

6TL0BFKDD5  
20-11472

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL0BFKDD5

Document Number Override		Primary Crash Document#		Agency Crash Number 20-11472		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 09/24/2020		Crash Time 03:30 PM		Date Arrived 09/24/2020		Time Arrived 04:01 PM	
Date Notified 09/24/2020		Time Notified 03:35 PM		Total Units 02		Total Injured 01	Total Killed 00
<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 NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By DEPUTY H VOLZ
	Additional Information PHOTOS

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

UNITS 1 AND 2 WERE TRAVELING WESTBOUND ON KENNEDY ROAD. UNIT 2 WAS SLOWING IN TRAFFIC TO TURN LEFT ONTO IVY LANE. UNIT 1 APPROACHED UNIT 2 FROM BEHIND AND ATTEMPTED TO PASS UNIT 2. UNIT 2 STARTED TO TURN LEFT AND STRUCK UNIT 1 AS IT PASSED HIM. UNIT 1 OVERTURNED BEFORE COMING TO REST IN THE LANE OF TRAFFIC.

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Location

ON KENNEDY RD 9 FT E OF IVY LN IN THE TOWN OF SPRING GREEN IN SAUK COUNTY	Latitude 43.177611247	Longitude -90.100789697
	X Coordinate 247980.9375	Y Coordinate 4785207
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s)  NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY, RAIN		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number B3377BE	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1GNDT13S922299501	Make CHEVROLET	Year 2002	Model TRAILBLAZE
	Color SIL - SILVER (ALUMINUM)	Body Style 4D - 4DR	Bus Use	
	Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>		
	What Driver Was Doing <b>ACCELERATING IN ROAD</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>FAILURE TO CONTROL, IMPROPER OVERTAKING / PASSING LEFT</b>				
01	01	Owner Name <b>GEORGE R BUSSE (608) 963-4724</b>		Owner Address <b>E4700 HICKORY RD PLAIN, WI 53577 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event <b>CROSS CENTERLINE</b>			
		Event			
		Event			
UNIT	<b>Policy Holder</b>				
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		Individual <b>GEORGE BUSSE</b>		
UNIT INDIVIDUAL	<b>Individual</b>				
	Driver <b>BLAKE ROBERT BUSSE (608) 963-4724</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>E4700 HICKORY RD PLAIN, WI 53577 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
			Driver License Number [REDACTED]	<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<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	
		<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>			
<b>Distracted By Action</b>		<b>NOT DISTRACTED</b>			

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>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>Individual</b>					
		Passenger <b>SOREN R BATWINSKI</b> (262) 880-1058			Citations Issued <b>0</b>	Sex <b>MALE</b>	
		Address <b>E4839 STEVEN WAY</b> <b>SPRING GREEN, WI 53588 , US</b>			Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Driver License Number			Safety Equipment		
		<b>Safety Equipment</b>		On Duty Crash	<b>SHOULDER &amp; LAP BELT</b>		
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	Helmet Compliance					
Eye Protection		Tint Compliance					
<b>01</b>	<b>002</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>		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					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit#	Location				

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	<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>Individual</b>	
		Passenger <b>GRIFFIN G POWERS</b> (608) 206-0390	Citations Issued <b>0</b>
Date of Birth [REDACTED]	Sex <b>MALE</b>		
Race <b>WHITE</b>			
Address <b>S12985 SHIFFLET RD LOT 26</b> <b>SPRING GREEN, WI 53588 , US</b>	Driver License Number		
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>
		<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
		<b>Injury</b>	
Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>NON DEPLOYED</b>		
01	003	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	
		Distracted By Action	
		<b>Non Motorist</b>	
Striking Unit #	Location		
Prior Action			

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UNIT INDIVIDUAL	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
	Drug Type			
	Individual Condition APPEARED NORMAL			
	01	003		

