20-00975

# WISCONSIN MOTOR VEHICLE CRASH REPORT

|        | Document Number Override               | Primary Crash Document         | 3   | Agency Crash Number<br>20-00975   |   |                    | Investigating Officer/Deputy DEPUTY A. MEEKER |                                   |                      |  |
|--------|--|--------------------------------|---|-----------------------------------|---|--------------------|---|-----------------------------------|----------------------|--|
| 7      | Crash Date                             | Crash Time                     | Date A                                      | Date Arrived                      |   | Time               | Time Arrived                                  |                                   |                      |  |
| S      | 01/26/2020                             | 02:23 AM                       |   | 01/26/2020                        |   |                    | 9 AM  |                                   |                      |  |
| 37D    | Date Notified 01/26/2020               | Time Notified 02:25 AM         | Total U<br><b>01</b>                        | Total Units<br>01                 |   | Total<br><b>00</b> |   | njured Total Killed 00            |                      |  |
| .09B7D | On Emergency                           | lit and Run                    | e Closure                                   | osure 🗌 Wo                        |   |                    | Trailer or To                                 |                                   | Reporting Threshold  |  |
| 6TL    | Government<br>Property                 | ne Schoo                       | School Bus Related NO                       |                                   | Tags                                    | Tags               |   |                                   |                      |  |
|        | Reportable                             | Crash Type<br>DT4000 (STANDARD |   |                                   |   | Amended            |   | Secondary<br>Crash                |                      |  |
|        | ✔ I, a sworn law enforcem              | ent officer, agree that I I    | d any CJ                                    | JIS data in this report.          |   |                    |   |                                   |                      |  |
|        | NON REPORTABLE CRASH. SEE              | CASE #20-00975 FOR MORE        |   |                                   |   |                    |   |                                   |                      |  |
|        | Location                               |                                |   |                                   |   |                    |   |                                   |                      |  |
|        | ON STH33 EB                            |                                |   |                                   | Latitude Longitude                      |                    |   |                                   |                      |  |
|        | 445 FT W<br>OF TWIN PINE RD            |                                |   |                                   | 43.54808321                             |                    | -90.05507156                                  |                                   | 071563               |  |
|        | IN THE TOWN OF REEDSB                  | URG                            |   |                                   | X Coordina<br>253204.7                  |                    |   | Y Coordinate<br>4826217           |                      |  |
|        |  |                                |   |                                   | Structure Type                          |                    |   |                                   |                      |  |
|        | Crash Scene                            |                                |   |                                   |   |                    |   |                                   |                      |  |
| 1      | First Harmful Event                    |                                |   |                                   | First Harmf                             | ul Event Lo        | cation  |                                   |                      |  |
|        | OTHER NON-COLLISION                    |                                |   |                                   | ON ROADWAY                              |                    |   |                                   |                      |  |
|        | Manner of Collision                    |                                |   |                                   | Light Condition                         |                    |   |                                   |                      |  |
|        | 00 - NO COLLISION W/VEH                | ICLE IN TRANSPORT              |   |                                   | DARK/UNLIT                              |                    |   |                                   |                      |  |
|        | Road Surface Condition(s)              |                                |   |                                   | Roadway Factor(s)                       |                    |   |                                   |                      |  |
|        | WET                                    |                                |   |                                   | NONE                                    |                    |   |                                   |                      |  |
|        | Environment Factor(s)                  |                                |   |                                   |   |                    |   |                                   |                      |  |
|        | NONE                                   |                                |   |                                   |   |                    |   |                                   |                      |  |
|        | Weather Condition(s)                   |                                |   |                                   |   |                    |   |                                   |                      |  |
|        | CLOUDY                                 |                                |   |                                   |   |                    |   |                                   |                      |  |
|        | Animal Type                            |                                | Relation To Trafficway TRAFFICWAY - ON ROAD |                                   |   |                    |   |                                   |                      |  |
|        | Crash Classification - Location        |                                |   |                                   | Crash Classification - Jurisdiction     |                    |   |                                   |                      |  |
|        |  |                                |   |                                   | NO SPECIAL JURISDICTION                 |                    |   |                                   |                      |  |
