VEHICLE	Vehicle Damage		01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage <b>MINOR DAMAGE</b>		Vehicle Removed By <b>OPERATOR</b>		
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Factors		
	What Driver Was Doing <b>GOING STRAIGHT</b>		Driver Prior Action Other <b>NOT APPLICABLE</b>		
UNIT VEHICLE	Driver Actions <b>FOLLOWING TOO CLOSE</b>				
	Owner Name <b>ANGELA WOLF</b>		Owner Address <b>5677 WOLF RD MAZOMANIE, WI 53560 , US</b>		
UNIT VEHICLE	<b>Sequence Of Events</b>				
	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event <b>MOTOR VEH IN TRANSPORT</b>			
	03	Event			
	04	Event			
UNIT INDIVIDUAL	<b>Policy Holder</b>				
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>		Individual <b>ANGELA WOLF</b>		
	<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>PEYTON WOLF (608) 301-7978</b>		Citations Issued <b>1</b>	Sex <b>MALE</b>	
	Address <b>5677 WOLF RD MAZOMANIE, WI 53560 , US</b>		Date of Birth	Race <b>WHITE</b>	
	Driver License Number		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>				
UNIT INDIVIDUAL	On Duty Crash		Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death		

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<b>UNIT</b>	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
		Distracted By Action <b>NOT DISTRACTED</b>		
	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action		
	Action			
	Action Other			To/From School
	<b>02</b>	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
		Drug Type		
Individual Condition <b>APPEARED NORMAL</b>				
<b>02</b>	<b>Violations</b>			
	UTC Number <b>BG113068</b>	Issue To? <b>002</b>	Statute Number <b>346.14(1m)</b>	Description <b>AUTOMOBILE FOLLOWING TOO CLOSELY</b>

### Unit Summary

<b>UNIT</b>	<b>03</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements		
	Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>55</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				
	<b>03</b>	<b>Vehicle</b>			
		License Plate Number <b>CZ2H3C</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>MO</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>7FARS6H82RE063585</b>	Make <b>HONDA</b>	Year <b>2024</b>	Model <b>CR-V</b>	

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UNIT VEHICLE	Color <b>WHI - WHITE</b>	Body Style <b>MV - MINI VAN</b>	Bus Use	
	Initial Contact Point <b>06 - REAR</b>	Vehicle Damage <b>05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>			Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>SLOW/STOPPING</b>			Vehicle Factors <b>NOT APPLICABLE</b>
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>KRISHAN RAI (806) 283-2303</b>	Owner Address <b>404 ANDOVER LN BALLWIN, MO 63011 , US</b>		
UNIT 03	<b>Sequence Of Events</b>			
	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>AMERICAN-AUTOMOBILE-INS-CO</b>	Individual <b>KRISHAN RAI</b>		
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KRISHAN RAI (806) 283-2303</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>404 ANDOVER LN BALLWIN, MO 63011 , US</b>	Date of Birth	Race	
	Driver License Number <b>STATE: MISSOURI COUNTRY: UNITED STATES</b>			
UNIT 003	<b>Safety Equipment</b>			
	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		
	Helmet Use	Helmet Compliance		
	Eye Protection	Tint Compliance		
UNIT 003	<b>Injury</b>			
	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>		
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	

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UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
03 003 UNIT INDIVIDUAL	Drug Type					
	Individual Condition <b>APPEARED NORMAL</b>					
	<b>Individual</b>					
	Passenger <b>ANSHULIKA RAI</b>			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
				Date of Birth	Race	
	Address <b>404 ANDOVER LN BALLWIN, MO 63011 , US</b>			Driver License Number <b>STATE: MISSOURI COUNTRY: UNITED STATES</b>		
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>				
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
03 004 UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier		EMS Run #
	Hospital		Date of Death		Time of Death	



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UNIT	INDIVIDUAL	<b>Distracted By</b> Distracted By Source	
		Distracted By Action	
		<b>Non Motorist</b>	Striking Unit # Location
		Prior Action	
		Action	
		Action Other To/From School	
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b> Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type Alcohol Test Results
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type Drug Test Results
		Drug Type	
03	004	Individual Condition <b>APPEARED NORMAL</b>	
		<b>Individual</b>	
		Passenger <b>ADYANT RAI</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
		Date of Birth Race	
		Address <b>404 ANDOVER LN BALLWIN, MO 63011 , US</b>	Driver License Number
		<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>
		Helmet Use Helmet Compliance	
		Eye Protection Tint Compliance	
		03	005
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b> Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b> EMS Agency Identifier EMS Run #			
Hospital Date of Death Time of Death			
<b>Distracted By</b> Distracted By Source			

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location	
		Prior Action		
	<b>INDIVIDUAL</b>	Action		
		Action Other		
		To/From School		
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
	Drug Type			
Individual Condition <b>APPEARED NORMAL</b>				
UNIT	<b>Individual</b>			
	Passenger <b>KRISHIKA RAI (806) 283-2303</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth	Race	
	Address <b>404 ANDOVER LN BALLWIN, MO 63011 , US</b>	Driver License Number		
	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>CHILD RESTRAINT SYSTEM - FORWARD FACING</b>	
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
	<b>03 006</b>	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
			Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source		
		Distracted By Action		

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
	Action					
	Action Other				To/From School	
	<b>03</b>	<b>006</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			