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements	
	Total Occs 5	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 02 VEHICLE	License Plate Number KD9822	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number 1FTFW1ET4EKD29460	Make FORD	Year 2014	Model F150		
	Color BLK - BLACK	Body Style PK - PICKUP		Bus Use		
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage				
	Extent Of Damage MINOR DAMAGE	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT				
	Towed Due To Damage NOT TOWED	Vehicle Removed By OWNER				
	What Driver Was Doing LEFT TURN					

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UNIT VEHICLE	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02	Owner Name JESSICA A PAPE (608) 279-5709	Owner Address E4920 ROLLING RIDGE RD SPRING GREEN, WI 53588 , US	
	<b>Sequence Of Events</b>		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event LEFT TURN		
	Event		
	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual JESSICA PAPE	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver LUKE DANIEL PAPE (608) 459-5853	Citations Issued 0 Sex MALE	
	Date of Birth [REDACTED]	Race WHITE	
02	Address E4920 ROLLING RIDGE RD SPRING GREEN, WI 53588 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
	<b>Safety Equipment</b>	On Duty Crash Safety Equipment SHOULDER & LAP BELT	
004	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
	<b>Injury</b>	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
02	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
02	Distracted By Action NOT DISTRACTED		
	<b>Non Motorist</b>	Striking Unit #	Location

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UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
02	004	<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	
UNIT	INDIVIDUAL	Individual Condition <b>APPEARED NORMAL</b>	
		<b>Individual</b>	
		Passenger <b>BRIANNA MARIE ZAEMISCH</b> (608) 459-0828	Citations Issued <b>0</b>
			Sex <b>FEMALE</b>
			Date of Birth [REDACTED]
			Race <b>WHITE</b>
		Address <b>S12939 IVY LN</b> <b>SPRING GREEN, WI 53588 , US</b>	Driver License Number [REDACTED]
			<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b> On Duty Crash	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>		
Helmet Use	Helmet Compliance		
Eye Protection	Tint Compliance		
02	005	<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			
Distracted By Action			
<b>Non Motorist</b> Striking Unit#			
Location			
Prior Action			

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UNIT	INDIVIDUAL	Action		
		Action Other	To/From School	
02	005	<b>Drug &amp; Alcohol</b>		
		Suspected Alcohol Use NO	Suspected Drug Use NO	
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	
		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type	
		Drug Test Results		
		Drug Type		
		Individual Condition	APPEARED NORMAL	
		<b>Individual</b>		
		UNIT	INDIVIDUAL	Passenger KYLIE CHRISTINE MERRITT (608) 434-0270
	Date of Birth [REDACTED]			Race
UNIT	INDIVIDUAL	Address E5679 COUNTY ROAD B PLAIN, WI 53577 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
		<b>Safety Equipment</b>		On Duty Crash
02	006	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		<b>Injury</b>	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
02	006	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
		<b>Distracted By</b>		Distracted By Source
Distracted By Action				
02	006	<b>Non Motorist</b>		
		Striking Unit #	Location	
Prior Action				

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UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
02	006	<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	INDIVIDUAL	<b>Individual</b>			
		Passenger <b>PAIGE M HOOKS</b> (608) 212-8992	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth [REDACTED]	Race <b>WHITE</b>		
		Address <b>625 WOODBURY COURT</b> <b>SPRING GREEN, WI 53588 , US</b>	Driver License Number		
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
02	007	Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>	Helmet Use	
		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	
		<b>Distracted By</b>	Distracted By Source		
Distracted By Action					
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

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		Action Other	To/From School
02	007	<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	INDIVIDUAL	<b>Individual</b>	
		Passenger <b>SAMUEL J PAPE</b> (608) 459-5882	Citations Issued <b>0</b>
			Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>E4920 ROLLING RIDGE RD</b> <b>SPRING GREEN, WI 53588 , US</b>	Driver License Number	
02	008	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment
		Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</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
	<b>Distracted By</b>		
	Distracted By Source		
	Distracted By Action		
	<b>Non-Motorist</b>		
	Striking Unit #	Location	
	Prior Action		

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UNIT INDIVIDUAL          02 008	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition  APPEARED NORMAL		