|        | Tribal Land                            |                                | Access Control Special Study NO CONTROL     |                                   |   |                    |   |                                   |                      |  |
|        | Within Interchange AreaJNON            |                                | ction Type<br>AN INTERSECTION               |                                   |   |                    |   |                                   |                      |  |
|        | Unit Summary                           |                                |   |                                   |   |                    |   |                                   |                      |  |
|        | Unit Status                            |                                | Vehicle Ope                                 | erating As C                      | lassification                           |                    | Unit Type                                     |                                   |                      |  |
|        | IN TRANSIT D CLASS                     |                                |   |                                   | AUTOMOBILE<br>Operating As Endorsements |                    |   |                                   |                      |  |
| 01     | Vehicle Type PASSENGER CAR             |                                |   |                                   |   |                    |   |                                   |                      |  |
|        | Total Occs<br>02                       | Train/Bus # Recorded           | Total # Citat<br><b>0</b>                   | Total # Citations Issued <b>0</b> |   | Total Traile<br>0  | otal Trailers                                 |                                   | Total HazMat Types 0 |  |
|        | Insurance?                             | Direction Of Travel            |   | CrashTire                         | 1                                       | Speed Lim          | it  | Total Lanes                       |                      |  |
| UNIT   | NO<br>Most Harmful Event: Collision Wi |                                | Special Fund                                | Mark<br>ction                     | 55                                      |                    | Emergency                                     | 02<br>Emergency Motor Vehicle Use |                      |  |
| Б      | OTHER NON-COLLISION                    |                                |   | NO SPECIAL FUNCTION               |   |                    | NOT APPLICABLE                                |                                   |                      |  |

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|      |                                     | ic Wov   |               | Traffic Control   |          | Traffic Control Inoperative/Missing |  |  |  |  |  |
|------|-------------------------------------|--|---------------|---|----------|-------------------------------------|--|--|--|--|--|
|      | Traffic Way<br>TWO-WAY, NOT DIVIDED |  |               |   |          |                                     |  |  |  |  |  |
|      |                                     |  | NO CONTROL    |   | NO       |                                     |  |  |  |  |  |
|      | Surfa                               | асе Туре   |               | Road Curvature  |          | Road Grade                          |  |  |  |  |  |
|      | BLA                                 | CKTOP (BITUMINOUS)   |               | STRAIGHT  |          | LEVEL                               |  |  |  |  |  |
|      | Truc                                | k Bus or HazMat  |               | •   |          | ·                                   |  |  |  |  |  |
|      | NO                                  |  |               |   |          |                                     |  |  |  |  |  |
|      | 1                                   | Vahiela  |               |   |          |                                     |  |  |  |  |  |
|      |                                     | Vehicle  |               |   |          |                                     |  |  |  |  |  |
|      |                                     | License Plate Number   |               | Plate Type  | St       | Country of Issuance                 |  |  |  |  |  |
|      |                                     | NU6224   |               | AUT - AUTOMOBILE  | WI       | UNITED STATES                       |  |  |  |  |  |
|      | _                                   | Vehicle Identification Number  |               | Make  | Year     | Model                               |  |  |  |  |  |
|      | 01                                  | 1GTCS1440VK518454  |               | GENERAL MOTORS COR  | 1997     | SONOMA                              |  |  |  |  |  |
|      |                                     | Color  |               | Body Style  |          | Bus Use                             |  |  |  |  |  |
|      |                                     | RED - RED  |               | PK - PICKUP   |          |                                     |  |  |  |  |  |
|      | ш                                   | Initial Contact Point  |               | Vehicle Damage  |          |                                     |  |  |  |  |  |
| нI   | VEHICLE                             | 00 - NON-COLLISION   |               | ő   |          |                                     |  |  |  |  |  |
| UNIT | Ę                                   | Extent Of Damage   |               | 00 - NO DAMAGE  |          |                                     |  |  |  |  |  |
|      | 山                                   |  |               |   |          |                                     |  |  |  |  |  |
|      | >                                   | NO DAMAGE  |               |   |          |                                     |  |  |  |  |  |
|      |                                     | Towed Due To Damage  |               | Vehicle Removed By  |          |                                     |  |  |  |  |  |
|      |                                     | NOT TOWED  |               | OWNER   |          |                                     |  |  |  |  |  |
|      |                                     | What Driver Was Doing  |               | Vehicle Factors   |          |                                     |  |  |  |  |  |
|      |                                     | GOING STRAIGHT   |               |   |          |                                     |  |  |  |  |  |
|      |                                     | Driver Prior Action Other  |               | NOT APPLICABLE  |          |                                     |  |  |  |  |  |
|      |                                     |  |               |   |          |                                     |  |  |  |  |  |
|      |                                     | Driver Actions   |               |   |          |                                     |  |  |  |  |  |
|      | ш                                   | NO CONTRIBUTING ACTION   |               |   |          |                                     |  |  |  |  |  |
| нI   | VEHICL                              |  |               |   |          |                                     |  |  |  |  |  |
| UNIT | Ę                                   |  |               |   |          |                                     |  |  |  |  |  |
|      | 山                                   |  |               |   |          |                                     |  |  |  |  |  |
|      | >                                   |  |               |   |          |                                     |  |  |  |  |  |
|      |                                     |  |               |   |          |                                     |  |  |  |  |  |
|      |                                     |  |               |   |          |                                     |  |  |  |  |  |
|      |                                     | Owner Name   |               | Owner Address   |          |                                     |  |  |  |  |  |
|      | 1                                   | CHELSEY J SMITH  |               | 551 MILL ST   | 115      |                                     |  |  |  |  |  |
|      | 01                                  |  |               |   | US       |                                     |  |  |  |  |  |
|      | 01                                  | CHELSEY J SMITH  |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      |                                     | CHELSEY J SMITH<br>(608) 495-3668  |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      |                                     | CHELSEY J SMITH  |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      |                                     | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events  |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      | 01                                  | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event   |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      |                                     | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events  |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      | 01                                  | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event<br>Event  |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      | 3 02 01                             | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event   |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      | 02 01                               | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event<br>Event<br>Event   |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      | 03 02 01                            | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event<br>Event  |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      | 3 02 01                             | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event<br>Event<br>Event   |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      | 04 03 02 01                         | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event<br>Event<br>Event<br>Event  |               | 551 MILL ST   | US       |                                     |  |  |  |  |  |
|      | 04 03 02 01                         | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event<br>Event<br>Event<br>Event<br>Idividual   |               | 551 MILL ST<br>LA VALLE, WI 53941 ,   | US       | Sex                                 |  |  |  |  |  |
|      | 04 03 02 01                         | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event<br>Event<br>Event<br>Event  |               | Citations Issued  | US       | Sex<br>FEMALE                       |  |  |  |  |  |
|      | - 04 03 02 01                       | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver   |               | Citations Issued  | US       | FEMALE                              |  |  |  |  |  |
|      | - 04 03 02 01                       | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH  |               | Citations Issued  | US       | FEMALE<br>Race                      |  |  |  |  |  |
| uT   | - 04 03 02 01                       | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668  |               | Citations Issued<br>0<br>Date of Birth  | US       | FEMALE                              |  |  |  |  |  |
| UNIT | - 04 03 02 01                       | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668<br>Address   |               | Citations Issued  | US       | FEMALE<br>Race                      |  |  |  |  |  |
| UNIT | 04 03 02 01                         | CHELSEY J SMITH<br>(608) 495-3668<br>Sequence Of Events<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668<br>Address<br>551 MILL ST                             |               | 551 MILL ST         LA VALLE, WI 53941 ,         Citations Issued         0         Date of Birth         Driver License Number   |          | FEMALE<br>Race<br>WHITE             |  |  |  |  |  |
| UNIT | - 04 03 02 01                       | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668<br>Address   |               | Citations Issued<br>0<br>Date of Birth  |          | FEMALE<br>Race<br>WHITE             |  |  |  |  |  |
| UNIT | - 04 03 02 01                       | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668<br>Address<br>551 MILL ST<br>LA VALLE, WI 53941 , US               |               | 551 MILL ST         LA VALLE, WI 53941 , I         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COM                          |          | FEMALE<br>Race<br>WHITE             |  |  |  |  |  |
| UNIT | INDIVIDUAL 04 03 02 01              | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668<br>Address<br>551 MILL ST<br>LA VALLE, WI 53941 , US               |               | 551 MILL ST         LA VALLE, WI 53941 ,         Citations Issued         0         Date of Birth         Driver License Number   |          | FEMALE<br>Race<br>WHITE             |  |  |  |  |  |
| UNIT | INDIVIDUAL 04 03 02 01              | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668<br>Address<br>551 MILL ST<br>LA VALLE, WI 53941 , US               | rash          | 551 MILL ST         LA VALLE, WI 53941 , I         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COM                          |          | FEMALE<br>Race<br>WHITE             |  |  |  |  |  |
| UNIT | INDIVIDUAL 04 03 02 01              | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668<br>Address<br>551 MILL ST<br>LA VALLE, WI 53941 , US               | rash          | 551 MILL ST         LA VALLE, WI 53941 , I         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN COM                          | UNTRY: U | FEMALE<br>Race<br>WHITE             |  |  |  |  |  |
| UNIT | INDIVIDUAL 04 03 02 01              | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Individual<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668<br>Address<br>551 MILL ST<br>LA VALLE, WI 53941 , US | 1             | 551 MILL ST         LA VALLE, WI 53941 , I         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN CON         Safety Equipment | UNTRY: U | FEMALE<br>Race<br>WHITE             |  |  |  |  |  |
| UNIT | INDIVIDUAL 04 03 02 01              | CHELSEY J SMITH<br>(608) 495-3668<br>Event<br>Event<br>Event<br>Event<br>Event<br>Driver<br>CHELSEY J SMITH<br>(608) 495-3668<br>Address<br>551 MILL ST<br>LA VALLE, WI 53941 , US               | Seat Position | 551 MILL ST         LA VALLE, WI 53941 , I         Citations Issued         0         Date of Birth         Driver License Number         STATE: WISCONSIN CON         Safety Equipment | UNTRY: U | FEMALE<br>Race<br>WHITE             |  |  |  |  |  |

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

|      |            | Eye Protection                       |   | Tint Compliance       |                   |                      |                |  |  |  |  |
|------|------------|--------------------------------------|---|-----------------------|-------------------|----------------------|----------------|--|--|--|--|
| 2    | 001        | Injury S<br>Injury NO AF             | everity<br>PARENT INJURY                | Airbag NON DEPLOYED   |                   |                      |                |  |  |  |  |
|      |            | Ejected                              | Ejection Path                           |                       |                   | Trapped/Extricated   |                |  |  |  |  |
|      |            | NOT EJECTED                          | NOT EJECTED/NOT APP                     |                       |                   | NOT TRAPPED          |                |  |  |  |  |
|      |            | Medical Transport<br>NOT TRANSPORTED |   | EMS Agency Identifier |                   | EMS Run #            |                |  |  |  |  |
|      |            | Hospital                             |   | Date of Death         |                   | Time of Death        |                |  |  |  |  |
|      |            |                                      |   |                       |                   |                      |                |  |  |  |  |
|      |            | Distracted By NOT A                  |   |                       |                   |                      |                |  |  |  |  |
|      |            | Distracted By Action NOT DISTRACTED  |   |                       |                   |                      |                |  |  |  |  |
|      |            | Non Motorist                         | Unit # Location                         |                       |                   |                      |                |  |  |  |  |
|      |            | Prior Action                         |   |                       |                   |                      |                |  |  |  |  |
|      |            | Action                               |   |                       |                   |                      |                |  |  |  |  |
|      | Ļ          |                                      |   |                       |                   |                      |                |  |  |  |  |
| ⊢    | INDIVIDUAL |                                      |   |                       |                   |                      |                |  |  |  |  |
| UNIT | Į          |                                      |   |                       |                   |                      |                |  |  |  |  |
|      | Ā          |                                      |   |                       |                   |                      |                |  |  |  |  |
|      | =          |                                      |   |                       |                   |                      |                |  |  |  |  |
|      |            |                                      |   |                       |                   |                      |                |  |  |  |  |
|      |            | Action Other                         |   |                       |                   |                      | To/From School |  |  |  |  |
|      | l          | Suspect<br>Drug & Alcohol NO         | ed Alcohol Use                          | Suspected Drug Use    |                   |                      | I              |  |  |  |  |
|      |            | Alcohol Test Given                   | Alcohol Test Typ                        | e                     |                   | Alcohol Test Results |                |  |  |  |  |
|      |            | TEST NOT GIVEN                       |   |                       | <b>I</b>          |                      |                |  |  |  |  |
|      |            | Drug Test Given<br>TEST NOT GIVEN    | Drug Test Type                          |                       | Drug Test Results |                      |                |  |  |  |  |
| 5    | 001        | Drug Type                            |   |                       | ·                 |                      |                |  |  |  |  |
|      |            | Individual Condition                 |   |                       |                   |                      |                |  |  |  |  |
|      |            | APPEARED NORMAL                      |   |                       |                   |                      |                |  |  |  |  |
|      |            |                                      |   |                       |                   |                      |                |  |  |  |  |
|      |            | Individual                           |   |                       |                   |                      |                |  |  |  |  |
|      |            | Passenger<br>CHELSEY J SMITH         |   | Citations Issued      |                   | Sex<br>FEMALE        |                |  |  |  |  |
|      | IAL        | (608) 495-3668                       |   | Date of Birth Race    |                   |                      |                |  |  |  |  |
| E    | DO         |                                      |   |                       | WHITE             |                      |                |  |  |  |  |
| UNIT | INDIVIDUAL | Address<br>551 MILL ST               |   | Driver License Number |                   |                      |                |  |  |  |  |
|      | Z          | LA VALLE, WI 53941 , US              | STATE: WISCONSIN COUNTRY: UNITED STATES |                       |                   |                      |                |  |  |  |  |
|      |            |                                      |   |                       |                   |                      |                |  |  |  |  |
|      | Sat        | On Duty                              | / Crash                                 | Safety Equipment      |                   |                      |                |  |  |  |  |
|      | our        | Row                                  | Seat Position                           |                       | BELT              |                      |                |  |  |  |  |
|      |            | 01 - FRONT ROW                       | 07 - LEFT                               | SHOULDER & LAP BELT   |                   |                      |                |  |  |  |  |
|      |            | Helmet Use                           | 1                                       | Helmet Compliance     |                   |                      |                |  |  |  |  |
|      |            | Eye Protection                       |   | Tint Compliance       |                   |                      |                |  |  |  |  |
|      |            | -                                    |   |                       |                   |                      |                |  |  |  |  |

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## WISCONSIN MOTOR VEHICLE CRASH REPORT

| 2    | 002        |  | Injury Se            | everity      |                   | Airbag                |                   |                      |                |  |  |
|------|------------|--|----------------------|--------------|-------------------|-----------------------|-------------------|----------------------|----------------|--|--|
| 0    | õ          | Injury NO APPARENT INJURY                |                      | NON DEPLOYED |                   |                       |                   |                      |                |  |  |
| İ.   |            | Ejected                                  |                      | Ejection Pat | h                 | Trapped/Extricated    |                   |                      | ated           |  |  |
|      |            | NOT EJECTED                              |                      | NOT EJEC     | TED/NOT APPL      | ICABLE                |                   | NOT TRAPPED          |                |  |  |
| 1    |            | Medical Transport                        |                      |              |                   | EMS Agency Identifier |                   | EMS Run #            |                |  |  |
|      |            | NOT TRANSPORT                            | ED                   |              |                   |                       |                   |                      |                |  |  |
| 1    |            | Hospital                                 |                      |              |                   | Date of Death         |                   | Time of Death        |                |  |  |
|      |            |  |                      |              |                   |                       |                   |                      |                |  |  |
|      |            | Distracted By                            | Distracted By Source |              |                   |                       |                   |                      |                |  |  |
|      |            | Distracted By Action                     |                      |              |                   |                       |                   |                      |                |  |  |
|      |            | Non Motorist                             | Striking             | Unit #       | Location          |                       |                   |                      |                |  |  |
|      |            | Prior Action                             |                      |              |                   |                       |                   |                      |                |  |  |
| i    |            | Action                                   |                      |              |                   |                       |                   |                      |                |  |  |
|      |            |  |                      |              |                   |                       |                   |                      |                |  |  |
|      | INDIVIDUAL |  |                      |              |                   |                       |                   |                      |                |  |  |
| ⊢    | Ď          |  |                      |              |                   |                       |                   |                      |                |  |  |
| UNIT | 1          |  |                      |              |                   |                       |                   |                      |                |  |  |
|      | ā          |  |                      |              |                   |                       |                   |                      |                |  |  |
|      | Z          |  |                      |              |                   |                       |                   |                      |                |  |  |
|      |            |  |                      |              |                   |                       |                   |                      |                |  |  |
| ļ    |            |  |                      |              |                   |                       |                   |                      | T (F. 0.1.1    |  |  |
|      |            | Action Other                             |                      |              |                   |                       |                   |                      | To/From School |  |  |
|      |            | Suspected Alcohol Use Suspected Drug Use |                      |              |                   |                       |                   |                      |                |  |  |
|      | L          | Drug & Alcohol                           | NO                   |              |                   | NO                    |                   |                      |                |  |  |
|      |            | Alcohol Test Given                       |                      |              | Alcohol Test Type |                       |                   | Alcohol Test Results |                |  |  |
|      |            | TEST NOT GIVEN                           |                      |              |                   |                       |                   |                      |                |  |  |
|      |            | Drug Test Given<br>TEST NOT GIVEN        |                      |              | Drug Test Type    |                       | Drug Test Results |                      |                |  |  |
|      |            |  |                      |              |                   |                       |                   |                      |                |  |  |
| 2    | 002        | Drug Type                                |                      |              |                   |                       |                   |                      |                |  |  |
| -    | 0          |  |                      |              |                   |                       |                   |                      |                |  |  |
|      |            | Individual Condition                     |                      |              |                   |                       |                   |                      |                |  |  |
|      |            | APPEARED NORMAL                          |                      |              |                   |                       |                   |                      |                |  |  |
|      |            |  | 174L                 |              |                   |                       |                   |                      |                |  |  |
| 1    |            |  |                      |              |                   |                       |                   |                      |                |  |  |